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Leadership

Senior Leadership Team: The SLT is charged with providing the strategic direction of the Department, including setting priorities, overseeing the development of the budget and the faculty compensation plan, and assuring integration of activities across the missions:

Daniel Lasser, MD, MPH	Chair
Robert Baldor, MD	Senior Vice Chair
Alan Chuman, MPH	Academic Administrator
Dennis Dimitri, MD	Vice Chair, Clinical Services
Warren Ferguson, MD	Vice Chair, Community Health
David Gilchrist, MD	Medical Director, Hahnemann Family Health Center
Melissa McLaughlin	Administrative Manager
Stacy Potts, MD, MEd	Director, Worcester Family Medicine Residency
Linda Weinreb, MD	Vice Chair, Research

Leadership Team: The senior leadership is joined by several other leaders who have primary responsibility for Departmental operations and business, meeting regularly as a Leadership Team to offer input, serve as a sounding board, and participate in decision-making with the SLT. The Leadership Team discusses and resolves resource issues, provides communication regarding critical issues to and from Department sites and major programs, tests and modifies key communications, identifies cross-departmental themes and issues, and manages urgent and important projects, problem-solving issues that impact delivery or effectiveness (issues that affect visibility, vulnerability or liability). In addition to those above, the Leadership Team includes:

Katharine Barnard, MD	Medical Director, Plumley Village Health Services
Thomas Byrne, MD	Chief Medical Officer and Vice President of Provider Services Family Health Center of Worcester
Joseph DiFranza, MD	Medical Director, Benedict Family Medicine Services
Frank Domino , MD	Director, Pre-doctoral Medical Education
Stephen Earls, MD	Medical Director, Barre Family Health Center
Beth Koester, MD	Chief of Service, Family Medicine Hospitalist Division
James Ledwith, MD	Director, Fitchburg Family Medicine Residency
Beth Mazyck, MD	Medical Director, HealthAlliance Fitchburg Family Practice
David Polakoff, MD, MSc	Director, Center for Health Policy & Research, Chief Medical Officer and Associate Dean, Commonwealth Medicine
Christine Runyan, PhD	Director, Post-Doctoral Fellowship in Clinical Health Psychology in Primary Care and Director, Behavioral Science, Worcester Family Medicine Residency Program
Herb Stevenson, MD	Director, Sports Medicine Fellowship

Other Department Leaders

Center for Integrated Primary Care

Sandy Blount, EdD	Director, Center for Integrated Primary Care
Daniel Mullin, PsyD, MPH	Associate Director, Center for Integrated Primary Care
Alexa Connell, PhD	Course Director

Clinical Services

Philip Fournier, MD	Medical Director, UMass Medical School Student Health Services
Erik Garcia, MD	Medical Director, Worcester Homeless Outreach & Advocacy Program
Anita Kostecki, MD	Director, Maternal and Newborn Services
Chris Purington, MD	Medical Director, College Health Services
Jennifer Reidy, MD	Co-Director, Division of Palliative Care and Hospice Services

Community Health

Suzanne Cashman, ScD	Director, Community Health

Educational Leadership

James Broadhurst, MD	Associate Director
Stephanie Carter-Henry, MD	Education Director, Hahnemann Family Health Center
Jacalyn Coghlin-Strom, MD	Director, Preventive Medicine Residency Program Faculty Co-Director, Worcester MPH Program
Stephen Earls, MD	Education Director, Barre Family Health Center
Allison Hargreaves, MD	Associate Director, Adult Medicine
Charles Lehnardt, DO	Osteopathic Program Director
Mary Lindholm, MD	Director, Third Year Clerkship in Family Medicine
Jason Numbers	Co-Director for Education, Family Medicine Hospital Medicine Service
Erika Oelson, MD	Assistant Director, Geriatrics Fellowship
Abhijeet Patil, MD	Associate Director, Fitchburg Family Medicine Residency Program
Sherrilyn Sethi, MMH, DMH	Assistant Director, Education Development and Curriculum Assessment
Patricia Seymour, MD	Co- Director for Education, Family Medicine Hospital Medicine Service
Michael Smith, MS	Associate Director, Residency Admissions
Virginia Van Duyne, MD	Education Director, Family Health Center of Worcester

For UMass Medical School

Robert Baldor, MD	Director, Community-Based Education
Michael Ennis, MD	Co-Director, UMass Medical School Learning Communities Assistant Dean for Student Affairs/Advising
Philip Fournier, MD	Head of House, Kelley House, UMass Medical School
Michael Kneeland, MD	Associate Dean for Allied Health and Interprofessional Education
Michele Pugnaire, MD	Senior Associate Dean for Educational Affairs
Scott Wellman, MD	Director, Clinical Faculty Development Center Interim Assistant Dean, Academic Achievement
Judy Savageau, MPH	Director, Senior Scholars Program

Affiliates

Frances Anthes, MSW	President and CEO, Family Health Center of Worcester
Joseph Gravel, MD	Chief Medical Officer/Residency Program Director Greater Lawrence Family Health Center
Toni McGuire, RN, MPH	President and CEO, Edward M. Kennedy Community Health Center
Michele Pici, DO	Medical Director, Edward M. Kennedy Community Health Center

UMass Medical School/UMass Memorial Heath Care – Department of Family Medicine and Community Health
Vision, Mission, Values and Strategic Goals and Priorities

OUR VISION: *Healthy people, families, and communities – with equal access for all*

OUR MISSION:
We pioneer novel approaches devoted to clinical care, medical and health professions education, research and health policy in Family Medicine and in Community Health, with a commitment to the health of populations who are most at risk

We foster partnership and collaboration to enhance and spread innovations that improve health and promote access for all

OUR VALUES:
Bringing several related disciplines together, we support a diverse, creative faculty with skills ranging from health policy to clinical care. We support their professional development, and we are committed to the improvement of their work life. We provide environments where they collaborate with each other, with learners, with teams, and with their patients, thinking outside traditional comfort zones and generating effective change. We serve as a catalyst to find solutions to complicated problems as we advocate for our patients and their communities, for rational transformation of the health care system, and for equal access for all.

Organization and Culture	**Goal**: **We will be a highly functioning academic and clinical Department**
	Key Strategies: The Department's leadership and management infrastructure will be mission-driven, aligning planning and implementation, clarifying expectations, and supporting a culture of innovation and professional growth

Clinical Services	**Education**	**Research**	**Community Health**
Goal: We will provide and promote equitable and accessible, innovative, high quality, evidence based clinical care to diverse communities	**Goal: We will offer dynamic education programs that serve as a leading resource for addressing the primary care and public health workforce needs of the Commonwealth of Massachusetts**	**Goal: The Department will conduct and disseminate prominent and relevant research focused on health promotion, disease prevention and innovative approaches in primary health care, with a particular focus on health disparities**	**Goal: We will integrate community health into our family medicine practices, training programs and scholarship while engaging communities and community-based coalitions to improve the health of communities and populations**
Key Strategies: • We will recruit and retain a Family Medicine workforce of a size and breadth to meet the needs of the diverse community of central Massachusetts • We will support innovative systems and programs, with emphasis on integrated behavioral health, that support all Department practices in the care of patients across the entire spectrum of clinical conditions and settings of care delivery • We will implement practice improvements that increase the satisfaction of our physicians, the health care delivery team, and our patients, and improve quality and effectiveness of care • We will apply methods for the creation, measurement, and maintenance of a clinically superior healthcare workforce with highlight on the preservation of the patient/physician relationship • Our clinical services will be inspired by the principles of the Quadruple Aim of better health and better health care, at lower cost, with improvement in the work life of our Family Medicine workforce	**Key Strategies:** • We will train outstanding, patient-centered, community-responsive clinicians and public health professionals to be leaders in providing quality health care services to diverse populations • We will integrate teaching within all of our practices, based in community settings that reflect the health care needs of the Commonwealth, with an emphasis on training for shortage area practice • We value a rigorous curriculum with particular attention to addressing wellness, the social determinants of health, evidence-based medicine and team-based practice transformation • Our faculty respond to the needs of our learners, focusing on innovation while evaluating and disseminating outcomes via peer-reviewed scholarship	**Key Strategies**: • We will support a core group of research faculty who will conduct research focused on health promotion, disease prevention, and innovative approaches in primary health care • We will enhance our approaches to research collaboration that are bidirectional and responsive to community priorities by working with community practices and partners, Commonwealth Medicine and other departments • We will support an environment for scholarship across the Department's residencies and fellowships, and at each of our health centers	**Key Strategies:** • We will serve as an academic partner with community agencies and public health entities in the development of community-responsive services to improve health equity and reduce health care disparities • We will integrate training in population health concepts and the application of community health strategies within clinical training sites • We will serve as an academic partner for Commonwealth Medicine and other departments to establish and evaluate innovative and sustainable models of health care for diverse and vulnerable populations

Department of Family Medicine and Community Health
Organization, Denoting Members of the Leadership Team

Appendix A-3

Operations (Lasser, Chuman, Baldor)

Clinical (Dimitri)

Hospitalists (Koester)

Barre (Earls)

HFHC (Gilchrist)

Plumley (Barnard)

Benedict (DiFranza)

HAFFP (Mazyck)

Focal Points:
- Palliative Care
- Sports Medicine
- Addiction Medicine
- College Health
- Integrated BH into primary care
- Integrated primary care into BH
- Maternity care

CMG Family Medicine

FHCW (Byrne)

EMK

Private Physicians

Education (Baldor)

Fac Development/CFDC

Pre Doc (Domino)

Key courses:

3rd Yr Clerkship, subinternships

Population Health Clerkship, LPP

International Health

Graduate
- Worcester Family Medicine Residency (Potts)
- HealthAlliance Ficthburg Family Practice (Ledwith)
- Behavioral Health (Runyan)
- Sports Medicine (Stevenson)
- Prev Med / MPH (Coghlin-Strom)
- HIV/Hep C
- Geriatrics
- Global Health
- Palliative Care

CME

GLFHC - Family Medicine Residency

Research (Weinreb)

MDs

Weinreb

Doctoral

Faculty based at CWM, other Depts, etc

Community Health (Ferguson)

Focus: Vulnerable populations,
Addiction Medicine, Service Learning,
Community-Oriented Primary Care

Key links to Commonwealth Medicine,
Depts of Public Health, Academic
Consortium on Criminal Justice Health

Key Links

UMass Center for Integrated Primary Care
UMAss Center for the Advancement of Primary Care
Community Faculty Development Center
Commonealth Medicine (Polakoff)
- Corrections
- CHCs
- Health Policy
- Health Law and Economics

Below the dotted line: Medical staff members, key partners, etc. not employed or directed by the Department

Faculty Roster (12/1/2015): Includes 154 faculty who are directly salaried by the Department, FHC/W, CWM, EMK and GLFHC
(excludes 306 additional faculty in a variety of locations)

Professors

Robert	Baldor	MD	Professor	Department - central
Alexander	Blount	EdD	Professor	Department - central
Suzanne	Cashman	ScD	Professor	Department
Robin	Clark	PhD	Professor	Department
Joseph	DiFranza	MD	Professor	Department
Frank	Domino	MD	Professor	Department
Warren	Ferguson	MD	Professor	Department
Daniel	Lasser	MD, MPH	Professor	Department
Hugh	Silk	MD	Professor	Department
Carole	Upshur	EdD	Professor	Department
Linda	Weinreb	MD	Professor	Department
Michele	Pugnaire	MD	Professor	Department - Dean's Office
Lucy	Candib	MD	Professor	Family Health Center of Worcester
Sara	Shields	MD, MS	Clinical Professor	Family Health Center of Worcester
Jay	Himmelstein	MD	Professor	Commonwealth Medicine - CHPR
David	Polakoff	MD, MSc	Professor	Commonwealth Medicine - CHPR

Associate Professors

Ronald	Adler	MD	Associate Professor	Department
Katharine	Barnard	MD	Clinical Associate Professor	Department
Jeffrey	Baxter	MD	Associate Professor	Department
Dennis	Dimitri	MD	Clinical Associate Professor	Department
Stephen	Earls	MD	Clinical Associate Professor	Department
Gerald	Gleich	MD	Clinical Associate Professor	Department
Mary	Lindholm	MD	Clinical Associate Professor	Department
Roger	Luckmann	MD	Associate Professor	Department
Stephen	Martin	MD, EdM	Associate Professor	Department
Beth	Mazyck	MD	Clinical Associate Professor	Department
Peter	McConarty	MD	Clinical Associate Professor	Department
Stacy	Potts	MD, MEd, FAAFP	Associate Professor	Department
Christine	Runyan	PhD	Associate Professor	Department
Judith	Savageau	MPH	Research Associate Professor	Department
J. Herbert	Stevenson	MD	Associate Professor	Department
Lisa	Gussak	MD	Clinical Associate Professor	Family Health Center of Worcester
Tracy	Kedian	MD	Associate Professor	Family Health Center of Worcester
Judy	Steinberg	MD	Clinical Associate Professor	Commonwealth Medicine
Paul	Jeffrey	PharmD	Clinical Associate Professor	Commonwealth Medicine - Office of Clinical Affairs
Carolyn	Langer	MD, JD, MPH, CPE	Associate Professor	Commonwealth Medicine - Office of Clinical Affairs
Charles	Sweet	MD	Associate Professor	Commonwealth Medicine - Uhealth Solutions

Assistant Professors

Kimberly	Bombaci	MD	Assistant Professor	Department
Marcy	Boucher	MD	Assistant Professor	Department
Jennifer	Bradford	MD	Assistant Professor	Department
James	Broadhurst	MD	Assistant Professor	Department
Jennifer	Buckley	MD	Assistant Professor	Department
Stephanie	Carter-Henry	MD	Assistant Professor	Department
Alan	Chuman	MPH	Assistant Professor	Department
Jacalyn	Coghlin-Strom	MD, MPH	Assistant Professor	Department
Alexa	Connell	PhD	Assistant Professor	Department
Paul	Daniel	MD	Assistant Professor	Department
Konstantinos	Deligiannidis	MD, MPH	Assistant Professor	Department
Mary	Flynn	MD	Assistant Professor	Department
Erik	Garcia	MD	Assistant Professor	Department
David	Gilchrist	MD	Assistant Professor	Department
Pamela	Guggina	MD	Assistant Professor	Department
Heather-Lyn	Haley	PhD	Assistant Professor	Department
Allison	Hargreaves	MD	Assistant Professor	Department
Judy	Hsu	DO	Assistant Professor	Department
Khwaja Ahmed	Hussain	MD	Assistant Professor	Department
Cynthia	Jeremiah	MD	Assistant Professor	Department
Iftikar	Khan	MD, FRCSI	Assistant Professor	Department
Beth	Koester	MD	Assistant Professor	Department
Pankaj	Ksheersagar	MD	Assistant Professor	Department
Christie	Langenberg	MD	Assistant Professor	Department

James	Ledwith	MD	Assistant Professor	Department
Charles	Lehnardt	DO	Assistant Professor	Department
Kristin	Mallett	MD	Assistant Professor	Department
Lee	Mancini	MD	Assistant Professor	Department
Theodore	McDade	MPH	Assistant Professor	Department
Daniel	Mullin	PsyD	Assistant Professor	Department
Jason	Numbers	MD	Assistant Professor	Department
Erika	Oleson	DO	Assistant Professor	Department
Abhijeet	Patil	MD	Assistant Professor	Department
Christine	Purington	MD	Assistant Professor	Department
Jennifer	Reidy	MD	Assistant Professor	Department
Noah	Rosenberg	MD	Assistant Professor	Department
Patricia	Seymour	MS, MD	Assistant Professor	Department
Saurabh	Sharma	MD	Assistant Professor	Department
Amanda	Vitko	MD	Assistant Professor	Department
Scott	Wellman	MD	Assistant Professor	Department
Melodie	Wenz-Gross	PhD	Assistant Professor	Department
Edmund	Zaccaria	MD	Assistant Professor	Department
Rebecca	Blumhofer	MD	Assistant Professor	Family Health Center of Worcester
Philip	Bolduc	MD	Assistant Professor	Family Health Center of Worcester
Melanie	Gnazzo	MD	Assistant Professor	Family Health Center of Worcester
Hannah	Melnitsky	MD	Assistant Professor	Family Health Center of Worcester
Laura	Petras	MD	Assistant Professor	Family Health Center of Worcester
Claudeleedy	Pierre	MD	Assistant Professor	Family Health Center of Worcester
Valerie	Pietry	MD, MS	Assistant Professor	Family Health Center of Worcester
Melissa	Rathmell	MD	Assistant Professor	Family Health Center of Worcester
Rola	Saab	MD	Assistant Professor	Family Health Center of Worcester
Richard	Sacra	MD	Assistant Professor	Family Health Center of Worcester
Monisha	Sarin	MD	Assistant Professor	Family Health Center of Worcester
Amber	Sarkar	MD	Assistant Professor	Family Health Center of Worcester
Olga	Valdman	MD	Assistant Professor	Family Health Center of Worcester
Ginny	VanDuyne	MD	Assistant Professor	Family Health Center of Worcester
Christina	Baah	MD, MPH	Assistant Professor	Commonwealth Medicine - Office of Clinical Affairs
Alexandra	Bonardi	MHA	Clinical Assistant Professor	Commonwealth Medicine - E.K. Shriver Center
Sai	Cherala	MD, MPH	Assistant Professor	Commonwealth Medicine
Michael	Chin	MD	Assistant Professor	Commonwealth Medicine
Carol	Curtin	MSW, PhD	Research Assistant Professor	Commonwealth Medicine - E.K. Shriver Center
Jack	Gettens	PhD	Assistant Professor	Commonwealth Medicine - CHPR
Deborah	Gurewich	PhD	Assistant Professor	Commonwealth Medicine - CHPR
Ann	Lawthers	ScD	Assistant Professor	Commonwealth Medicine - CHPR
Kimberly	Lenz	PharmD	Assistant Professor	Commonwealth Medicine - Office of Clinical Affairs
Wen-Chieh	Lin	PhD	Assistant Professor	Commonwealth Medicine - CHPR
Linda	Long-Bellil	PhD, JD	Assistant Professor	Commonwealth Medicine - CHPR
Pamela	Senesac	PhD, SM, RN	Assistant Professor	Commonwealth Medicine
Steven	Staugaitis	PhD	Assistant Professor	Commonwealth Medicine - E.K. Shriver Center
Joshua	Twomey	PhD	Assistant Professor	Commonwealth Medicine - Office of Clinical Affairs

Instructors

Mary	Sullivan	FNP	Instructor	Dept - -Plumley Village Health Services
Lauren	Eidt-Pearson	LICSW	Instructor (Pending)	Dept - Barre Family Health Center
Jillian	Joseph	PA-C	Instructor (Pending)	Dept - Barre Family Health Center
Kristin	Wickstrom	PA-C	Instructor (Pending)	Dept - Barre Family Health Center
Lynn	O'Neal	ANP	Instructor	Dept - Benedict Family Medicine
Joan	Dolan	RNC, ANP, FNP	Instructor	Dept - Hahnemann Family Health Center
Sherrilyn	Sethi	M.MH, D.MH	Instructor	Dept - Worcester Family Medicine Residency Program - Memorial
Frances	Anthes	MSW	Instructor	Family Health Center of Worcester
Jennifer Jo	Averill Moffitt	BA, CNM, RN, MSN	Instructor	Family Health Center of Worcester
Harmony	Caton	MD	Instructor	Family Health Center of Worcester
Margret	Chang	MD	Instructor	Family Health Center of Worcester
Shelby	Freed	NP	Instructor	Family Health Center of Worcester
Jacqueline	McKean	MD	Instructor	Family Health Center of Worcester
Daria	Szkwarko	DO	Clinical Instructor	Family Health Center of Worcester
Rebecca	Williams	FNP-BC	Instructor	Family Health Center of Worcester
Abigail	Averbach	MSc	Clinical Instructor	Commonwealth Medicine
Lisa	Morris	MS	Instructor	Commonwealth Medicine
Joyce	Murphy	MPA	Instructor	Commonwealth Medicine
Linda	Cragin	MS	Instructor	Commonwealth Medicine - AHEC
Jean	Sullivan	JD	Instructor	Commonwealth Medicine - Center for Health Law & Economics

Debra	Hurwitz	RN, BSN, MBA	Instructor	Commonwealth Medicine - CHPR
Susan	Wolf-Fordham	JD	Instructor	Commonwealth Medicine - E.K. Shriver Center
Jaime	Vallejos	MD, MPH	Instructor	Commonwealth Medicine - MassAHEC
Paul	Kirby	MA	Instructor	Commonwealth Medicine - Office of Clinical Affairs
Roger	Snow	MD, MPH	Instructor	Commonwealth Medicine - Office of Clinical Affairs
Donna	Gallagher	MS, RNC, ANP, PhD	Instructor	Commonwealth Medicine - Office of Community Programs
Elaine	Gabovitch	MPA	Instructor	Commonwealth Medicine - Shriver
Helene	Murphy	MEd	Instructor	Commonwealth Medicine - Criminal Justice Health
John	Rochford	MS	Instructor	Commonwealth Medicine - Shriver
Emily	Lauer	MPH	Instructor	Commonwealth Medicine - Shriver Center

Edward Kennedy Community Health Center

Matthew	Collins	MD	Assistant Professor	Edward M. Kennedy Community Health Center
Gina	D'Ottavio	MD	Assistant Professor	Edward M. Kennedy Community Health Center
Anita	Kostecki	MD	Assistant Professor	EMK & Dept Director of Maternal & Newborn Services
Brian	Sullivan	MD	Assistant Professor	Edward M. Kennedy Community Health Center
Cynthia	Norton	DO	Instructor (Pending)	Edward M. Kennedy Community Health Center

Lawrence Family Medicine Residency Faculty

Joseph	Gravel	Jr., MD	Professor	Greater Lawrence Family Health Center
Anthony	Valdini	MD	Clinical Professor	Greater Lawrence Family health Center
Carolyn	Augart	MD	Assistant Professor	Greater Lawrence Family Health Center
Eloise	Edgings-Pryce	MD	Assistant Professor	Greater Lawrence Family Health Center
Paul	Esielionis	MD	Assistant Professor	Greater Lawrence Family Health Center
Leon	Fay	MD	Assistant Professor	Greater Lawrence Family Health Center
Jeffrey	Geller	MD	Assistant Professor	Greater Lawrence Family Health Center
Caren	Jacobsen	MD	Assistant Professor	Greater Lawrence Family Health Center
Cara	Marshall	MD	Assistant Professor	Greater Lawrence Family Health Center
Keith	Nokes	MD, MPH	Assistant Professor	Greater Lawrence Family Health Center
Christine	Rooney	MD	Assistant Professor	Greater Lawrence Family Health Center
Laurel	Ruzicka	MD	Assistant Professor	Greater Lawrence Family Health Center
Jennifer	Sparks	MD	Assistant Professor	Greater Lawrence Family Health Center
Evan	Teplow	MD	Assistant Professor	Greater Lawrence Family Health Center
Donna	Rivera	MSW	Instructor	Greater Lawrence Family Health Center - AHEC

Faculty Rank by Gender

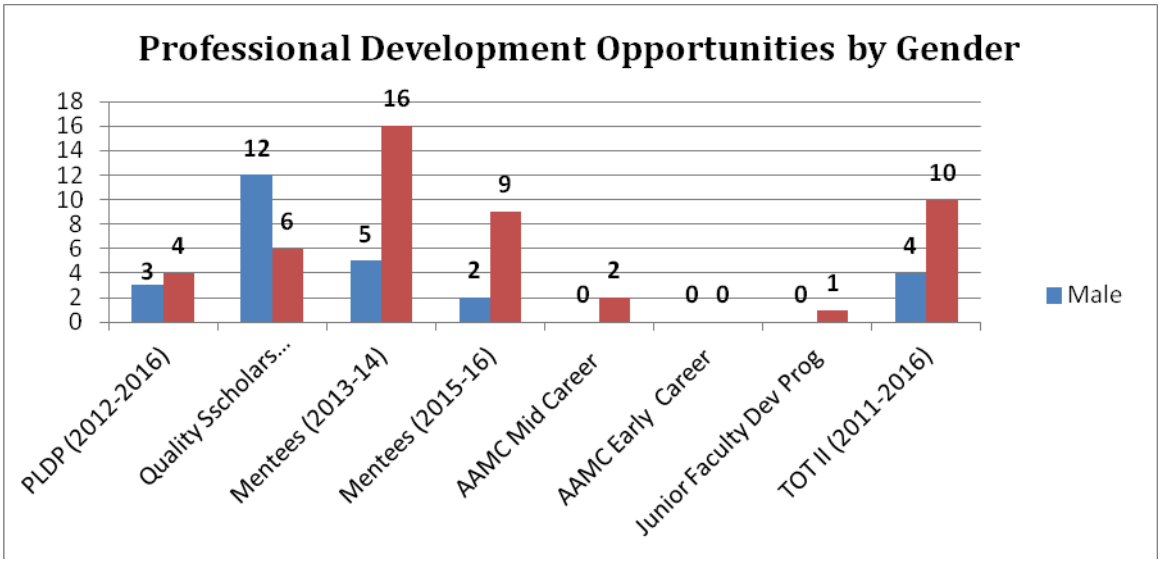
A 2015 snapshot of faculty who are directly employed by the department, based at the Family Health Center of Worcester (FHC/W), based within Commonwealth Medicine (CWM) categorized by gender and faculty rank:

	Dept-Employed		FHC/W		CWM	
	Men	**Women**	**Men**	**Women**	**Men**	**Women**
Professor	8	4	0	2	2	0
Assoc. Prof	9	6	0	2	1	4
Asst. Prof	20	22	2	12	5	9
Instructor	0	7	0	8	4	9
Total	37	39	2	24	12	22

A comparison between 2008 and 2015, focused on department-employed faculty:

Department-Employed Faculty 2008 through 2015				
	Men-2008	**Men-2015**	**Women-2008**	**Women-2013**
Professor	7	8	1	4
Assoc. Prof	10	9	5	6
Asst. Prof	20	20	22	22
Total	37	37	28	32

Professional Development Opportunities by Gender



2015-16 Reporting Relationships

Bob Baldor

1. Sandy Blount
2. Tina Runyan
3. Frank Domino
    a) Mary Lindholm (with Joe)
    b) Phil Fournier (with Joe)
    c) Tracy Kedian (with Tom)
    d) Mike Ennis (with Dave)
4. Jim Ledwith (with Beth)
5. Stacy Potts (with Steve)
    a) Jay Broadhurst
    b) Ginny Van Duyne (with Tom)
    c) Sherrilyn Sethi
6. Jackie Coghlin-Strom
    a) Pam Guggina
7. Herb Stevenson
    a) Lee Mancini
8. Scott Wellman

Beth Mazyck

1. Peter McConarty
2. Abhijeet Patil
3. Charles Lehnardt
4. Mary DiGangi
5. Sharon Machado

Alan Chuman

Dennis Dimitri

1. Katharine Barnard
    a) Ellen Ruell
    b) Mary Sullivan
    c) Mary Flynn
2. Steve Earls
    a) Kosta Deligiannidis
    b) Allison Hargreaves (with Stacy)
    c) Dan Mullin
    d) Cynthia Jeremiah
    e) Steve Martin (input from Warren/Linda)
    f) Marcy Boucher
    g) Christie Langenberg (with Herb)
    h) Judy Hsu
3. Dave Gilchrist
    a) Ron Adler
    b) Kim Bombaci
    c) Joan Dolan
    d) Gerry Gleich
    e) Jeremy Golding (with Frank)
    f) Stephanie Carter-Henry
    g) Amanda Vitko
    h) Jennifer Buckley
4. Beth Koester
    a) Patricia Seymour (input from Stacy)
    b) Saurabh Sharma
    c) Iftikar Khan
    d) Jason Numbers (input from Stacy)
    e) Pankaj Ksheersagar
    f) Paul Daniel
    g) Noah Rosenberg
5. Chris Purington (with Dave)
6. Joe DiFranza (with Linda)
    a) Ed Zaccaria
    b) Kristin Mallett
    c) Ahmed Hussain
    d) Deb Dreyfus
    e) Lynn O'Neal
    f) Ali Connell
7. Anita Kostecki
8. Jen Reidy

Warren Ferguson

1. Jeff Baxter (input from Robin Clark)
2. Suzanne Cashman
3. Erik Garcia (with Joe)
4. Jennifer Bradford (with Erik)
5. Hug Silk (input from Mike Ennis)

Linda Weinreb

1. Roger Luckmann (with Joe)
2. Judy Savageau
3. Robin Clark
4. Carole Upshur
    a) Melodie Wenz Gross

FHCW – Tom Byrne

1. Phil Bolduc
2. Lucy Candib
3. Lisa Gussak
4. Valerie Pietry
5. Melissa Rathmell
6. Sara Shields
7. Olga Valdman
8. Melanie Gnazzo
9. Rola Saab
10. Amber Sarkar
11. Claudia Pierre
12. Rebecca Blumhofer
13. Sara Casey
14. Laura Petras

Health Professionals Professionally Credentialed as Members of the Department's Medical Staff at UMass Memorial Medical Center (Worcester)
October 1, 2015

Benedict Family Medicine Services
Joseph DiFranza, MD (Medical Director)
Robert Baldor, MD
Alexa Connell, PhD
Philip Fournier, MD
Erik Garcia, MD
K. Ahmed Hussain, MD
Mary Lindholm, MD
Roger Luckmann, MD, MPH
Kristin Mallett, MD
Lynn O'Neal, NP
Ed Zaccaria, MD

Barre Family Health Center
Marcy Boucher, MD
Kosta Deligiannidis, MD
Stephen Earls, MD (Medical Director)
Lauren Eidt-Pearson, LICSW
Allison Hargreaves, MD
Judy Hsu, DO
Cynthia Jeremiah, MD
Jillian Joseph, PA-C
Christie Langenberg, MD
Steve Martin, MD
Daniel Mullin, PsyD
Stacy Potts, MD
Brian Sullivan, MD
Kristin Wickstrom, PA-C
Duncan Wellan, NP

Hahnemann Family Health Center
Ronald Adler, MD
Kimberly Bombaci, MD
Jennifer Buckley, MD
Stephanie Carter-Henry, MD
Joan Dolan, RNC, FNP
Michael Ennis, MD
David Gilchrist, MD (Medical Director)
Gerald Gleich, MD
Jeremy Golding, MD
Tope Oluwa, MSW
Christine Purington, MD
Molly Rivest, DNP
Christine Runyan, PhD
Amanda Vitko, MD

UMass Memorial/CMG Holden
Frederic Baker, MD

UMass Memorial/CMG Shrewsbury (Julio Drive)
Mike Burdulis, MD
Joseph Daigneault, MD
Laura Eurich, MD
Ingrid Fuller, MD

UMass Memorial/CMG Shrewsbury (Main St.)
Danuta Antkowiak, MD
James Broadhurst, MD
Atreyi Chakrabarti, MD
Vasilios Chrisostomidis, MD
Frank Domino, MD

UMass Memorial/CMG Bolton
Gerard Fitzpatrick, MD
Sarah Morasse, NP

UMass Memorial/CMG Worcester (291 Lincoln Street)
Suite 105
Jeanne Rousseau, MD
Suite 303
Malabika Dey, DO

UMass Memorial/CMG Worcester (Winthrop Street)
Dilip Jain, MD

UMass Memorial/CMG Sterling
Kathryn Maier, MD
Valerie Moreland, MD
Xan Schultes, MD

UMass Memorial/CMG Harvard
Thomas Scornavacca, DO

UMass Memorial/CMG Fitchburg
Karla Christo, MD
Edna MarkAddy, MD
Bernard Westerling, MD

UMass Memorial/CMG Marlborough
Julie Ozaydin, MD
Rocio Nordfeldt, MD

UMass Memorial/CMG Northborough
Apeksha Tripathi, MD

UMass Memorial/CMG West Boylston
Janet Abrahamian, MD
Rani Alexander, MD
Bassem Hanna, MD
David Rosenfield, MD

UMass Memorial/CMG East Douglas
John Lawrence, MD

Community HealthLink
Erik Garcia (Medical Director, HOAP)
Jennifer Bradford, MD
Hugh Silk, MD

Geriatrics
Erika Oleson, DO

Sports Medicine
James Broadhurst, MD
Vasilios Chrisostomidis, MD
Christie Langenberg, MD
Lee Mancini, MD
J. Herb Stevenson, MD (Director, Sports Medicine)

Addiction Medicine
Jeffrey Baxter, MD
James Broadhurst, MD

College Health
Robin McNally, NP
Christine Purington, MD (Director)
Martha Sullivan, NP
Debra Klempner, NP

Hospital Medicine/Memorial Campus
Mohammad Alhabbal, MD
Paul Daniel, MD
Beth Koester, MD (Chief)
Iftikhar Khan, MD
Pankaj Ksheersagar, MD
Jason Numbers, MD
Noah Rosenberg, MD
Patricia Seymour, MD
Saurabh Sharma, MD
Roma Mohan Takillapati, MD

Hospital Medicine/HealthAlliance
David Ammerman, MD (Chief)
Ximena Castro, MD
Felix Chang, MD
April Cyr, MD
Roberto Larios, MD
Edna MarkAddy, MD
Sunil Sarin, MD

Plumley Village
Katharine Barnard, MD (Medical Director)
Mary Flynn, MD
Ken Peterson, NP
Ellen Ruell, PA
Mary Sullivan, NP

HealthAlliance Fitchburg Family Practice
Mary DiGangi, PA-C
James Ledwith, MD
Charles Lehnardt, MD
Sharon Machado, NP
Beth Mazyck, MD (Medical Director)
Peter McConarty, MD
Abhijeet Patil, MD
Michele Pugnaire, MD

Community Health Centers

Edward M. Kennedy Community Health Center
Matthew Collins, MD
Elizabeth Dobles, MD
Gina D'Ottavio, MD
Willa Kahn, MD
Anita Kostecki, MD
Daniel Lasser, MD, MPH
Sharon Marable, MD
Cynthia Norton, MD
Michele Pici, DO (Medical Director)
Julia Randall, MD
Nicole Speckhard, PA-C

Family Health Center of Worcester
Rebecca Blumhofer, MD
Phil Bolduc, MD
Lucy Candib, MD
Warren Ferguson, MD
Abdulraouf Ghandour, MD
Melanie Gnazzo, MD
Lisa Gussak, MD
Tracy Kedian, MD
Hannah Melnitsky, MD
Laura Petras, MD
Claudeleedy Pierre, MD
Valerie Pietry, MD
Melissa Rathmell, MD
Navid Roder, MD
Rola Saab, MD
Richard Sacra, MD
Monisha Sarin, MD
Amber Sarkar, MD
Sara Shields, MD
Olga Valdman, MD
Virginia Van Duyne, MD
Linda Weinreb, MD
Sarah Zakaria, MD

Greater Gardner Community Health Center
Cheryl Divito, DO (Medical Director)
Kim Houde, MD
Lori DiLorenzo, MD

Group Practices
295 Lincoln Street
Dennis Dimitri, MD
Elizabeth Erban, MD
Deborah Sullivan, MD

Westboro Family Medicine
Daniel Freitas, MD
Michael Reyes, MD

St. Vincent Medical Group, Shore Drive
Nancy Berley, MD
Heather Mackey-Fowler,MD
Lisa Noble, MD

Boston Osteopathic Health
Kristen Foley, DO
William Foley, DO

Center for Health Policy and Research
Jay Himmelstein, MD, MPH

Clinical Faculty Development Center
Scott Wellman, MD

Independent Family Physicians
Mohammad Alhabbal, MD
Christopher Bechara, MD
Nancy Berube, MD
Edlira Duro, MD
Sunita Godiwala, MD
Keith Hilliker, MD
Nidhi Lal, MD
Roxanne Latimer, MD
Zainab Nawab, MD
Toral Parikh, MD
James Pease, MD
Raffia Qutab, MD
Jeffrey Satnick, MD
Peter Scuccimarri, MD
Diana Trister, DO
Sheila Trugman, MD
Leonard Waice, DO
Robert Weitzman, MD
Jennifer Weyler, MD
Heidi Shah, MD
Cindy Steinberg, MD

McLaughlin, Melissa

From: Lasser, Daniel [Daniel.Lasser@umassmed.edu]
Sent: Monday, April 13, 2015 2:38 PM
To: Family Medicine and Community Health
Subject: Monday Memo, April 13, 2015

The following is a message from the UMMS Family Medicine and Community Health List.

Grants

- Residents Ivonne McLean (Barre), and Cassandra Dorvil (Fitchburg), and Olga Valdman applied and received a $5000 Travel Grant from the UMass Medical School Office of Global Health to work on "Teen Pregnancy in Nicaragua"

Presentations

- Noah Rosenberg and Olga Valdman are co-authors of a poster presentation, "A Comparative Cost-Benefit Analysis of Medical Equipment Sterilization Methods in a Rural Nicaraguan Clinic", presented at the Consortium of Universities for Global Health Conference March 25-28

- Felix Chang was an invited speaker on "Acupuncture for Pain Control: Evidence Base Medicine", at the 7th Annual Complementary and Integrative Therapies EXPO organized by the UMass Integrative Health Academic Interest Group, held on March 30. We also note that Felix recently passed the Boards of Integrated Holistic Medicine.

Publications

- Hugh Silk had an edited version of a Thursday Morning Memo, "The Power of a Handshake", published in the Spring 2015 edition of Intima: A Journal of Narrative Medicine. See http://www.theintima.org/new-page-20

- A recent Thursday Morning Memo written by Lisa Gussak was published in Family Medicine: "*A new way of hearing", Fam Med. 2015 Apr;47(4):315-6 PMID: 25853604 [PubMed – in process]*

- Suzanne Cashman and Judy Savageau are among the co-authors of "Preventive behaviors and Knowledge of Tick-Borne Illnesses: Results of a Survey from an Endemic Area", Journal of Public Health Management Practice, 2015, 21(3), E16-E23. First authors of this publication were Sara Valente, Daniel Wemple and Sebastian Ramos, based on work done by them as fourth year students in the summer research fellowship program at UMMS.

- Several faculty and residents were published in the March/April edition of Worcester Medicine in an issue focused on Art and Medicine:

- Mary Cooper (HFHC): "The Storm"
  Hugh Silk and Joanne Dannehoffer (Barre): "Reflective Writing in Family Medicine"
  Sherrilyn Sethi, "UMMS Family Medicine Worcester Art Museum/Medical Humanities Curriculum"

Awards

- Mattie Castiel was named 2015 Community Clinician of the Year by the Worcester District Medical Society at its 2015 Annual Business meeting on April 8. Officers of the WDMS include our own Frederic Baker, President, and Jay Broadhurst, Vice President.

- Katherine Atkinson was named the recipient of the Massachusetts Academy of Family Physicians' 2015 Family Medicine Educator of the Year award in recognition of her exemplary clinical teaching of medical students in the specialty of Family Medicine. An alumnus of our Worcester residency program, Kate has served as the Medical Director at the Atkinson Family Practice in Amherst, Massachusetts, and is an assistant professor in our Department.

McLaughlin, Melissa

From: Dombrowski, Joanne [mailto:Joanne.Dombrowski@umassmed.edu]
Sent: Thursday, January 21, 2016 8:10 AM
To: fmch
Subject: Thursday Morning Memo: Today, I had a moment

This week Tina Runyan, clinical associate professor of family medicine & community health and director of the behavioral health fellowship, shares with us a story about a recent encounter. In her story she has an "aha" moment where she knows that this is it - her career as a behavioral health provider is indeed fulfilling. What a great feeling to know that your career is worth it. Tina writes: "After the patient came to see me I went to her PCP and we also 'shared a moment and a hug.' As I am sure is true for you, I cannot imagine practicing any other way. For myself and for OUR patients." I agree - I can not imagine practicing without teamwork and without behavioral health colleagues close by. I have glimpses of "moments". Enjoy this one from Tina.

You can respond with comment to Tina at Christine.Runyan@umassmemorial.org or to the list serve directly.

Today I had a moment

Today I had a moment. A moment when doubt and reservations I privately hold about whether I am good enough or effective enough completely evaporated. A moment when I knew, without a doubt, that I am doing exactly what I am meant to be doing, exactly where I am meant to be doing it. That's the ending of this story.

The beginning is a 30 something year-old woman introduced to me by her longtime PCP for severe, debilitating depression, chronic pain, childhood trauma and a toxic self-image. She was married, but her partner was not well accepted by anyone in her family except her mother. She was timid at first, unsure of what to expect from a psychologist and skeptical that anyone could help her crawl away from longstanding shame and self-doubt. She gradually opened up and I was introduced to an incredibly bright, creative, compassionate, and inspiring woman beneath the shell. We worked hard together until she began to glimpse what I saw in her. Until she trusted me enough to take risks I knew she could handle even when she still believed she would fail. But she did not fail. She enrolled in college and began to take art classes. She excelled. She planned and took a cross-country trip for the first time. Her world exploded in color and sounds and possibilities beyond her stilted self-concept and strained family relationships. And then her mother was diagnosed with terminal cancer and died and her partner's alcoholism intensified. She had setbacks and depression threatened her once again. But, with help, she created more art, kept going to school, traveled more and did some writing. Layer by layer, she shed her limiting self-narrative and not only found herself, but discovered she really liked herself.

She is graduating from college this spring and has been on the Dean's List continuously. She is applying to graduate school to become an art therapist. And today, she came by the health center to give me something. A book. *Her book.* She and a friend just published a book of photos and stories about abandoned mental hospitals in Massachusetts. She pointed to the dedication, which read to: … "Tina, for being a light in the darkness."

Years ago I had given her a poem by Rumi for inspiration. A part of it reads, … "Keep looking at the bandaged place. That's where the light enters you." I am not sure if she even remembers this poem or made the connection, but for me, it was all part of the moment. She had come to share and celebrate her book and to thank me. But the hug I gave in return was in deep gratitude to her, for giving me this moment devoid of my own self-doubt.

University of Massachusetts Medical School

UMassMemorial

Community Connections Newsletter

Department of Family Medicine and Community Health

Issue 9.1
Focus on Clinical Care Spring/Summer 2015

In This Issue

Join Our List

Join Our Mailing List!

Talking about Race, Power and Privilege in the Clinic

On a sunny Saturday in May, a dozen faculty members in family medicine and community health gathered in a circle to begin a conversation on racism, power and privilege as experienced in their lives as physicians and as educators. They explored important questions: Where do they see the greatest opportunity for growth among their learners and among their peers? How and when do we make space for explicit conversations about our biases and how they have been proven to influence patient care?

Innovative initiatives in action

A message from Warren Ferguson MD, Vice Chair for Community Health

This issue features a snapshot of innovative community health initiatives which touch on a critical societal problem contributing to health disparities; systematic population health interventions; and medical student service learning.

With respect to health disparities, we bear witness to yet another debate about racism and institutional oppression nationally and locally, a topic that is often uncomfortable for people. In a conversation at a recent department retreat, faculty reflected on our own contributions to bias and racism at the same time that the Society of Teachers of Family Medicine's Minority and Multicultural Group is challenging leaders to prioritize active engagement on racism when this may not be seen as a priority. Many health equity scholars believe that it will be difficult to eliminate health disparities without addressing racism as a root cause influencing social determinants of health.

Population health interventions based at Family Health Center of Worcester, one of the first teaching community health centers in the country, are featured. The article on school based health centers provides an example for extension of broader community care initiatives outside the four walls of a health care facility into schools and homes, systematically tackling chronic pediatric asthma not just with controller medications but also examining potential environmental triggers leading to poor outcomes and integrating behavioral health into school-based care systems. The focus on children extends to the expansion of ADHD services based at the health center, with more systematic population management. These focused programs on child health are complemented with a feature on the Centering Pregnancy program, which research demonstrates improves pregnancy outcomes via nurturing peer support supplemented by community health worker case management. This approach addresses again some of the social determinants that serve as barriers to care such as transportation and low health literacy.

Finally, with respect to service-learning, among the many student programs this summer, I've been fortunate to observe two soon-to-be second year medical students interviewing patients to evaluate food insecurity while qualifying patients for free vegetables and fruits from the Farmer's Market at the Family Health Center weekly during the summer months.

Racism, environmentally-induced asthma, systematic care for a chronic behavioral health condition with integrate team-based care,

This group is part of a growing movement toward shining a light on systemic racism, implicit bias in every area of our lives. Read more in this newsletter for related action items!

Making the Most of Summer

Several of our most community-engaged students, upon completion of their first challenging year of medical school, chose to spend their "last summer of freedom" building relationships with community partners and providing valuable service to residents across the state.

Fourteen students are participating in this year's Summer Community Service-Learning Assistantship , working in a range of settings including at the Worcester Division of Public Health, the Edward M Kennedy Health Center and Family Health Center Worcester. Placement sites include Barre, Holyoke and Amherst, though the majority were placed in the city of Worcester.

Posters detailing the work done in previous summers are available on the website.

Witnessing

holistic care for at risk pregnant women and students tackling food insecurity: at a time when resources are very tight and the physician's role is being evaluated, some might reflect that we can't tackle the problems of the community in academic family medicine. I would ask, if our goal is to truly improve the health of our community, can we afford not to?

School-based health improvement

by Valerie Pietry MD MS and Margret Chang MD

It is an exciting time of growth for the Family Health Center of Worcester's School Based Health Centers (SBHC) Program. Family Health operates six SBHCs in partnership with the Worcester Public Schools (WPS), working as an extension of the medical home, offering access to preventive and episodic care, chronic disease management, vaccinations, sports physicals, health education and care coordination to enrolled students across the school age span. In the past year we have **expanded our services in three important areas.** Always part of the community-based team providing care for pediatric asthma, we have enhanced our participation in **coordinated asthma care**, thanks to grant funding provided by the Prevention and Wellness Trust Fund. New resources for this year include direct involvement of community health workers with the families of children who have poorly controlled asthma, and standardized collaboration with school nurses, primary care physicians and pediatric pulmonology.

This academic year, our ADHD Clinic, started over 10 years ago by SBHC Medical Director, Val Pietry, MD, MS, has expanded with the addition of Margret Chang, MD, who has taken on the growing number of school-based ADHD visits and added more consultation access at Family Health. With the help of Dr. Chang we are actively **re-engineering our ADHD services** to enhance population management for this group of kids across our medical home. Second year medical residents continue to participate in ADHD Clinic as part of their Developmental/Behavioral Pediatrics rotation.

Finally, in January our SBHC program entered the realm of behavioral health integration, receiving grant funding from the MA Department of Public Health to add behavioral health clinicians to four of our sites. The clinicians will work in partnership with the SBHC and WPS teams to **enhance access to behavioral health services for students** in and out of the school setting, with the common goal of reducing barriers to learning.

The SBHC Program welcomes learners interested in community health and pediatric care. For more information,

Whiteness

The Witnessing Whiteness series is a nationally-recognized series of 11 sessions designed to:

* Build a community with a shared understanding of privilege, whiteness, and racism
* Increase your group's ability to support and implement diversity and racial justice initiatives
* Develop leadership capacity around issues of diversity and race

Join us once a month as we read and explore together the ideas and exercises included within Shelley Tochluk's book Witnessing Whiteness. The full workshop curriculum is free and available online, so people who can't attend one session can easily follow along at home.

Session 1: Why pay attention to race? Monday, August 17, 2015, 6-8:30 pm @ YWCA of Central MA
Click here to register or to request more info.
Sponsored by the Worcester Partnership for Racial and Ethnic Health Equity

contact Margret.Chang@umassmed.edu.

Centering pregnancy

by Sara Shields MD MS FAAFP and Jennifer Moffitt CNM

Centering Pregnancy is a multifaceted model of group care that integrates the three major components of care, including health assessments, education and support. This is a 10 session group care model, where mothers of the same gestational age receive care together. Here at the Family Health Center, we are in our 8th year of this progam. We earned our accreditation again in June 2014. Our OB advocates assisted providers with 9 groups in 2014, including 3 Vietnamese language groups, 2 Spanish language groups, and 4 English groups. 49 patients participated in these groups, some of which are continuing into 2015. One Vietnamese group has continued as a Centering Parenting group.

We use grant funding from community organizations to help with the additional expenses of this program. Some grant funds help compensate for part of our prenatal advocates' time; we also purchase Centering Pregnancy notebooks for all mothers, snacks and water for each session, and bus passes in an effort to alleviate transportation costs and encourage them to come to classes. In addition, grants help to offset the costs for Centering Training for Family Health Center medical providers to increase the number of trained Centering facilitators on our staff.

In the research, Centering Pregnancy has been shown to reduce the preterm birth rate in a statistically significant way. At Family Health Center, where we run the largest Centering Pregnancy Program in Central MA, the average preterm birth rate from 2007-2013 was 6.2%, compared to 10.0% for Massachusetts, and 10.9% for the United States. Patient satisfaction is high with the Centering program at FHCW; over 90% of women who complete this survey indicate that they are satisfied with the program. Some recent quotes include: "I love that I get to tell my story and exchange thoughts and ideas. I learned from other women and felt comfortable sharing," and "I felt like I was taking responsibility [for] my care." Also, "I had a lot of fun meeting other women going through the same thing," and "I learned a lot about pregnancy to help me be a good mother for my baby. I had all my questions answered."

We have several plans for the future of this program. We would like to offer an evening group for mothers who are working or in school. We need to improve our evaluation of other outcomes in our Centering programs, by using other measures besides the evaluation questionnaire that we give our patients. We would like to evaluate more than the satisfaction of all our mothers and compare that to Centering. We run a successful Baby CafÃ© breastfeeding group and would like to continue to have a lactation consultant from Baby Café as a guest to a Centering session. Additionally, we would like to implement more mom/baby Centering Parenting groups. We also hope to make Centering a requirement for our residents in the future.

Article Headline

The American Public Health Association is sponsoring a series of webinars about racism and health this summer. We invite you to join us

Impact of Racism on the Health and Well-Being of the Nation

APHA
AMERICAN PUBLIC HEALTH ASSOCIATION

in Family Medicine and Community Health for viewing and to stay for discussion following the screenings. Local screening to be held at University Campus, Benedict third floor library, Room A3-179.

Naming and Addressing Racism: A Primer
July 21, 2015 | 2 p.m. EDT
Shiriki Kumanyika, PhD, MPH, and Camara P. Jones, MD, MPH, PhD

Community Violence and Well-Being
August 4, 2015, 2 p.m. EDT

Unequal Treatment: Disparities in Access, Quality and Care
August 18, 2015, 2 p.m. EDT

Racism: The Silent Partner in High School Dropout and Health Disparities
September 1, 2015, 2 p.m. EDT

TEACHING OF TOMORROW - WORKSHOP 1

Cranwell Resort, Spa and Golf Club

November 13 - 14, 2015

AGENDA for Tracks 1 + 2

Program Goals for Track 1:

1. To provide a model of systematic educational planning for effective and efficient integration of teaching into clinical practice;
2. To enhance teaching skills for clinical reasoning and habits of life-long learning;
3. To provide practice opportunities to apply new skills in teaching and assessment; and
4. To give physicians early in their careers a taste of the joy of being part of the community of clinician educators.

Program Goals for Track 2:

1. To expand knowledge of teaching and learning;
2. To practice the skills needed for effective teaching and evaluation; and
3. To advance your career as a Clinician Educator.

TRACK 1 Friday, November 13, 2015		
Time/Room	***Topic***	***Faculty***
9:00-10:30 *Lenox Room*	**Faculty Meeting** *(Registration/Continental Breakfast in Ballroom at 8:45)*	All
10:30-10:45	**Welcome and Introduction to Track 1 Content**	Wellman
10:45-11:30 *Ballroom*	**What Makes a Good Teacher?**	Endter
11:30-12:00	**The Educational Planning Process -- GNOME**	Endter
12:00-12:45	**LUNCH IN MUSIC ROOM**	
12:45-1:30 *Ballroom*	**Needs Assessment & Questioning Styles** Demonstration Role Play (*Sell/Ferguson*) **Track 2 Observe**	Hatem
1:30-2:45	**Needs Assessment & Questioning Styles** Small Group Practice **Track 2 Co-Facilitate/Observe**	Hatem/Ballroom Sell/Boardroom Endter/Sunroom Wellman/Berkshire Ferguson/Lenox
2:45-3:00	**BREAK IN BALLROOM**	
3:00 -3:45 *Ballroom*	**Setting Educational Objectives** Demonstration Role Play (Lindholm/Sell) **Track 2 Observe**	Wellman
3:45-5:00	**Setting Educational Objectives** Small Group Practice **Track 2 Co-Facilitate/Observe**	Hatem/Ballroom Sell/Boardroom Endter/Sunroom Wellman/Berkshire Ferguson/Lenox
5:00-5:30	**Debrief Facilitation Process with Track 2 Co-facilitators** *Stay in assigned BO rooms*	All
5:30-6:30	**RECEPTION IN MUSIC ROOM** **(Starts at 5:30)**	

TRACK 2 Friday, November 13, 2015		
Time/Room	***Topic***	***Faculty***
9:00 - 10:30 *Lenox Room*	**Faculty Meeting** *(Registration/Continental Breakfast in Ballroom at 8:45)*	All
10:30-12:00 *Lenox*	**Welcome and Introduction to Track 2 Content:** **Teaching Skills: Small Group Teaching & Facilitation**	Lindholm Philbin
12:00-12:45	**LUNCH IN MUSIC ROOM**	
12:45-1:30 *Ballroom*	**Observe the Plenary in Track 1:** **Needs Assessment & Questioning Styles** **Track 2 Observe**	Hatem
1:30-2:45	**Small Group Practice: Observe or Co-facilitate** **Needs Assessment & Questioning Styles** **Track 2 Co-Facilitate/Observe**	Hatem/Ballroom Sell/Boardroom Endter/Sunroom Wellman/Berkshire Ferguson/Lenox
2:45-3:00	**BREAK IN BALLROOM**	
3:00 -3:45 *Ballroom*	**Observe the Plenary in Track 1:** **Setting Educational Objectives** **Track 2 Observe**	Wellman
3:45-5:00	**Small Group Practice: Observe or Co-facilitate** **Setting Educational Objectives** **Track 2 Co-Facilitate/Observe**	Hatem/Ballroom Sell/Boardroom Endter/Sunroom Wellman/Berkshire Ferguson/Lenox
5:00-5:30	**Debrief Facilitation Process with Track 1 Faculty Co-facilitators** *Stay in assigned BO rooms*	All
5:30-6:30	**RECEPTION IN MUSIC ROOM** **(Starts at 5:30)**	

TEACHING OF TOMORROW - WORKSHOP 1

Cranwell Resort, Spa and Golf Club

November 13 - 14, 2015

AGENDA for Tracks 1 + 2

TRACK 1 Saturday, November 14, 2015		
Time/Room	***Topic***	***Faculty***
7:00-8:00	**REGISTRATION & HOT BREAKFAST IN MUSIC ROOM**	
8:00-8:30 *Ballroom*	**An Introduction to Methods:** **Deliberate Practice**	Hatem
8:30-10:00 Ballroom	**Effective & Efficient Methods:** **Just-in-Time Teaching** **Modeling as a Teaching Method**	Sell
10:00-10:15	**BREAK IN BALLROOM**	
10:15-11:00 Ballroom	**Effective & Efficient Methods:** **One Minute Preceptor** Demonstration Role Play (Wellman/Ferguson)	Hatem
11:00-12:15 Ballroom	**Methods:** **One Minute Preceptor** Small Group Practice	Hatem/Ballroom Sell/Boardroom Lindholm/Sunroom Wellman/Wyndhurst Ferguson/Berkshire
12:15 - 1:15	**LUNCH IN MUSIC ROOM**	
1:15 - 2:30 *Ballroom*	**Methods:** **Using Deliberate Practice to Teach Clinical Reasoning**	Wellman
2:30 - 3:30 *Ballroom*	**Evaluation:** **Introduction to Evaluation** Appreciative Inquiry as Evaluation Tool Evaluation Table Exercise (all faculty)	Endter Wellman Hatem Ferguson Alan

TRACK 2 Saturday, November 14, 2015		
Time/Room	***Topic***	***Faculty***
7:00-8:00	**REGISTRATION & HOT BREAKFAST IN MUSIC ROOM**	
8:00 - 9:00 *Lenox Room*	**Observations from Yesterday's Large and Small Groups** **Teaching Skills:** **Effective Teaching in Large Groups**	Philbin
9:00 - 10:00 *Lenox*	**Career Advancement:** **Mentoring**	Hatem
10:00-10:15	**BREAK IN LENOX ROOM**	
10:15-11:30 *Lenox*	**Learning Theory and Adult Learners**	Philbin
11:30-12:15 *Lenox Room*	**Teaching Skills: The Struggling Learner** Review Action Plans Development Assessment Model	Lindholm/Philbin
12:15 - 1:15	**LUNCH IN MUSIC ROOM**	
1:15-2:30 *Lenox Room*	**Career Advancement:** **Developing an Educational Project for Presentation**	Lindholm/Philbin
2:30-3:15 *Lenox Room*	**Teaching Skills:** **PowerPoint**	Sell
3:15-3:30 *Lenox Room*	**Wrap-Up and Evaluation**	Lindholm/Philbin

Steven Putterman Memorial Lecturers

1999 **Donald Weaver, MD**, Assistant Surgeon General and Director of National Health Services Corps: *100% Access / 0% Health Disparities: Who Cares for the Poorest, the Least Healthy and the Most Isolated?*

2000 **Jack Geiger, MD**, Arthur C. Logan Professor Emeritus of Community Medicine at The City University of New York: *Race, Diversity and Human Rights*

2001 **Jeffrey Borkan, MD, PhD**, Department of Family Medicine at Brown University School of Medicine: *Narrative in Family Medicine: Clinical, Educational and Research Applications*

2002 **Daniel J. Ostergaard, MD**, Vice President for International and Interprofessional Activities: *Family Practice around the World – Meeting the Need for a Competent Generalist Physician*

2003 **Larry A. Green, MD**, Director, The Robert Graham Center, Washington, DC, Professor of Family Medicine, University of Colorado: *The Future of Family Medicine*

2004 **Edward H. Wagner, MD, MPH**, Director, W.A. MacColl Institute for Healthcare Innovation; Professor of Health Services, University of Washington School of Public Health and Community Medicine: *Improving Chronic Illness Outcomes in Communities: Lessons Learned*

2005 **Leiyu Shi, PhD**, Co-Director, Johns Hopkins Primary Care Policy Center for the Underserved;Associate Professor, Johns Hopkins Bloomberg School of Public Health: *The Role of Primary Care in Improving Health and Reducing Disparities*

2006 **Joseph Betancourt, MD, MPH**, Senior Scientist, Institute for Health Policy and Program Director for Multi-Cultural Education: *Reducing Health Disparities: Progress Made and Solutions for the Future*

2007 **Kevin Grumbach, MD**, Professor and Chair of the Department of Family and Community Medicine, University of California at San Francisco: *Primary Care: Essential, Endangered and Innovative*

2008 **James W. Mold, MD, MPH**, Professor and Research Division Director, Department of Family and Preventive Medicine, University of Oklahoma Health Sciences Center: *Creating Learning Communities*

2009 **Russell G. Robertson, MD**, Professor and Chair of Family and Community Medicine at the Feinberg School of Medicine, Northwestern University: *The Pluripotentiality of a Career in Family Medicine: One Person's Journey Through Medical Education, Academic Administration, and Health Care Policy*

2010 **Fitzhugh S. M. Mullan, MD**, Murdock Head Professor of Medicine and Health Policy at the George Washington University (GWU) School of Public Health and Health Services, and Clinical Professor of Pediatrics at GWU School of Medicine: *Social Mission, Medical Schools, and the Health of the Nation*

2011 **James O'Connell, MD,** President of Boston Health Care for the Homeless Project*: Reflections from the Streets: Lessons Learned from Caring for Boston's Rough Sleepers,*

2012 **Lisa Cooper, MD, MPH, FACP**, James F. Fries Professor of Medicine, Division of General Internal Medicine, Director, Johns Hopkins Center to Eliminate Cardiovascular Disparities: *Journey to Eliminating Healthcare Disparities: The Importance of Affirming Values and Building Relationships*

2013 **Lucy Candib, MD**, Family Physician, Family Health Center of Worcester and Professor of Family Medicine & Community Health, UMass Medical School: *In it for the Long Haul: Continuity of Care from a Life Cycle Perspective*

2014 **Denise V. Rodgers, MD,** Hunterdon endowed Chair in Interprofessional Education, Vice Chancellor for Interprofessional Programs, Director, Rutgers Urban Health and Wellness Institute: *Interprofessional Education and Practice Implications for Family Medicine*

2015 **David Loxterkamp, MD**, Family Physician and Author, Seaport Community Health Center, *The Once and Future Family Physician: A Minority Report*

Department Climate Survey Comparison Data: 2011 vs 2015

Comparison (last column) based on the percentage of faculty reporting Very Often or Always
Scale: Rarely/Never; Sometimes; Usually or Often; Very Often or Always

Statement	Rarely % (N*)	Sometimes % (N*)	Usually % (N*)	Always % (N*)	p+
Organizational Values: The extent to which the Department fosters and supports initiative, creative problem-solving and collaboration					
I am encouraged to be creative in solving problems.					
2011	5.1 (4)	20.3 (16)	35.4 (28)	**39.2 (31)**	
2015	3.3 (2)	14.8 (9)	36.1 (22)	**45.9 (28)**	
I find it easy to share new and original ideas.					
2011	8.2 (7)	24.7 (21)	35.3 (30)	**31.8 (27)**	
2015	3.3 (2)	14.8 (9)	41.0 (25)	**41.0 (25)**	
I am encouraged to take initiative.					
2011	4.8 (4)	17.9 (15)	35.7 (30)	**41.7 (35)**	
2015	3.3 (2)	10.0 (6)	35.0 (21)	**51.7 (31)**	
I trust my colleagues in the Department.					
2011	3.5 (3)	17.6 (15)	28.2 (24)	**50.6 (43)**	
2015	1.7 (1)	6.9 (4)	31.0 (18)	**60.3 (35)**	
I respect my colleagues in the Department.					
2011	1.2 (1)	7.1 (6)	25.9 (22)	**65.9 (56)**	***
2015	0 (0)	1.7 (1)	13.6 (8)	**84.7 (50)**	
Roles and Responsibilities: The extent to which the Department models and supports distributed leadership, continuous improvement, clarity of decision-making roles, responsibilities and criteria					
Departmental roles and responsibilities for all faculty members are clear.					
2011	3.8 (3)	23.1 (18)	61.5 (48)	**11.5 (9)**	**
2015	0 (0)	26.8 (15)	48.2 (27)	**25.0 (14)**	
Continuous improvement among all faculty members is encouraged.					
2011	2.6 (2)	14.3 (11)	45.5 (35)	**37.7 (29)**	**
2015	3.6 (2)	10.7 (6)	30.4 (17)	**55.4 (31)**	
The Department encourages leadership among faculty members.					
2011	2.5 (2)	21.5 (17)	38.0 (30)	**38.0 (30)**	
2015	3.7 (2)	14.8 (8)	33.3 (18)	**48.1 (26)**	
My input is requested regarding decisions that affect me.					
2011	8.6 (7)	28.4 (23)	35.8 (29)	**27.2 (22)**	
2015	1.8 (1)	27.3 (15)	43.6 (24)	**27.3 (15)**	
It is clear how decisions will be carried out for the Department's strategic goals.					
2011	9.2 (7)	39.5 (30)	44.7 (34)	**6.6 (5)**	
2015	1.8 (1)	34.5 (19)	50.9 (28)	**12.7 (7)**	
Faculty members demonstrate individual and collective ownership of the Department's success.					
2011	6.7 (5)	28.0 (21)	53.3 (40)	**12.0 (9)**	***
2015	1.8 (1)	21.8 (12)	45.5 (25)	**30.9 (17)**	
I feel that the Department spends an appropriate amount of time on processing decisions.					
2011	1.6 (1)	19.4 (12)	64.5 (40)	**14.5 (9)**	**
2015	2.2 (1)	17.4 (8)	52.2 (24)	**28.3 (13)**	

Statement	Rarely % (N*)	Sometimes % (N*)	Usually % (N*)	Always % (N*)	p+
I am empowered to make decisions.					
2011	9.0 (7)	34.6 (27)	35.9 (28)	**20.5 (16)**	
2015	3.5 (2)	26.3 (15)	42.1 (24)	**28.1 (16)**	
The Department Chair is an effective leader.					
2011					N/A
2015	0 (0)	1.9 (1)	31.5 (17)	**66.7 (36)**	
There is clarity in the Department's reporting relationships, areas of responsibility and accountability.					
2011					N/A
2015	3.8 (2)	13.5 (7)	38.5 (20)	**44.2 (23)**	
Those in leadership positions (Vice Chairs, Medical Directors, Program Directors) are empowered and encouraged to be innovative.					
2011					N/A
2015	2.4 (1)	11.9 (5)	23.8 (10)	**61.9 (26)**	
Rate your understanding of the following related to resource allocation					
There have been appropriate strategic investments which have allowed the Department to achieve goals.					
2011					N/A
2015	2.4 (1)	17.1 (7)	61.0 (25)	**19.5 (8)**	
It is clear to me how financial decisions are made in the Department.					
2011					N/A
2015	25.0 (12)	25.0 (12)	31.3 (15)	**18.8 (9)**	
For those on the UMass payroll, rate your understanding of the following:					
Rate your understanding of the Department's approach to compensation.					
2011					N/A
2015	15.0 (6)	20.0 (8)	25.0 (10)	**40.0 (16)**	
Rate your understanding of the Department's approach toward financial investments.					
2011					N/A
2015	29.7 (11)	32.4 (12)	21.6 (8)	**16.2 (6)**	
Effectiveness of communications modes and channels					
I feel well informed about activities and developments within the Department.					
2011	6.3 (5)	24.1 (19)	44.3 (35)	**25.3 (20)**	*
2015	1.9 (1)	20.4 (11)	40.7 (22)	**37.0 (20)**	
I feel well informed about activities and developments within my own site.					
2011	1.3 (1)	13.0 (10)	41.6 (32)	**44.2 (34)**	**
2015	0 (0)	9.3 (5)	29.6 (16)	**61.1 (33)**	
I feel the Department adequately highlights the achievements of the faculty.					
2011					N/A
2015	0 (0)	5.6 (3)	18.5 (10)	**75.9 (41)**	
Strategic Framework: Awareness and participation in the Department's strategic plan					
I try to integrate the Department's mission, values, and goals with my work.					
2011	3.8 (3)	15.4 (12)	39.7 (31)	**41.0 (32)**	
2015	0 (0)	5.5 (3)	43.6 (24)	**50.9 (28)**	

Statement	Rarely % (N*)	Sometimes % (N*)	Usually % (N*)	Always % (N*)	p+
My work contributes to the strategic goals of the Department.					
2011	4.1 (3)	12.2 (9)	27.0 (20)	**56.8 (42)**	
2015	0 (0)	5.7 (3)	28.3 (15)	**66.0 (35)**	
My reviews and feedback are conducted within the context of the Department's strategic plan.					
2011	11.6 (8)	17.4 (12)	42.0 (29)	**29.0 (20)**	***
2015	2.0 (1)	10.2 (5)	30.6 (15)	**57.1 (28)**	
I feel that the Department's planning process facilitates the timely delivery of products/results.					
2011	7.4 (4)	20.4 (11)	64.8 (35)	**7.4 (4)**	***
2015	2.6 (1)	17.9 (7)	48.7 (19)	**30.8 (12)**	
Effectiveness, accuracy and timeliness of feedback and recognition systems					
I understand what is expected of me by my faculty supervisor.					
2011	5.3 (4)	8.0 (6)	34.7 (26)	**52.0 (39)**	**
2015	0 (0)	11.3 (6)	20.8 (11)	**67.9 (36)**	
I am held accountable for my work.					
2011	2.6 (2)	5.3 (4)	28.9 (22)	**63.2 (48)**	
2015	0 (0)	5.7 (3)	24.5 (13)	**69.8 (37)**	
I am offered and encouraged to pursue multiple opportunities to learn and grow.					
2011	3.8 (3)	24.1 (19)	30.4 (24)	**41.8 (33)**	***
2015	0 (0)	14.8 (8)	20.4 (11)	**64.8 (35)**	
My work is satisfying.					
2011	1.2 (1)	14.8 (12)	34.6 (28)	**49.4 (40)**	
2015	1.9 (1)	7.5 (4)	37.7 (20)	**52.8 (28)**	
I receive accurate feedback during my annual review.					
2011	6.7 (5)	14.7 (11)	36.0 (27)	**42.7 (32)**	**
2015	0 (0)	13.7 (7)	23.5 (12)	**62.7 (32)**	
I receive timely feedback on my performance.					
2011	14.5 (11)	15.8 (12)	38.2 (29)	**31.6 (24)**	**
2015	3.8 (2)	28.8 (15)	19.2 (10)	**48.1 (25)**	
I feel my work is appropriately recognized.					
2011	7.7 (6)	21.8 (17)	41.0 (32)	**29.5 (23)**	
2015	5.8 (3)	19.2 (10)	36.5 (19)	**38.5 (20)**	
Resources to support the faculty					
I am satisfied with my current work space.					
2011					N/A
2015	7.7 (4)	15.4 (8)	19.2 (10)	**57.7 (30)**	
The Department has resources to support competitive salaries.					
2011					N/A
2015	5.7 (2)	34.3 (12)	45.7 (16)	**14.3 (5)**	
The Department has resources to recognize excellence in clinical services.					
2011					N/A
2015	2.9 (1)	23.5 (8)	41.2 (14)	**32.4 (11)**	
The Department has resources to recognize excellence in teaching.					
2011					N/A
2015	2.5 (1)	20.0 (8)	47.5 (19)	**30.0 (12)**	

Statement	Rarely % (N*)	Sometimes % (N*)	Usually % (N*)	Always % (N*)	p+
The Department has resources to recognize excellence in research.					
2011					N/A
2015	3.3 (1)	26.7 (8)	40.0 (12)	**30.0 (9)**	
The Department has resources to recognize excellence in innovation.					
2011					N/A
2015	10.3 (3)	27.6 (8)	37.9 (11)	**24.1 (7)**	
The Department has resources to recognize excellence in service or administration.					
2011					N/A
2015	3.0 (1)	27.3 (9)	45.5 (15)	**24.2 (8)**	

***N's may not always total to the full number of respondents due to sporadic missing data and/or relevant skip patterns where not all respondents were eligible to answer certain questions**

****N/A's reflect that a similar question was not asked in 2011; thus, no statistical comparison could be made**

+p values are represented by * (p<.10), ** (p<.05), and * (p<.01)**

Statement	Very Difficult % (N)	Moderately Difficult % (N)	Somewhat Difficult % (N)	Not at all Difficult % (N)	p+
Given your professional interests and goals, how difficult is it for you to find colleagues with similar interests in the Department?					
2011	4.9 (4)	8.6 (7)	40.7 (33)	**45.7 (37)**	
2015	5.6 (3)	1.9 (1)	37.0 (20)	**55.6 (30)**	

Scale: Yes; No; Not Sure (where applicable)

Statement	Yes % (N*)	No % (N*)	Not Sure % (N*)	p+
Does the Department provide resources to support your professional growth?				
2011	**70.0 (56)**	7.5 (6)	22.5 (18)	**
2015	**85.2 (46)**	7.4 (4)	7.4 (4)	
I understand the criteria used for an academic promotion.				
2011	**65.4 (53)**	7.4 (6)	27.2 (22)	***
2015	**84.9 (45)**	5.7 (3)	9.4 (5)	
As a faculty member in the Department of Family Medicine and Community Health, do you have a mentor?				
2011	**32.1 (26)**	67.9 (55)		***
2015	**59.3 (32)**	40.7 (22)		

***N's may not always total to the full number of respondents due to sporadic missing data**

+p values are represented by * (p<.10), ** (p<.05), and * (p<.01)**

Percentage of faculty reporting "Very Often or Always," among faculty with a mentor
Scale: Rarely/Never; Sometimes; Usually or Often; Very often or Always

Statement	Rarely or Never % (N*)	Sometimes % (N*)	Usually or Often % (N*)	Very Often or Always % (N*)	p+
My mentor is helpful in providing direction and guidance on professional issues.					
2011	7.7 (2)	11.5 (3)	42.3 (11)	**38.5 (10)**	***
2015	0 (0)	3.2 (1)	16.1 (5)	**80.6 (25)**	
My mentor challenges me to extend my professional skills (e.g., research, teaching, writing).					
2011	8.0 (2)	20.0 (5)	32.0 (8)	**40.0 (10)**	***
2015	0 (0)	3.2 (1)	16.1 (5)	**80.6 (25)**	
My mentor provides constructive and useful critiques of my work.					
2011	7.7 (2)	19.2 (5)	30.8 (8)	**42.3 (11)**	**
2015	0 (0)	3.2 (1)	29.0 (9)	**67.7 (21)**	

***N's may not always total to the full number of respondents due to sporadic missing data and/or relevant skip patterns where not all respondents were eligible to answer certain questions**

+p values are represented by * (p<.10), ** (p<.05), and * (p<.01)**

Percentage of faculty reporting "9 or 10" in Effectiveness of Communication
Scale: 0 (lowest effectiveness) – 10 (highest effectiveness)

Communication Resource	2011	2015	p+
Department Listserve	**16.5**	**33.3**	**
Monday Morning Memo	**25.0**	**48.1**	***
Thursday Morning Memo	**27.5**	**41.2**	**
Department Web Page	**7.9**	**1.9**	
Department-wide or Program meetings (e.g., residency meetings)	**11.0**	**12.2**	
Department-wide meetings (e.g., UMMG Business meetings, annual dinner)		**9.6**	N/A
Department retreats	**20.3**	**20.8**	
Site specific faculty meetings (e.g., Health Center, Benedict, etc.)	**20.5**	**25.0**	

****N/A's reflect that a similar question was not asked in 2011; thus, no statistical comparison could be made**

+p values are represented by * (p<.10), ** (p<.05), and * (p<.01)**

Overall assessment of the Department of Family Medicine and Community Health's climate and culture (% of faculty reporting)

Scale: 0 (worst possible climate) – 10 (best possible climate)

Year	0-6	7-8	9-10		Mean Score
2011	40.5	41.8	**17.7**		**7.75**
2015	24.1	63.0	**13.0**		**8.15**

Analysis compared those with scores 9-10 vs scores 0-8 between 2011 and 2015; p = NS
Analysis also compared mean scores between those responding in 2011 vs 2015; p = NS

Comments about Organizational Values

- I find the leadership to be very supportive of collaboration.
- I work in a great community.
- It is one thing to verbally encourage new ideas or creative problem solving, but another to provide support (time, personnel) to actually make it possible. That is where I sometimes feel we are falling short.
- Seems to be harder than necessary to change things when the standard way doesn't work
- I think creativity is encouraged up to a point. I think the senior leadership has taken a position to support the hospital first and the department second which leaves individuals on their own at times. Folks try to be creative in their offices but then this comes up against hospital cuts and ideas about the future as well as their principles and the individual is left to have their ideas fail. We need to put patients and learners first especially when this clashes with the hospital - we need to take a stand for what we value even if it differ from the hospital.
- To the extent I sometimes distrust colleagues, it seems to stem from my perception that his or her competitive drive to advance as an individual will limit their willingness to deal fairly or openly with me. Academic recognition is culturally and historically based solely on individual accomplishment, scholarship and intellectual performance. More academic reward for successes involving collegial collaboration might lessen the distrust born of self-interest in getting ahead.
- As a faculty person at FHCW, I feel somewhat peripheral to the department, but relations with individuals in the dept are cordial. I have good friends within the dept and my relationships with them are what color my opinions are of the dept as a whole. I admire and trust their values, as I think they do mine.
- The way in which initiative and creativity are squelched has to do with working within a large hospital system which is not my nature creative or bottom-up. The department itself seems to support creativity and innovation but is limited in its tangible support thereof (time, money) by the institution.

Comments about Decision-making Roles and Responsibilities

- I believe that transparency has increased considerably.
- Seems to be some variability in the vision, commitment across faculty/ leaders and not very effective ways to re-steer
- There is a certain amount of "stuckness" in the areas of focus of the Department. There could be more leadership effort around encouraging faculty in innovation at the residency sites.
- I think the department has had strong leadership over the years. I think it has pushed in the past for great things. I am sorry to say that the current leadership seems to mainly older white men. It seems time for some youth, some diversity and more women. I fear also that the leadership have held too many roles within the hospital and school system and are more committed to those goals and principles than the department and its membership. We need to stand by our values even when they clash with the hospital or the school. We need a voice. Again - the department has done great things but to move forward we need new creativity, diversity and commitment to us and not always to the financial bottom line.
- Not sure how to find out annual plans for getting to strategic goals
- I think leadership is encouraged to be innovative but not sure they are really empowered. It sometimes feels like they are accountable but not responsible for things.
- With respect to appropriate time for making decisions, sometimes we take TOO long to make decisions
- There is often the preception that we spend too much time on process, which slows down the opportunity to be innovative. Compared to other school's Dept of FM, we seem sluggish.
- I am peripheral to the internal workings of the dept. I think leadership from people "in the periphery" is admired but not fostered. There is still no format for people employed by the health center (FHCW for instance) to have their time paid for if they do things "for" the dept. Teaching, for instance, at UMass, during the daytime always comes out of personal time or admin time. Health center understandably not willing to front for our teaching on time that should be "productive" in terms of seeing pts. Health center faculty could become, and in the past have become leaders on both sides, sometimes bridging (like Tracy Kedian), but she finally had to become part-time at both places. So the invention of a strategy to "cover" the activities of one or two health center faculty per year for time they regularly devote to a School based activity would seem like a good invention. Otherwise hard for health center faculty to develop into leadership and feel ownership and so on.
- Again, innovation is encouraged but tangible support for this is limited by the governance structure of the clinics. As these values trickle down. I notice that some of the vice chairs and other leaders are more skilled at empowering others and others are less so.

Comments about Resources

- It has been a challenging time with reductions in the school budget for support of teaching and research. This has a direct impact on the department's overarching strategic plan and impact.

- I understand that the department is fair in salary. They have a formula and it is presented to faculty. As for other financial considerations - this is less clear. There seems to be a credit card that can be used at certain times and not at others. Side deals get made for trips, presentations, etc. It would be better to have clarity.
- This seems to change day to day. I think this is just because of the complexity of things, but it feels like a roller coaster sometimes.
- Seem to be there for some things and not others. I have benefitted from funds that I think others have not. And I am not sure others know they can ask for them.
- Appreciate the communication at dept business meetings.

Comments about Communication

- Meetings are hard to get to when off hours but are good when I can get there.
- Dr. Lasser promotes communication and connecting people.
- I think that communication is nearly always good.
- I think there should be more communication and coordination and recognition of dept faculty in CWM
- In general info is dispensed well with the Monday Memo and retreats. The Thursday memo is more about inspiration than info. The listserve used to have more exchange of ideas but over the last 5 years that has disappeared it seems because members of the dept are too worried about being reprimanded for speaking their minds.
- not sure I ever go to web site for latest info it would help to have minutes/reports from various meetings be available somehow (with a message to go look for them) for when we can't get to the meetings due to competing duties/vacations, etc i feel fairly out of the loop actually
- An active, updated, internal web site would be very helpful
- Retreats goals often feel like their mission is morale boosting, but since we do not make decisions with follow through, they often produce no observable change. Attending is not awaited; it is often tolerated by our faculty.
- Information exchange not best communicated in meetings, which tend toward announcements of things known, except for special awards. I hear more by word of mouth.

Comments about Strategic Framework

- I think I contribute to the departments stated goals. I think I go beyond that though as I think the spirit of what the department has stood for is what I stand for. I think the department has lost a step in being a voice for the people and the patients and the learners and bit more like the AMA standing for the hospital and the school. I would feel better if the department found their voice again to stand up for values they seem to cherish. This would mean challenging some of those they have become close to - which would be hard - this is the problem with getting to so many places of leadership but having to go native to hold those positions.
- I just don't know enough about current goals to respond to these questions. Not sure my reviews/feedback have been clearly tied to strategic goals.
- Apart from the query about diversity on my departmental eval, I don't feel that my activities are viewed through the lens of the dept'l framework. Fortunately my life mission, my career, and my work have all supported the departmental mission, so that this is not really an issue.
- Financial approval from the hospital (ie for new positions, additional services, resources, etc) or from outside payer/contracts (PCPR, etc) is very slow or difficult, and not a transparent process. This is very frustrating to those "on the ground" in the clinics who are waiting to make needed/desired changes. I also worry that the department's hiring process for new faculty can be so lengthy (not sure if this is the department or the hospital side that takes a long time) that we can lose interested candidates.

Comments about Feedback and Recognition

- I work for multiple constituencies and I'm not sure if my supervisor takes the time to check in with others about my performance.
- I think feedback is rare but annual reviews are done. I do think the department wants the best from each individual.
- Scheduling faculty feedback in a timely way has been an ongoing challenge i do not get regular feedback about my teaching unless I ask for it specifically, and it has not been included in my annual reviews. this should be fixed
- Recognition in our department is spotty. There is clearly more awareness of academic and scholarly accomplishments than for clinical programs. Faculty who work on the periphery seem to get less recognition in general
- I feel like there is always encouragement to do more, but little guidance about how to do this.
- Annual review for people at the health centers can vary in its utility. Mine is characterized by camaraderie. Sometimes it focuses on my career. But not always. These are my friends, so formality is forsaken. At my point in my work I hope I

am giving something back to the people evaluating me.

Comments about Department providing resources to support professional growth.

- I get access to leadership, mentorship, have had supported time to expand my skills and pursue goals.
- The Department is rich with resources, such as mentoring programs and teacher development opportunities.
- Both yes and no - I would like some more support in terms of time allowed for professional growth.
- The department does try to provide resources. However as the pressure to achieve clinically increases, it is hard to find time and energy for academic pursuits. I know these pressures come from the hospital and not just the department, but it is still a challenge.
- Mentoring program is incredible.
- Professional development fund and return on grant overhead is very useful
- My interests are not in line with most of the efforts of the Department so I have had some specific mentoring from one Vice Chair and otherwise mentoring and support have been more along the lines of academic promotion, which is also quite helpful.
- Mostly -- I can find advice when I ask for it. I've never been offered a formal mentor for myself.
- Mentoring program, TOT, support for regional and national presentations and practice allowance all help support professional growth. There is also ample availability of advice for achieving promotion. and
- My discipline and interest area is rare within the Department - resources, retreats and meetings are not relevant to my professional progression; but I do value and enjoy the relationships I have established with several colleagues in the Department.
- I feel that there is a lot of encouragement and opportunities, but little clarity on how to find the time to participate. It seems everything is in addition to our base work and professional growth and academic progress is "extra" and not a part of the work we have time allotted for.
- Has supported my international work financially, and willing to support me if I do more. Enthusiastic about my plans for the future, with offers tendered about various options.

Comments about Faculty Support

- I know there is an education award with $ attached but I don't know about "resources" for recognizing the others. they are recognized with awards etc in various venues but is that the resource to which you are referring?
- It would be nice if UMass as an institution recognized more of the achievements within the department. I feel the department does a good job of recognizing within the dept.
- Practice transformation leadership skills at the sites could be more actively supported across the Department.
- I haven't received or asked for fiscal resources from the department so I can't rightly answer these questions.
- The research team is OVERWHELMED. Judy needs more help at her level and not someone who she has to repeat her work. It is hard for the department to do meaningful research with only Judy. I think salaries are fair. I think we are not reaching our clinical goals because we have to go along with crazy meaningful use that the hospital supports. We should take stand as a department and say - we are not going to pursue measures that have not been proven; we are going to ask for financial support to help our patients achieve personal goals that aim for wellness.
- I'm only aware of the awards given at annual dinner or graduation, not sure about others, and i am not aware that these include any financial component (they didn't when I received awards over the years, so if that is changed, that is interesting to know)
- Our clinical work is excellent; sometimes our greater clinical system (UMMHC) remains well behind our peers in the region. UMMHC provides "good enough" often, but even that, not always. i have found I am referring more patients away from the system to get appropriate care, and have considered the same for my personal/family's health.
- What the departmental resources actually ARE is a complete mystery. I only know what DOES get rewarded -- sometimes with money, more often with awards (without money). Special funds for Phil Bolduc and Sara Shields were examples of excellence in clinical service and creativity in our system. But you have to REALLY stand out to get these.
- I don't really understand the question about "resources to recognize excellence in..." There are awards which may be sufficient for excellence in teaching, as I don't think that other rewards are expected. Bonuses for clinical productivity serve as a reward, but I see how hard it is for young faculty to earn that bonus (unless its a shared group bonus) and that is unfortunate. I don't know of any system in place for recognizing excellence in research, innovation, or administration/service.

Comments about Mentoring

- I have not been a part of finding a formal mentor but I have found my own within the department. I have also been discouraged by senior leadership and their role modeling. I think they sometimes role model that being too busy is a good thing. I also think that senior leadership needs to be leaders and not get petty about small things that happen in the department. A leader can move on. A leader can sit down with folks and look them in the eye and say there is more going on here - what is it. How will this part of our department get through this - rather than look for blame.

What are the major factors contributing to your Culture/Climate assessment rating (0-10)?

- Enjoy the people I work with, and feel supported with no significant micro management
- Dr. Lasser is very supportive and has put in place senior leadership who are encouraging and who promote growth and professional development.
- It feels as though expectations and what is valued of faculty/clinicians within the department is often in conflict leading to lack of clarity and makes overall job satisfaction difficult to attain.
- All of what I've said previously. Health climate, exceptional leadership.
- Things are improving with the addition of scribes and help with outreach which help to take the pressure off of providers and allow them to work at a more appropriate level
- It seems somewhat uneven as to investment in various aspects of the department and there seem to be both person hours/personal investment issues and other financial constraints to focus on innovation and professional growth
- The Department is comprised of a generally reasonable group of professionals who care about striving for excellence and at the same time, are friendly, decent human beings. This is a climate that encourages retention of faculty. There are opportunities for development to be had for those who pursue them.
- Seems that from time to time, some of our faculty colleagues function as the classic academic cowboys and cowgirls, going their own way and not integrating with the department--either that or I just don't know how their work contributes to the department. This means there can be missed opportunity for linkages as well as activity in directions that don't appear to advance the department's work. I understand the desire not to have divisions, but the lack of such means we're all quite autonomous, losing opportunity for synergy.
- There is tons of innovation and our residency is doing great. We are doing better and better at training the residents. I greatly admire many of my colleagues and feel privileged to work with them. There is just a lot of burnout among faculty who feel like they are expected to do too many things on their own time.
- Innovation and professional growth are strongly encouraged, but resources to support these innovations are not often available.
- Need more youth and female leadership. Need more creativity in promoting part time folks and women even if the school says no - we need to change the school and show them that we can be the first to find new ways to promote women and not stay in the dark ages. Takes bold leadership. Our culture is not expansive enough for this currently.
- There is a fair amount of independence there is not enough support given for the "academic/scholarly" work that we are all expected to do--it still surprises me when in the course of one meeting we can have a discussion about how we need to do this kind of scholarly work, and then also a discussion about how there is no funding or offset to cover all the workshop/lecture teaching we're expected to do around the edges of clinical duties.
- This would be a 10 if it was not so hard to get anything done in this institution. The hoops one has to go through to move a process or program forward are frustrating and detract from one's overall joy of engaging in this work
- General supportive nature of the faculty
- Very supportive and accessible senior leadership with a desire to constantly raise the standards of the department in all areas
- I feel like there is a lot of inconsistencies in the message from the leadership of the department and this translates into inconsistencies and a sense of uncertainty at the site level -There is a communicated support of innovation but then significant restrictions when trying to role out changes -Things feel more stable than 2 years ago, but I think a lot of that is because I have gotten used to hearing conflicting messages -I recognize how challenging the balance is between being transparent and communicating and capturing some of the inherent variation and change that happens with leadership decisions but it is confusing to hear something at one point and then see the opposite happen down the road
- Welcoming, interprofessional, committed to underserved
- Mentoring program has been useful to me to formalize my mentoring skills, and I know it has been important for various mentees I have talked to. The financial awards (chair's awards) have leant an atmosphere of potential growth and promise to a few people. It would be great if some of (health center) people's time could be sponsored each year for teaching on the campus; right now, hard to get a way to do that work and be paid for it. (See earlier questions/answers about challenges of teaching for health center faculty)

- Very mixed, strong positives and strong detractors. Positives: terrific interesting colleagues, clear mission, diversity of the department, efforts at connecting the diverse department (ie through retreats), support for different models of patient care or practice Detractors: dual system of governance (hospital vs department), slow decision-making, lack of ability to just make decisions about factors that affect the day-to-day quality of our work, poor idea-sharing between sites (though slightly improved over past ~2 years)

What is the most satisfying aspect of being a member of the Department of Family Medicine and Community Health?

- Knowing that I'm part of a department that cares about the underserved and working with my co workers
- I am strongly aligned with our mission. I feel personally supported. Respectful environment.
- The supportive environment and the many opportunities for growth.
- The diversity of the group of physicians that make up the department.
- Being a family physician is a great vocation and privilege. Being a member of this department adds excitement, challenge, and fellowship as we shape the development of a new generation of FPs.
- My mentor is extremely helpful I feel that the department gives me some freedom to achieve my goals
- Ability to collaborate and network with other faculty
- The mission aligns with my professional mission and I'm supported to be innovative.
- Being able to take care of my patients.
- Great colleagues
- Teaching medical and nursing students
- Opportunity to see a variety of patients.
- Flexibility and support in pursuing multiple goals over a range of disciplines
- Inspiring co-workers and ability to combine patient care with community work.
- Colleagues who are dedicated, smart and what to improve things for patients and students
- Opportunities to collaborate among faculty dedicated to community health and care of vulnerable populations. Freedom to pursue areas of academic interest.
- Incredible colleagues. Meaningful work.
- I feel completely at home with the Department's mission and my fellow faculty members.
- Supportive colleagues
- The climate and culture. Dr. Lasser's leadership.
- The colleagues with whom I work and the department's desire to improve various population's health—especially vulnerable, marginalized groups.
- Working with amazing people like Lucy Candib, Rick Sacra, etc. Teaching the residents. Keeping current with my medical skills by teaching.
- Working with a majority of committed, bright individuals in providing quality patient centered medical care.
- Several aspects: The opportunity to continue to teach in the medical school. The opportunity to collaborate with others across clinical sites.
- All the great things that individuals do in so many ways to help others in education, practice, public health etc. I love the values of my colleagues.
- My colleagues the chance to teach and to serve the underserved communities
- Good team to work with, good support for growth 2. good environment with variety of professionals
- The opportunity to work with learners and care for patients in a setting that offers many opportunities for collaboration and support form colleagues.
- Being part of a group of professionals working to improve the health of the local population
- The faculty are great. Very mission driven.
- Collegiality
- Team work
- Fantastic colleagues at my own site and in the department.
- The fact that family medicine is the specialty that more often than not can be recognized for "doing the right thing" when it comes to caring for our population of patients
- Collegial relationships I have established with a few senior leaders in FMCH and the support they have provided to me in making critical connections to others in the school when my responsibilities require collaborations across Departments.
- Great colleagues and ability to remain engaged with teaching residents -It allows me to have variety in my work and this is important to me
- Our mission is congruent with my personal mission for providing health care to those at risk.
- Colleagues, educational programs, communication

- I like working with my colleagues and the opportunities I have to pursue my professional interests
- The support for my professional development.
- Working with interesting colleagues in a department who supports the mission of serving the underserved

What is the most frustrating aspect of being a member of the Department of Family Medicine and Community Health?

- The way staffing is handled by the hospital and unions.
- Transparency in decision making about filling positions. I know this has made some progress. We are also considering succession planning now and I think we could be more transparent about that. Vice Chair education less supportive of my growth and his agenda usually seems to be more about the department than me (I know he needs to attend to the department's needs) but he is not someone I go to when I want to problem solve or am looking for advocacy even though education is my primary area of academic involvement. I do not feel he is transparent and decisions sometimes ultimately are not in line with what he communicates.
- Not enough time to reflect, do research and publish.
- Conflicting messages around patient care and expectations, targets and goals.
- It is a big department and it takes time to get things done. I can deal with that. The greatest frustration is being asked to do more and more educationally without compensation for the effort.
- I feel that the salaries and compensation should be higher.
- Lack of clarity between FHCW and FMCH
- The cut backs from a medical school which supposedly has a primary care mission. It seems to have shifted to basic science research.
- Feeling stretched thin, trying to keep up on paperwork/billing/documenting which does not leave as much room for patient care tasks.
- Getting adequate recognition
- Not being an MD, I don't feel that my career goals completely align with the direction of most of my peers.
- Support staff are overworked.
- Limited capacity to respond to challenging clinical issues (e.g. pain management)
- As a non salaried faculty member not having time to participate in department activities.
- As a newer faculty member I don't feel that I know enough about the dept and the resources (financial, non-financial) potentially available to me. Could there be a new faculty orientation specifically for our dept?
- Lack of effect ways to gel and make progress on good ideas
- When one has an area of interest that is outside the mainstream there are fewer opportunities for formal recognition.
- Too many competing demands and expectations beyond the core job duties. Too many after work hour meetings and gatherings that are expected even if optional. Spend way too much time at home on the EHR doing patient care for collaboration and notes, etc.
- There is nothing that is really frustrating me at the moment aside from a lack of sufficient sleep, which is of course partly my own doing. The department has been a wonderful inspiring force in my professional life since coming here in 2011.
- Expectations to teach but minimal support as RVU generation comes first
- The geographic spread of members of the Department
- Rather not say in a survey; I've let my Vice-Chair know what my frustrations are. As I gather, department leadership has no interest in (energy for?) addressing what has frustrated me for years.
- Neglecting my own family because the demands of my job spill over too much into my off time.
- The limitations of a budget to provide adequate support for clinical work. There are more demands all the time for continued productivity while adding tasks such as outreach, monitoring outcome measures, increasing documentation....it goes on and on. I don't feel it's the department as much as the general medical climate and institutional demands. But it all leads to significant frustration!
- Several aspects: The constant back-biting among both staff and faculty (it goes against the institution's efforts at civility). The lack of motivation among our administrative staff; fairly non-productive and no desire to change.
- Our leadership is not able to promote the same values the individuals in the department espouse. They are beholden to the hospital and the school. Need to break free and be rebels again.
- The dissonance between scholarly obligation and lack of compensation for teaching time not great communication regularly to those of us not in the central site
- Slow progress with innovation
- The complexity of our organization as noted above.
- There is not as much follow up and accountability associated with various initiatives as I would like. Also, communications can be frustrating, although often this isn't the department as much as the larger organization.

- The clinical service/operations is struggling to make change and do it quickly. Everything takes 4 times as long as it should to get done.
- Mismatch between rhetoric about practice transformation and reality
- Multiple "owners" of my clinical site - department, hospital, medical group - makes getting things done very difficult - it impairs decision making, confuses the process for resolving issues or obtaining new equipment, and actually reduces resources because the varied parties assume the support will come from another party.
- Lack of respect and recognition by the school and medical center and even the world at large for the special character and role of family medicine as demonstrated by our constant scramble for resources be they for clinical care teaching or whatever
- Geography.
- Conflicting messages from leadership. Consistent message to do more with less
- We sometimes seem stuck in the 90's.
- Overcoming barriers to smooth working across sites, recognition and support to foster undergrad teaching at med school site for health center fac. Seems like only "some people" get to straddle by special arrangements (Olga, Tracy, person doing MCH)
- Amount of work expected of my given the percent time I am allowed
- The health care system. UMassMemorial health care system leadership does not seem to believe primary care is primary. Not surprising for a tertiary care center but disappointing at the state primary care missioned medical school. The health of our population will not improve until health is primary. Reducing ED boarders is a great objective but what patients really want more than moving through the ED quickly is not needing to be at the ED. We need to improve the support to primary care physicians so that patients have the comprehensive longitudinal continuity that reduces morbidity and cost while improving satisfaction for both patients and providers. The department leadership tries to be a voice for this but more needs to be demanded from the system.

2015 Press Ganey Physician Engagement Survey

In November, 2015, UMassMemorial Health Care engaged Press Ganey to conduct a physician engagement survey of the medical staff. Similar surveys had been conducted in 2013 and 2011.

28 employed physician faculty from the department completed the survey; their responses are included in the next seven pages. Scores were on a scale of 1(strongly disagree) to 5 (strongly agree). The data include comparison to all Medical Group physicians who completed the survey (Norm 1) and to the department's scores in 2013 (norm 2). In summary:

Items scored the lowest in the survey:

1.56 I am satisfied with the ease and efficiency of the electronic medical record
1.82 UMass Memorial's IT systems meet my needs
2.52 I am satisfied with the ease of the scheduling process for my patients
2.61 I am satisfied with the communication I receive from the emergency department
2.63 I get the tools and resources I need to provide the best care/service
2.73 I am satisfied with the availability of clinical staff to help with patient care needs
2.74 I am satisfied with the referral process with UMass Memorial
2.75 I am satisfied with the access I have to information regarding my patients' care
2.77 My primary hospital seems appropriately staffed to provide high quality care

Items scored highest in the survey:

4.42 I am satisfied with the accuracy of results from pathology
4.41 I respect the abilities of my department leader
4.19 My department leader involves me in decisions that affect my work
4.12 I am satisfied with the accuracy of laboratory results
4.11 My department leader gives me useful feedback regarding my performance
4.07 My department leader communicates effectively
4.04 I am satisfied with the clinical care provided by the hospitalists

UMASS MEMORIAL MEDICAL GROUP - EMPLOYED - FAMILY MEDICINE & COMMUNITY HEALTH - DR. DANIEL LASSER- CHAIR

Based on UMass Memorial Health Care Physician 2015

Number Responding: 28

Item	Domain	Performance		Norm 1		Norm 2	
		Response Distribution	Score	Score	Diff	Score	Diff
93. I am satisfied with the appearance and cleanliness of the patient care areas.	ORG	9% 18% 73%	**3.95** (22)	3.52	0.43	4.10	-0.15
95. I am satisfied with the overall performance of my clinic/practice's management.	ADM	14% 18% 68%	**3.91** (22)	3.49	0.42	3.66	0.25
35. I am satisfied with the accuracy of results and/or key information that is provided to me by pathology services at my primary hospital.	DPT	100%	**4.42** (24)	4.01	0.41	4.30	0.12
64. My department leader involves me in decisions that affect my work.	ADM	4% 11% 85%	**4.19** (27)	3.79	0.40	4.16	0.03
88. I would stay with UMass Memorial if offered a similar position elsewhere for slightly higher pay.	ORG	11% 26% 63%	**3.59** (27)	3.22	0.37	3.74	-0.15
26. I am satisfied with the accuracy of results and/or key information that is provided to me by laboratory services at my primary hospital.	DPT	19% 81%	**4.12** (26)	3.78	0.34	4.44	-0.32
94. I have adequate input into decisions that affect patient care in my outpatient area.	ADM	14% 27% 59%	**3.59** (22)	3.28	0.31	3.59	0.00
62. My department leader gives me useful feedback regarding my performance.	ADM	7% 11% 81%	**4.11** (27)	3.82	0.29	4.03	0.08
25. I am satisfied with the timeliness of obtaining results and/or key information from laboratory services at my primary hospital.	DPT	4% 20% 76%	**3.80** (25)	3.52	0.28	4.32	-0.52

Key:

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percent giving an unfavorable response
percent giving a neutral response
percent giving a favorable response

Performance Scale

(and Norm Scale)

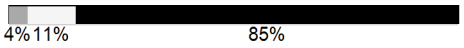
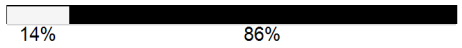
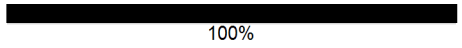
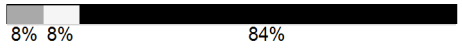
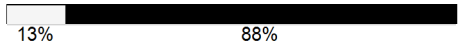
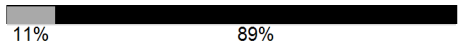
5 = Strongly Agree
4 = Agree
3 = Neutral
2 = Disagree
1 = Strongly Disagree

PHUMAS15

UMASS MEMORIAL MEDICAL GROUP - EMPLOYED - FAMILY MEDICINE & COMMUNITY HEALTH - DR. DANIEL LASSER- CHAIR

Based on UMass Memorial Health Care Physician 2015

Number Responding: 28

Item	Domain	Performance		Norm 1		Norm 2	
		Response Distribution	Score	Score	Diff	Score	Diff
61. I respect the abilities of my department leader.	ADM		**4.41** (27)	4.13	0.28	4.59	-0.18
7. I am satisfied with the recognition I receive.	ADM		**3.68** (28)	3.43	0.25		
77. The nursing staff at my secondary hospital is committed to providing compassionate care.	DPT		**4.14** (7)	3.90	0.24	4.27	-0.13
82. Overall, my secondary hospital cares about its patients.	ORG		**4.22** (9)	3.99	0.23	4.13	0.09
37. The nursing staff at my primary hospital is responsive when I need assistance.	STF		**3.95** (22)	3.74	0.21	3.94	0.01
40. Overall, I am satisfied with the performance of the nursing staff.	STF		**3.88** (25)	3.70	0.18	4.00	-0.12
41. Overall, I am satisfied with the expertise of the nursing staff at my primary hospital.	STF		**3.92** (24)	3.74	0.18	4.00	-0.08
49. I am satisfied with the clinical care provided by hospitalists at my primary hospital.	STF		**4.04** (25)	3.87	0.17	4.22	-0.18
22. I respect the abilities of my CMO at my primary hospital.	ADM		**3.81** (27)	3.65	0.16	4.21	-0.40
63. My department leader communicates effectively.	ADM		**4.07** (27)	3.91	0.16	4.44	-0.37
36. Overall, I am satisfied with the performance of pathology services at my primary hospital.	DPT		**4.13** (24)	3.98	0.15	4.36	-0.23
57. I would stay with UMass Memorial if offered a similar position elsewhere.	EI		**3.68** (28)	3.53	0.15	4.00	-0.32
81. My secondary hospital's patients are satisfied with the quality of care they receive.	ORG		**3.89** (9)	3.74	0.15	4.14	-0.25
85. I have confidence in the executive leadership team.	ADM		**3.67** (27)	3.52	0.15	3.97	-0.30
16. My primary hospital treats physicians with respect.	ADM		**3.61** (28)	3.48	0.13	4.09	-0.48

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percent giving an unfavorable response
percent giving a neutral response
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Performance Scale

(and Norm Scale)

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PHUMAS15

UMASS MEMORIAL MEDICAL GROUP - EMPLOYED - FAMILY MEDICINE & COMMUNITY HEALTH - DR. DANIEL LASSER- CHAIR

Based on UMass Memorial Health Care Physician 2015

Number Responding: 28

Item	Domain	Performance		Norm 1		Norm 2	
		Response Distribution	Score	Score	Diff	Score	Diff
27. Overall, I am satisfied with the performance of laboratory services at my primary hospital.	DPT	12% 19% 69%	**3.69** (26)	3.56	0.13	4.29	-0.60
34. I am satisfied with the timeliness of obtaining results and/or key information from pathology services at my primary hospital.	DPT	4% 13% 83%	**3.96** (24)	3.83	0.13	4.24	-0.28
59. Overall, I am satisfied working within UMass Memorial.	EI	18% 4% 79%	**3.71** (28)	3.60	0.11	4.03	-0.32
29. I am satisfied with the accuracy of results and/or key information that is provided to me by radiology services at my primary hospital.	DPT	16% 8% 76%	**4.04** (25)	3.94	0.10	4.24	-0.20
8. I receive useful information about my primary hospital (e.g., new services) in a timely manner.	ORG	11% 19% 70%	**3.74** (27)	3.65	0.09		
20. I have confidence in hospital administration's leadership at my primary hospital.	ADM	21% 25% 54%	**3.39** (28)	3.30	0.09	3.79	-0.40
51. Overall, I am satisfied with the performance of hospitalists at my primary hospital.	STF	8% 17% 75%	**3.88** (24)	3.79	0.09	4.33	-0.45
89. If I am practicing medicine three years from now, I am confident that I will be practicing as a member of UMass Memorial Medical Group.	ORG	19% 22% 59%	**3.59** (27)	3.50	0.09	3.73	-0.14
83. Physicians at UMass Memorial Medical Group are held accountable for their productivity.	ORG	11% 4% 85%	**4.07** (27)	4.00	0.07	4.32	-0.25
21. I am satisfied with the overall performance of hospital administration at my primary hospital.	ADM	25% 25% 50%	**3.32** (28)	3.26	0.06	3.76	-0.44
84. The executive leadership team communicates important information effectively.	ADM	11% 22% 67%	**3.59** (27)	3.53	0.06	4.03	-0.44
90. Overall, I am satisfied with my job at UMass Memorial.	ORG	15% 7% 78%	**3.70** (27)	3.64	0.06	4.09	-0.39
4. I am satisfied with the level of collegiality among physicians within UMass Memorial.	STF	11% 11% 79%	**3.93** (28)	3.88	0.05		

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Performance Scale

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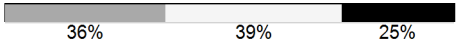
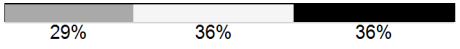
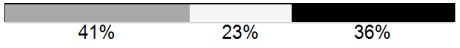
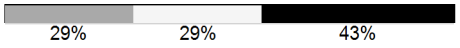
PHUMAS15

UMASS MEMORIAL MEDICAL GROUP - EMPLOYED - FAMILY MEDICINE & COMMUNITY HEALTH - DR. DANIEL LASSER- CHAIR

Based on UMass Memorial Health Care Physician 2015

Number Responding: 28

Item	Domain	Performance		Norm 1		Norm 2	
		Response Distribution	Score	Score	Diff	Score	Diff
5. There is a climate of trust within UMass Memorial.	ORG		**3.39** (28)	3.34	0.05		
86. I am satisfied with my benefits.	ORG		**3.62** (26)	3.57	0.05	3.68	-0.06
6. UMass Memorial conducts business in an ethical manner.	ORG		**4.04** (27)	4.00	0.04		
2. Overall, UMass Memorial does a good job of retaining its most talented physicians.	ORG		**2.89** (28)	2.86	0.03	3.27	-0.38
3. UMass Memorial provides career development opportunities.	ORG		**3.68** (28)	3.66	0.02	3.82	-0.14
46. My primary hospital cares about quality improvement.	ORG		**3.73** (26)	3.72	0.01	3.94	-0.21
58. If I am practicing medicine three years from now, I am confident that I will be practicing as a member of UMass Memorial medical staff.	EI		**3.56** (27)	3.56	0.00	3.70	-0.14
19. Hospital administration is responsive to feedback from physicians.	ADM		**3.04** (28)	3.05	-0.01	3.28	-0.24
92. I am satisfied with the efficiency of patient flow in my outpatient area.	ORG		**2.95** (22)	2.97	-0.02	3.14	-0.19
18. I can easily communicate any ideas and/or concerns I may have to hospital administration.	ADM		**3.25** (28)	3.28	-0.03	3.56	-0.31
56. I am proud to tell people I am affiliated within UMass Memorial.	EI		**3.82** (28)	3.85	-0.03		
60. Overall, staff and faculty work well together in my department.	STF		**4.07** (28)	4.10	-0.03	4.48	-0.41
9. My primary hospital's patients are satisfied with the quality of care they receive.	ORG		**3.64** (28)	3.69	-0.05		
47. UMass Memorial makes every effort to deliver safe, error-free care to patients.	ORG		**3.63** (27)	3.68	-0.05	4.16	-0.53

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PHUMAS15

UMASS MEMORIAL MEDICAL GROUP - EMPLOYED - FAMILY MEDICINE & COMMUNITY HEALTH - DR. DANIEL LASSER- CHAIR

Based on UMass Memorial Health Care Physician 2015

Number Responding: 28

Item	Domain	Performance		Norm 1		Norm 2	
		Response Distribution	Score	Score	Diff	Score	Diff
54. I would recommend UMass Memorial to family and friends who need care.	EI	11% 14% 75%	**3.75** (28)	3.80	-0.05	4.15	-0.40
1. UMass Memorial recognizes and rewards excellence in teaching.	ORG	25% 25% 50%	**3.36** (28)	3.42	-0.06	3.53	-0.17
42. I am satisfied with the ease of the registration process for my patients.	ORG	17% 42% 42%	**3.21** (24)	3.28	-0.07	3.19	0.02
12. The methods used by UMass Memorial to communicate with physicians are effective.	ORG	18% 32% 50%	**3.29** (28)	3.39	-0.10	3.91	-0.62
79. The methods used by my secondary hospital to communicate with physicians are effective.	ORG	13% 25% 63%	**3.38** (8)	3.49	-0.11	3.93	-0.55
31. Overall, I am satisfied with the performance of radiology services at my primary hospital.	DPT	12% 20% 68%	**3.64** (25)	3.76	-0.12	4.18	-0.54
39. There is good teamwork between physicians and nurses at my primary hospital.	STF	21% 17% 63%	**3.54** (24)	3.67	-0.13	3.91	-0.37
48. Overall, my primary hospital provides high-quality care and service.	ORG	11% 26% 63%	**3.59** (27)	3.72	-0.13	4.09	-0.50
80. I am satisfied with the availability of continuing medical education (CME) for physicians at my secondary hospital.	ORG	13% 25% 63%	**3.50** (8)	3.63	-0.13	4.00	-0.50
17. I have adequate input into decisions that affect me at my primary hospital.	ADM	39% 36% 25%	**2.79** (28)	2.94	-0.15	3.36	-0.57
28. I am satisfied with the timeliness of obtaining tests from radiology services at my primary hospital.	DPT	12% 20% 68%	**3.60** (25)	3.75	-0.15	4.12	-0.52
55. I would recommend UMass Memorial to other physicians and medical staff as a good place to practice medicine.	EI	15% 30% 56%	**3.44** (27)	3.59	-0.15	4.12	-0.68
87. My pay is fair compared to other healthcare employers in this area.	ORG	33% 15% 52%	**3.11** (27)	3.26	-0.15	3.29	-0.18
11. I have confidence that UMass Memorial will be successful in the coming years.	ORG	11% 36% 54%	**3.50** (28)	3.67	-0.17		

Key:

Norm 1 = UMass Memorial Medical Group - Employed

Norm 2 = UMass Memorial Medical Group - Employed - Family Medicine & Community Health - Dr. Daniel Lasser- Chair 2013

percent giving an unfavorable response
percent giving a neutral response
percent giving a favorable response

Performance Scale

(and Norm Scale)

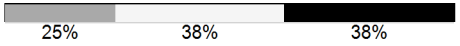
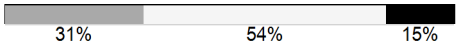
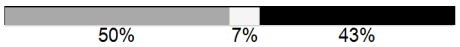
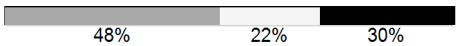
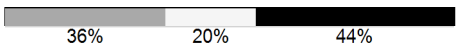
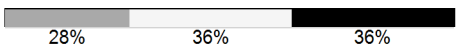
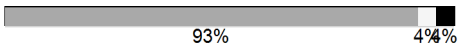
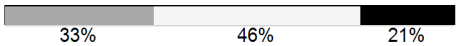
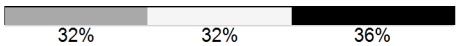
5 = Strongly Agree
4 = Agree
3 = Neutral
2 = Disagree
1 = Strongly Disagree

PHUMAS15

UMASS MEMORIAL MEDICAL GROUP - EMPLOYED - FAMILY MEDICINE & COMMUNITY HEALTH - DR. DANIEL LASSER- CHAIR

Based on UMass Memorial Health Care Physician 2015

Number Responding: 28

Item	Domain	Performance	Norm 1		Norm 2	
		Response Distribution	Score	Score	Diff	Score	Diff
78. I am satisfied with the availability of beds at my secondary hospital.	ORG		**3.13** (8)	3.31	-0.18	3.92	-0.79
23. My CMO at my primary hospital communicates effectively.	ADM		**3.32** (28)	3.51	-0.19	3.97	-0.65
24. I am satisfied with the clinical care provided by anesthesiologists at this hospital.	DPT		**3.80** (15)	3.99	-0.19		
44. My primary hospital seems appropriately staffed to provide high-quality care to patients.	ORG		**2.77** (26)	3.02	-0.25	3.79	-1.02
38. There is effective communication between the nursing staff and physicians regarding patient care.	STF		**3.40** (25)	3.66	-0.26	3.91	-0.51
13. I am satisfied with the access I have to information regarding my patients' care.	STF		**2.75** (28)	3.09	-0.34	3.26	-0.51
45. I get the tools and resources I need to provide the best care/service for our customers/clients/patients.	ORG		**2.63** (27)	3.00	-0.37	3.18	-0.55
30. I am satisfied with the convenience of scheduling procedures with radiology services.	DPT		**3.04** (25)	3.42	-0.38	3.91	-0.87
50. I am satisfied with the effectiveness of communication between hospitalists and staff physicians regarding patient care.	STF		**3.20** (25)	3.58	-0.38	3.22	-0.02
33. I am satisfied with the ease and efficiency of the Electronic Medical Records system.	ORG		**1.56** (27)	1.95	-0.39	2.35	-0.79
15. Overall, I am satisfied with the existing referral process at my primary hospital.	ORG		**2.83** (24)	3.24	-0.41	3.38	-0.55
14. Overall, I am satisfied with the existing referral process with UMass Memorial.	ORG		**2.74** (27)	3.17	-0.43	3.29	-0.55
10. Different departments work well together at my primary hospital.	ORG		**2.96** (28)	3.47	-0.51		

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percent giving an unfavorable response
percent giving a neutral response
percent giving a favorable response

Performance Scale

(and Norm Scale)

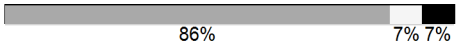
5 = Strongly Agree
4 = Agree
3 = Neutral
2 = Disagree
1 = Strongly Disagree

PHUMAS15

UMASS MEMORIAL MEDICAL GROUP - EMPLOYED - FAMILY MEDICINE & COMMUNITY HEALTH - DR. DANIEL LASSER- CHAIR

Based on UMass Memorial Health Care Physician 2015

Number Responding: 28

Item	Domain	Performance		Norm 1		Norm 2	
		Response Distribution	Score	Score	Diff	Score	Diff
43. I am satisfied with the ease of the scheduling process for my patients.	ORG		**2.52** (23)	3.05	-0.53	3.00	-0.48
91. I am satisfied with the availability of clinical staff to help with patient care needs.	STF		**2.73** (22)	3.26	-0.53	3.31	-0.58
53. Overall, I am satisfied with the performance of the emergency department at my primary hospital.	DPT		**3.07** (28)	3.61	-0.54	3.50	-0.43
32. UMass Memorial's Information Technology (IT) systems meet my needs.	ORG		**1.82** (28)	2.38	-0.56	2.68	-0.86
52. I am satisfied with the communication I receive from the emergency department at my primary hospital.	DPT		**2.61** (28)	3.24	-0.63	3.30	-0.69

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percent giving an unfavorable response
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Performance Scale

(and Norm Scale)

5 = Strongly Agree
4 = Agree
3 = Neutral
2 = Disagree
1 = Strongly Disagree

Family Medicine and Community Health

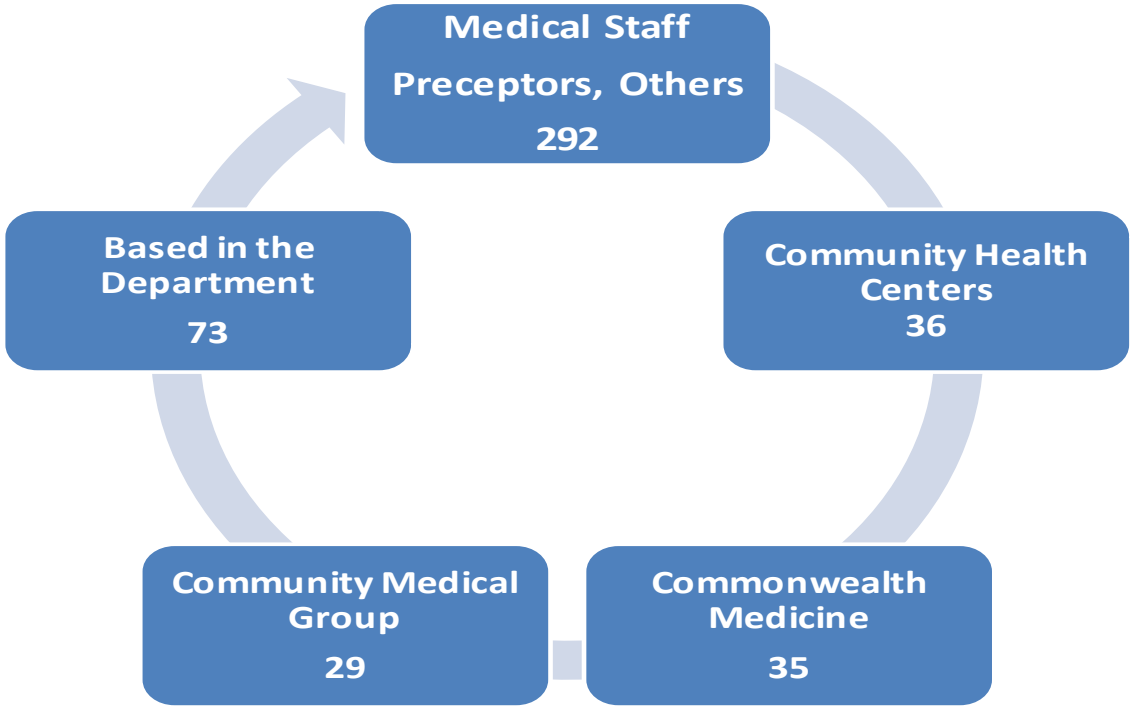
2015 Metrics

Organization and Climate

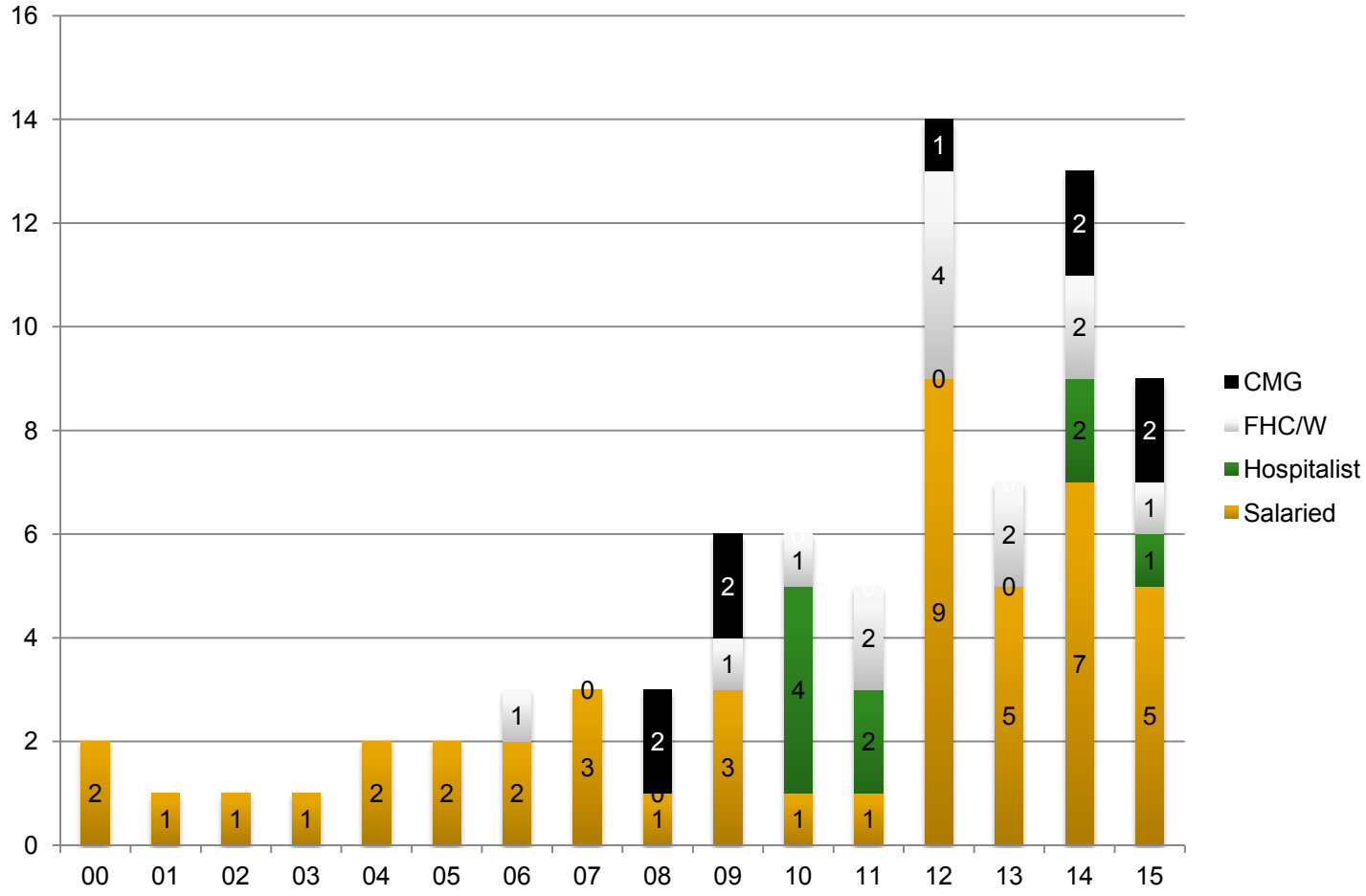
The Department's leadership and management infrastructure will be mission-driven, aligning planning and implementation, clarifying expectations, and supporting a culture of innovation and professional growth.

Faculty

465 Faculty



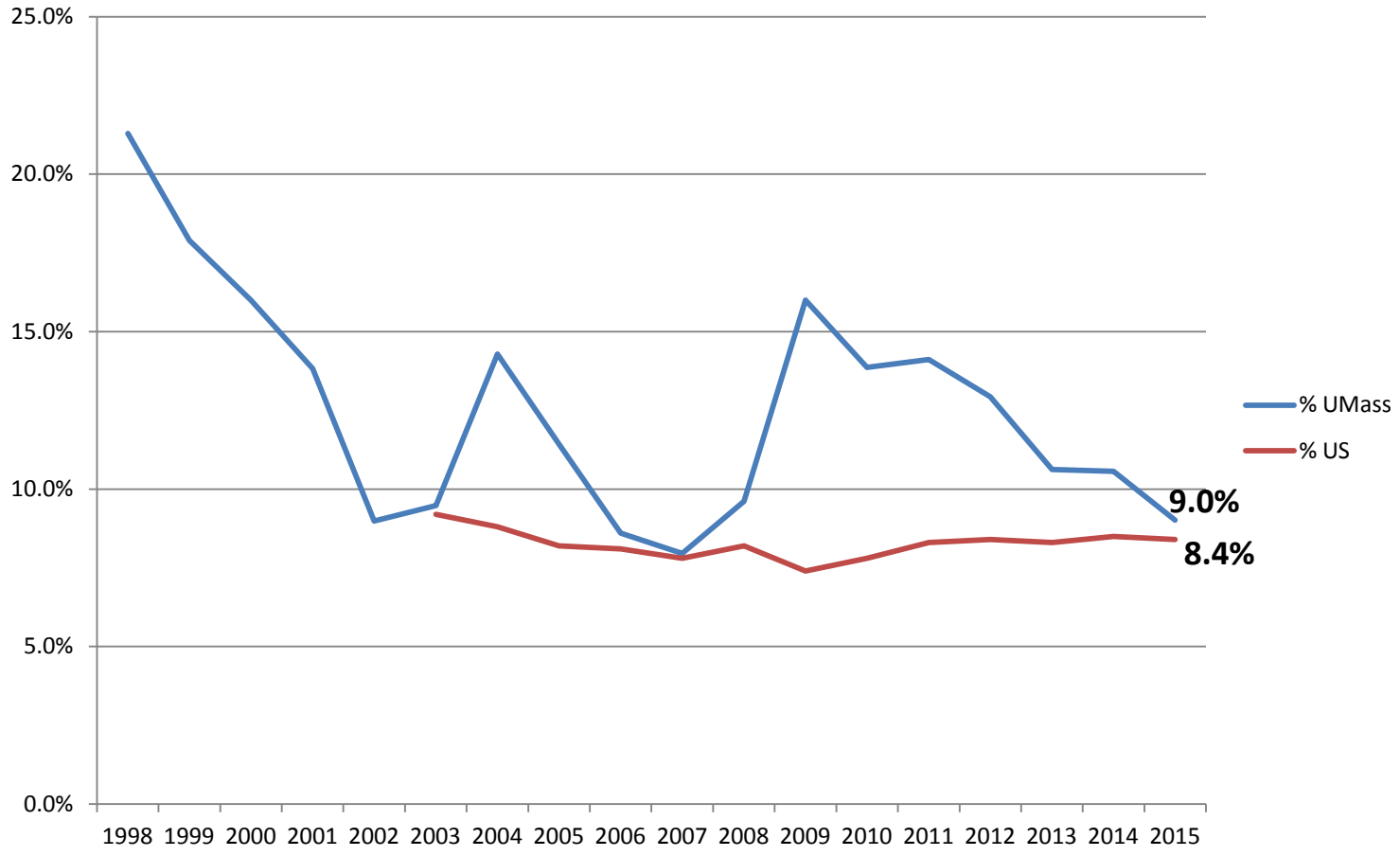
Faculty Attrition



Education

We will offer dynamic education programs that serve as a leading resource for addressing the primary care and public health workforce needs of the Commonwealth of Massachusetts.

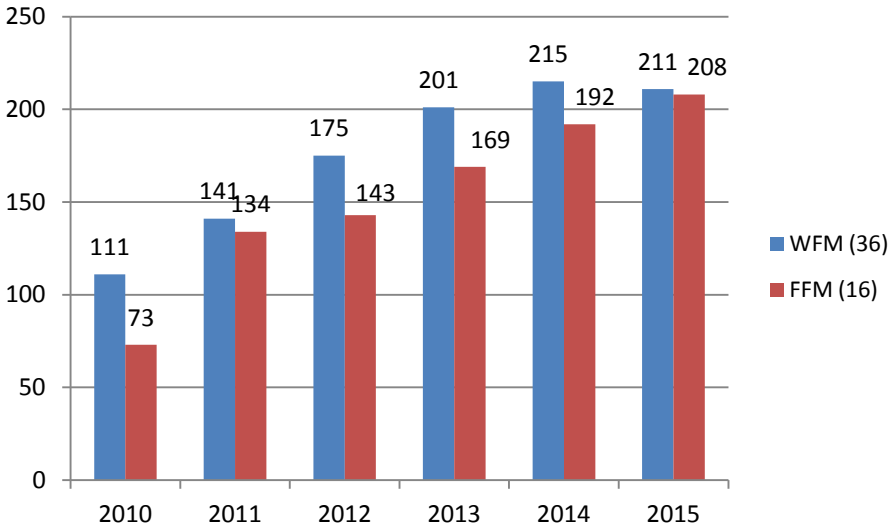
% of UMass Graduates Matching in Family Medicine

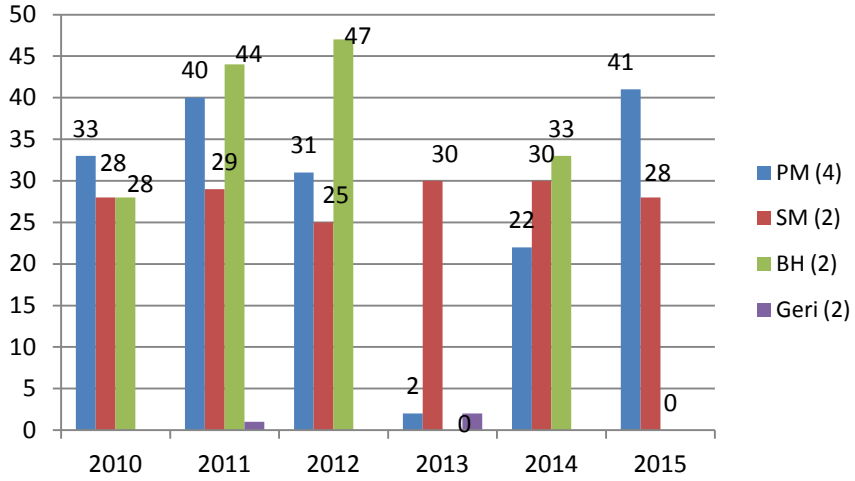


2015: UMass Graduates in FM

Anne Barnard	Group Health Cooperative/Capitol Hill, Seattle, WA
Kimberly Cullen	Swedish Medical Center, Seattle, WA
Chelsea Harris	Greater Lawrence Family Health Center, Lawrence, MA
Joshua Kahane	Brown Medical School/Memorial Hospital, Pawtucket, RI
Anthony Lorusso	**UMass/FHCW, Worcester, MA**
Sumathi Narayana	Einstein/Montefiore Medical Center, Bronx, NY
Jaime Reed	Bayfront Medical Center, St. Petersburg, FL
Nithya Setty-Shah	Rutgers-RW Johnson Medical School, New Brunswick, NJ
Avinash Sridhar	Mountain Area Health Education Center, Asheville, NC
Karen Tenner	Boston University Medical Center, Boston, MA
Gina Zarella	UC San Diego Medical Center, San Diego, CA

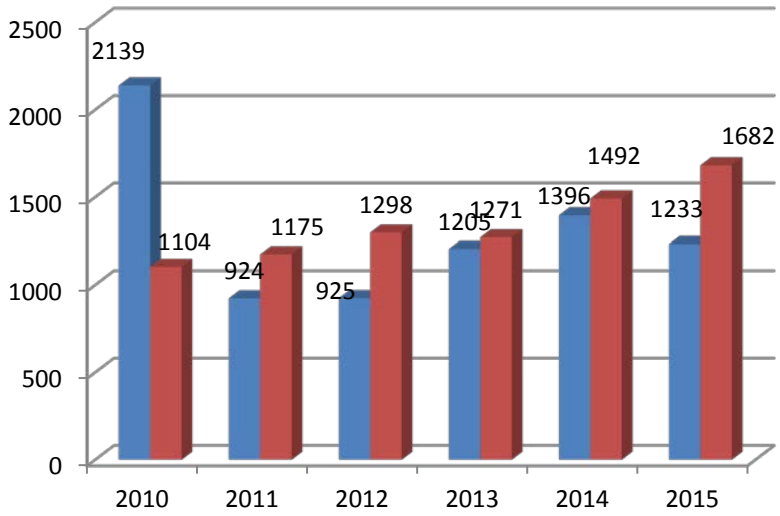
US Applicants 2010-2015

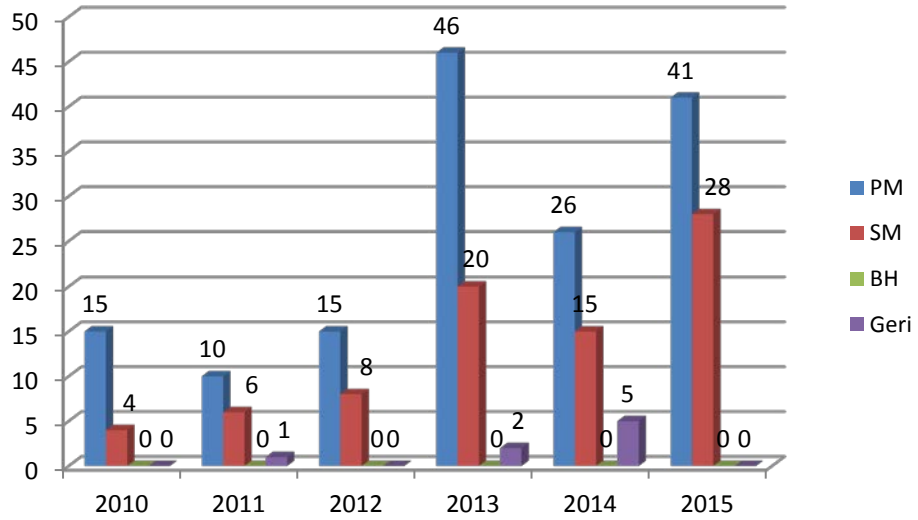




•Geriatrics applicant data was unavailable
** BH Fellowship did not recruit

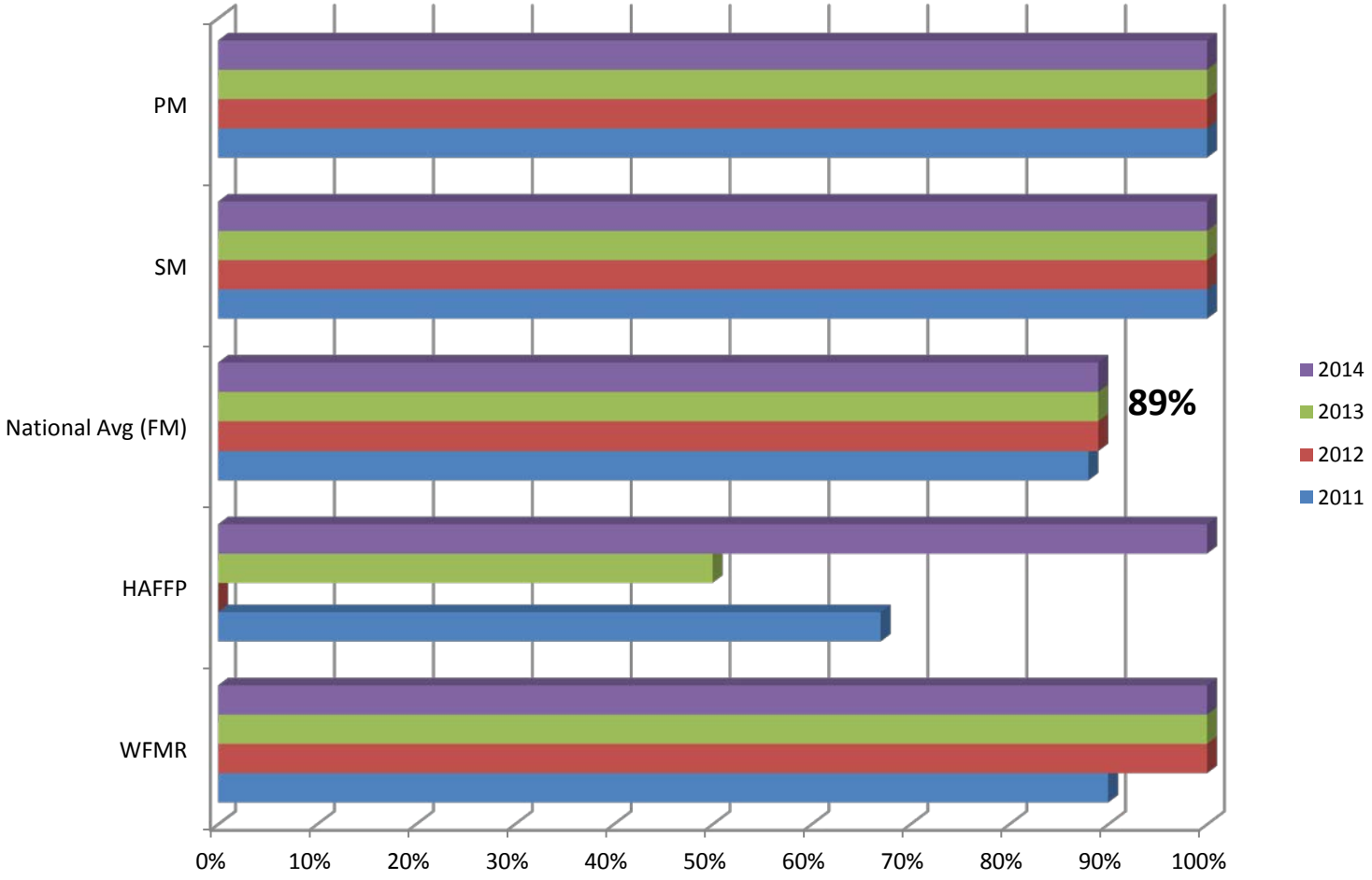
IMG: Caribbean/Other Applicants 2010-2015



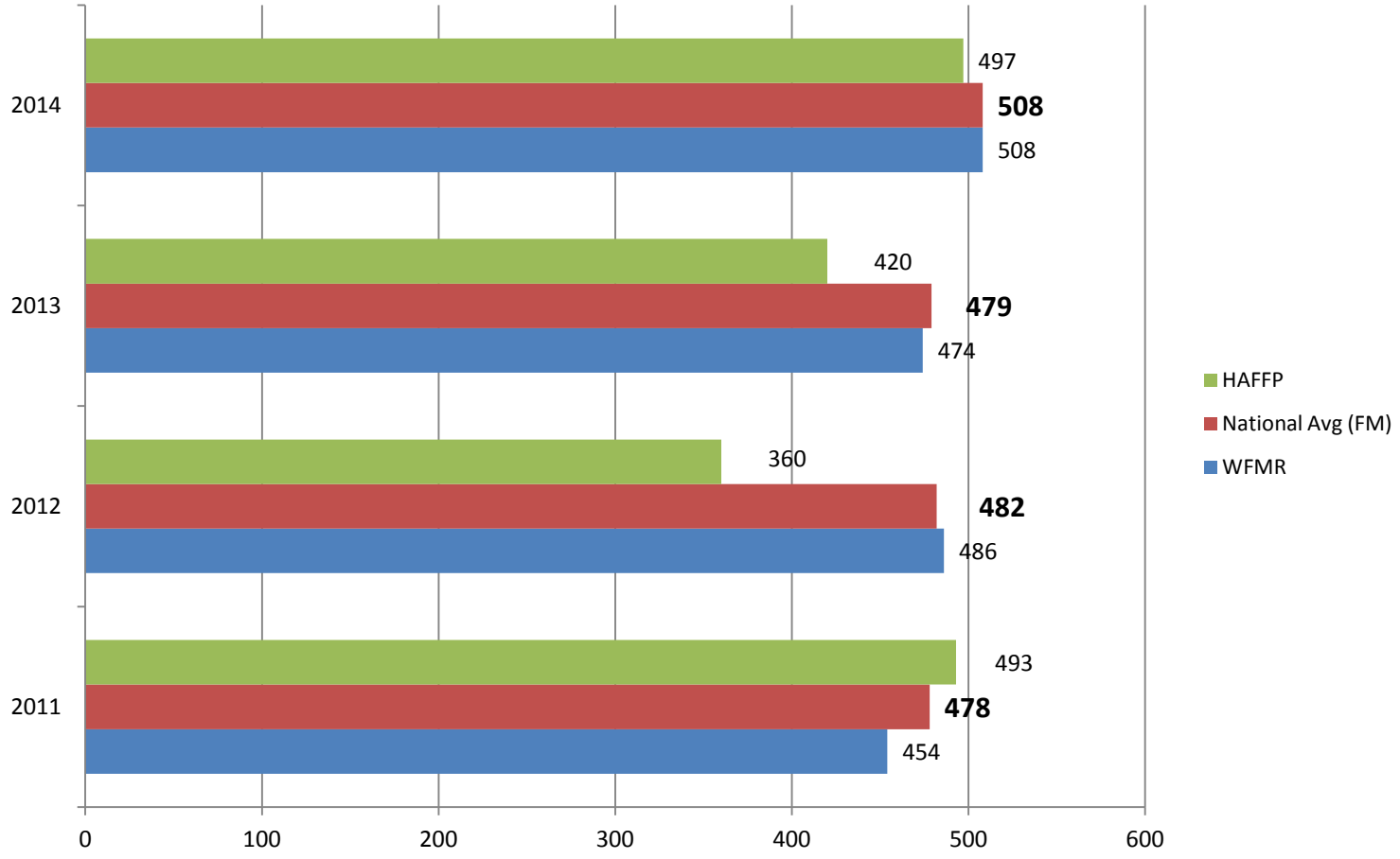


•Geriatrics applicant data was unavailable
** BH Fellowship did not recruit

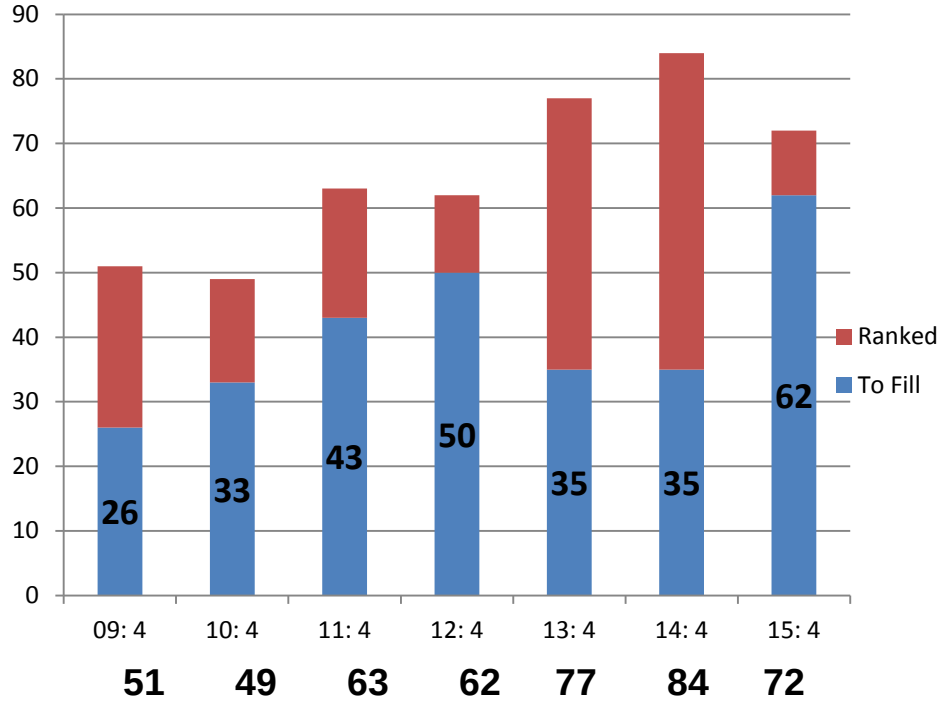
Specialty Board Pass Rates



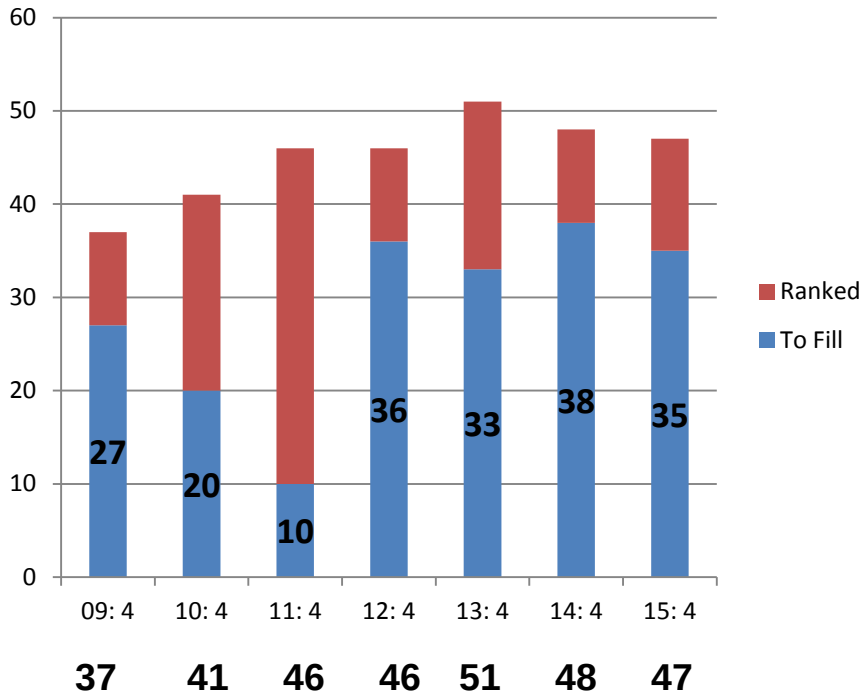
Family Medicine Board Scores



Applicants Ranked and Positions Filled



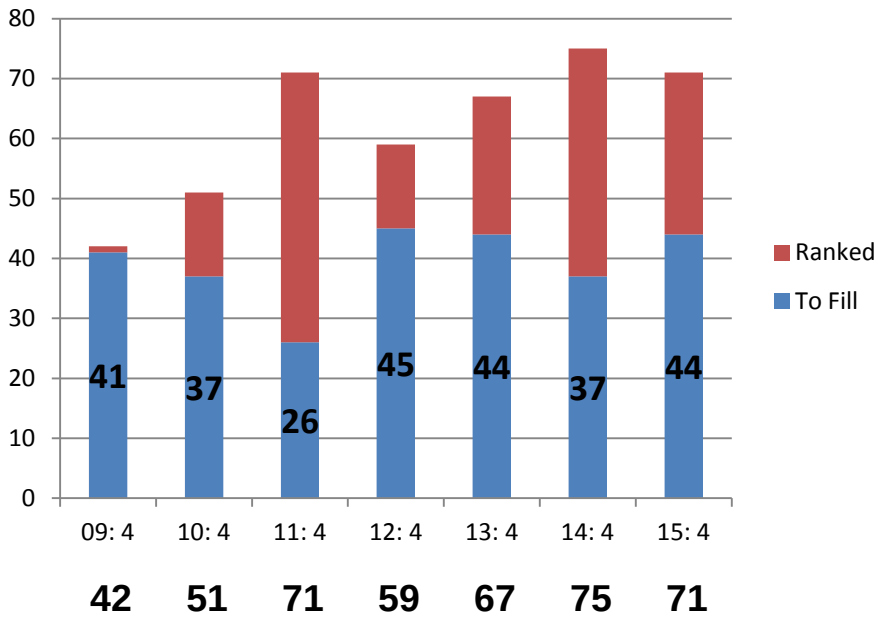
HFHC



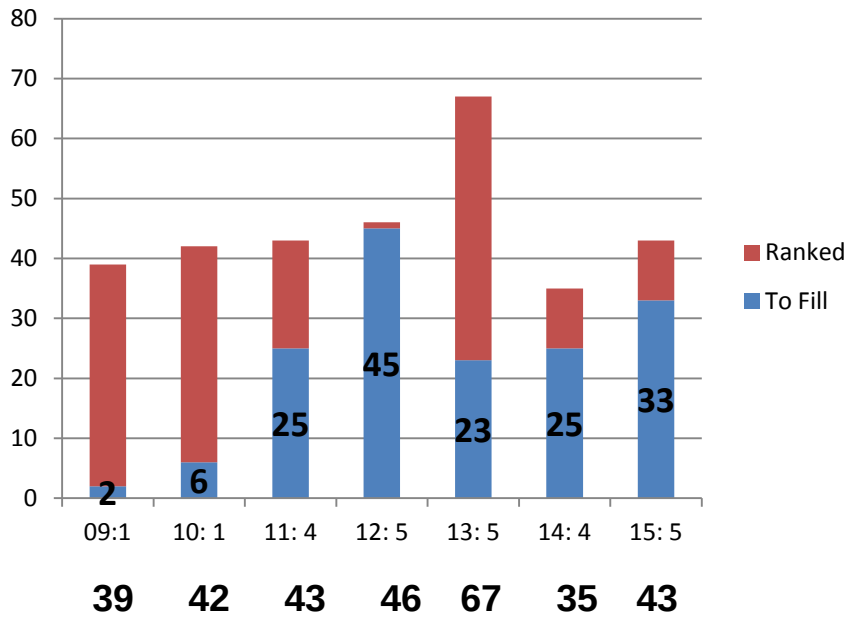
Barre

Below the bar graphs is a key, i.e. 09:4; this represents the year and number of open slots for that year.

Applicants Ranked and Positions Filled



FHCW



HAFFP

Below the bar graphs is a key, i.e. 09:4; this represents the year and number of open slots for that year.

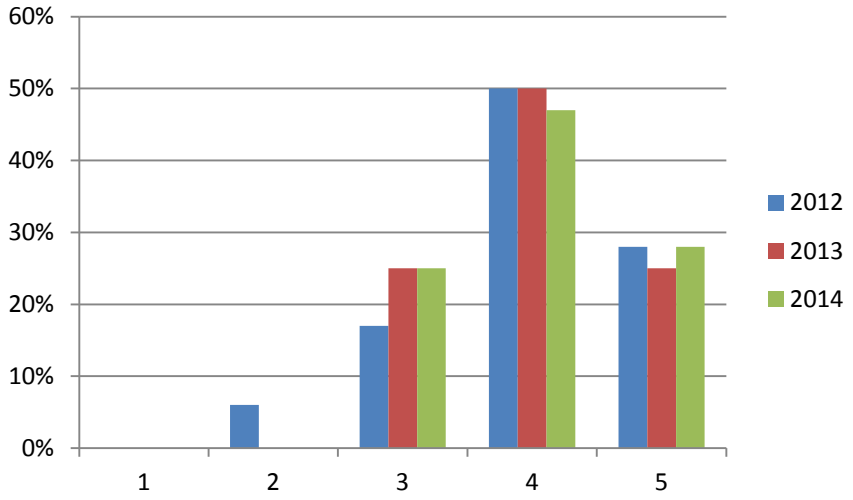
Resident Attrition Data (2010-2015)

- Worcester Family Medicine: 2
- HealthAlliance Fitch Family Practice: 0
- Preventive Medicine: 0
- Sports Medicine: 0
- Clinical Health Psychology Fellowship: 0

2014 Resident Feedback

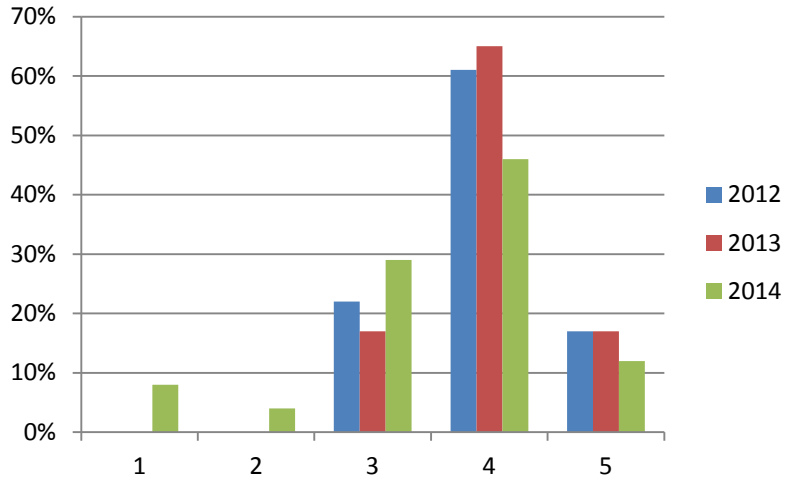
"Satisfaction with the program"

WFMR



Average: 12: 4.0 13: 4.0 14: 4.03

HAFFP



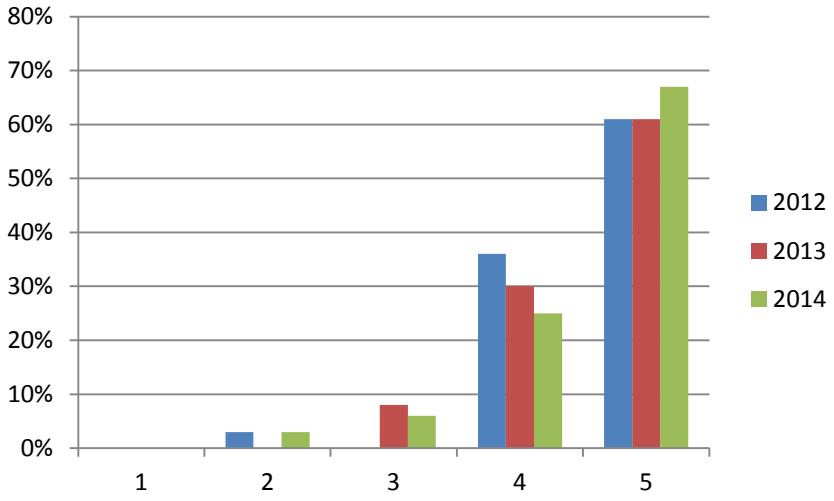
Average: 12: 3.47 13: 4.0 14: 3.39

Source: Annual Internal Graduate Medical Education Resident Survey. Data reported every June.

2014 Resident Feedback

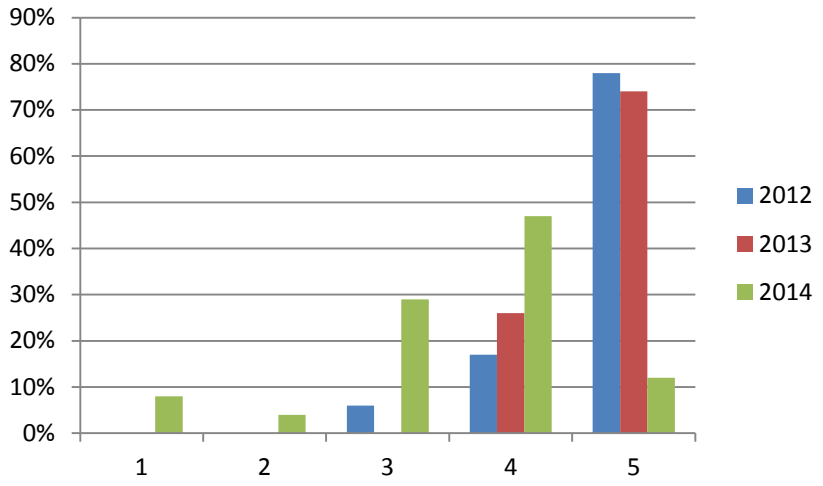
"Would recommend the program"

WFMR



Average: 12: 4.44 13: 4.53 14: 4.55

HAFFP



Average: 12: 4.05 13: 4.73 14: 3.5

Source: Annual Internal Graduate Medical Education Resident Survey. Data reported every June.

2015 GME and Fellowship Graduates: Location of 1st Position

Grads	WFMR	HAFFP	PM	SM	Geri
UMMHC	4	0	1	1	0
MA/CHC	1	0	0	0	1
Other MA	3	2	1	1	1
Total MA	8	2	2	2	2
Other & TBD	3	4	0	0	0
Total	11	6	2	2	2
% MA	**73%**	**33%**	**100%**	**100%**	**100%**

2010-2015 GME and Fellowship Graduates: Summary: Location of 1st Position*

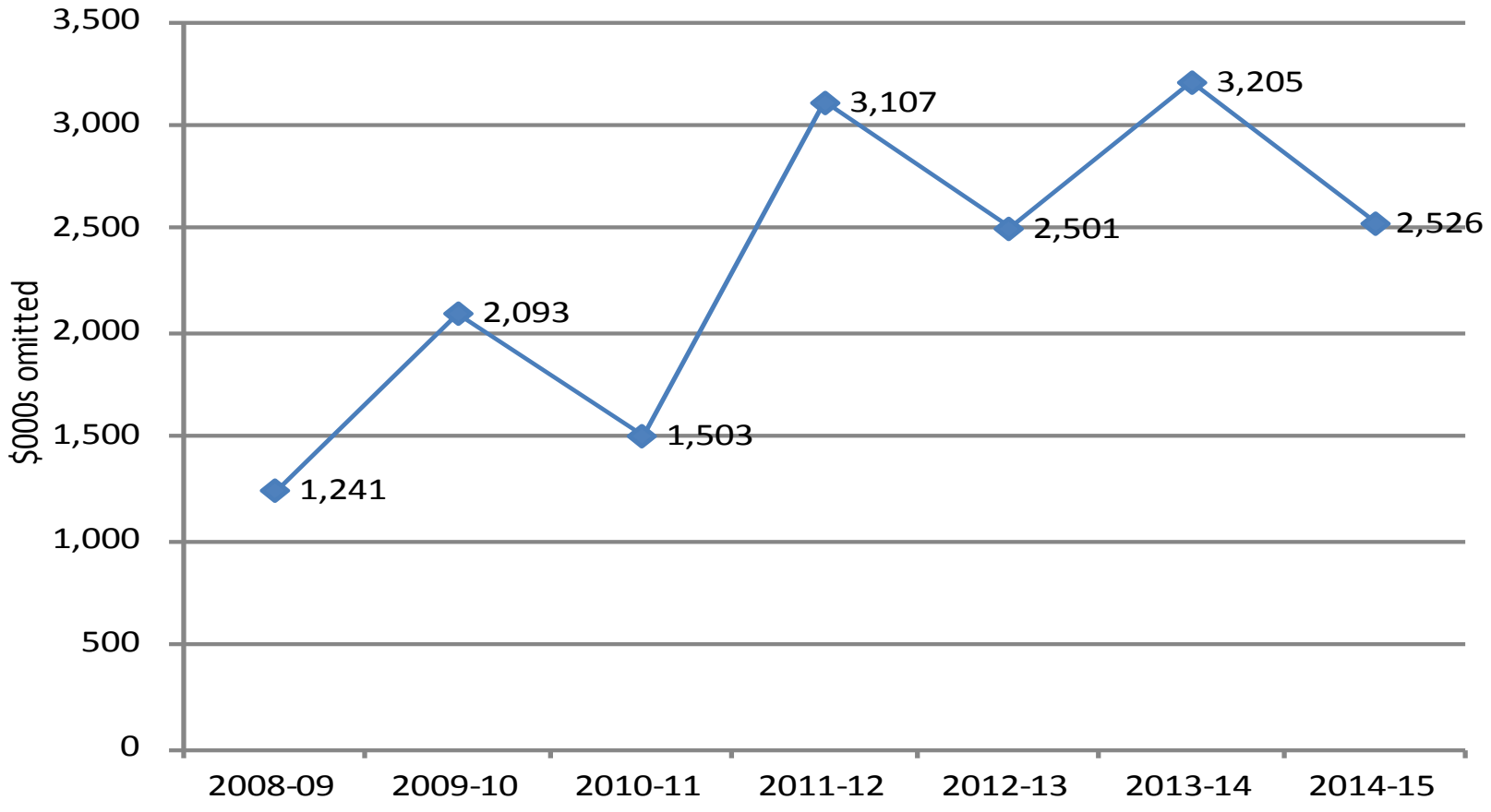
Grads	WFMR	HAFFP	PM	SM	BH	Geri
UMMHC	29	4	3	1	3	3
MA/CHC	10	3	0	0	1	1
Other MA	16	10	7	7	0	3
Total MA	55	17	10	8	4	7
Other & TBD	28	20	4	6	1	2
Total	83	37	14	14	5**	9***
% MA	**66%**	**46%**	**71%**	**57%**	**80%**	**78%**

* Measured at year of graduation; ** 2010-14, didn't recruit 2015, *** reflects data 2012-2015 only

Research

The Department will conduct and disseminate prominent and relevant research focused on health promotion, disease prevention and innovative approaches in primary health care, with a particular focus on health disparities.

Department Research Funding (2007-08 to 2014-15)



Faculty support 2014-15

- **Twenty** education/clinical faculty supported in scholarship during 2014-15 (in any given year this number ranges from 13-26)
- **Five** of the 14 mentor-mentee pairs in the Department's 2015-16 mentorship program established goals focused on scholarship
- A team A3 focused on practice innovation and dissemination is ongoing

Clinical services

We will provide and promote equitable and accessible, innovative, high quality, evidence based clinical care to diverse communities.

Hospital Activity

	FY10	FY11	FY12	FY13	FY14	FY15
Inpatients under the care of a Family Physician						
Adults	2,390	2,498	2,558	2,649	2,204	2,313
Children	47	4	1	2	0	0
Newborns	711	782	694	665	700	665
Mothers	535	601	562	555	586	610
Total	3,683	3,794	3,815	3,871	3,490	3,588
Inpatients cared for by specialists with a Family Physician identified as the PCP						
Referred inpatients	6,779	6,888	7,105	6,960	7,454	6,865
Total FM inpatients	10,462	10,682	10,920	10,831	10,944	10,453

PCMH Designation

- Level 3 Designation
  - Barre Family Health Center (2013)
    - Level 3 Re-certification (2015)
  - Plumley Village Health Services (2013)
  - Hahnemann Family Health Center (2014)
  - Benedict Family Medicine (2015)
  - Edward M. Kennedy (2015)
  - Family Health Center of Worcester (2015)

Community Health

We will integrate community health into our family medicine practices, training programs and scholarship while engaging communities and community-based coalitions to improve the health of communities and populations.

Scholarly Work in Community Health

Population/Community/ Condition*	Grants	Publications	Presentations
Criminal Justice Health[1]	2	3	4
Global and Refugee Health	2		4
Health Disparities[1 2 3]	2	1	1
HIV[1]	1		2
Homelessness	3	5	3
Intellectual and Mobility Disability[1]	4	4	6
Oral Health[1]	2	1	11
Public Health[3]	3	1	3
Public Insurance[1]	2		8
Substance Disorders (Opioid)[1]	5	3	7
Substance Disorders (Tobacco)[4]	1	9	1
Underserved Workforce Studies[1]	2		5
Total	**29**	**27**	**55**

*Collaborative Projects: 1=CWM; 2=QHS; 3=DPBH; 4=Psychiatry

Worcester FM residency survey
Class of 2014 well prepared to assess and engage community

Area	Adequately/Very well prepared N=10
Using community resources	100%
Developing community intervention	100%
Gathering data on a community health problem	100%
Assessing community health needs	90%
Identifying and addressing community's major health problems	90%
Speaking to a community group	80%
Volunteering expertise to a community organization	70%
Participating in community health fair	70%
Providing non-paid expert testimony	50%

Worcester FM residency survey
Class of 2014 report inclusion of patient questioning about these issues

Area	Usually/Always N=10
Patients' social supports	100%
Impact of illness on their lives	100%
Beliefs about their illness	90%
Use of complementary/alternative tx	50%
Whether patient can afford medical treatments	40%
Whether transportation to office is a problem	40%

2014 AAMC Graduation Questionnaire
UMMS grads mean scores regarding preparedness for residency (5=strongly agree and 1=strongly disagree)

Statement	2014 UMass	2014 All Schools
I believe I am adequately prepared to care for patients from different backgrounds.	4.6	4.5
I have the communication skills necessary to interact with patients and health professionals.	4.7	4.6

2014 AAMC Graduation Questionnaire UMMS grads report strong training in many dimensions of community health

Learning experiences during medical school	2014 UMass	2014 All Schools
Learned the proper use of an interpreter when needed	83.8	74.1
Experience related to health disparities	82.8	71.4
Experience related to cultural awareness and cultural competence	80.8	70.9
Community-based research project	50.5	29.2
Structured service-learning	48.0	45.6
Providing health education (e.g. HIV/AIDS ed, smoking cessation, obesity)	43.4	59.6
Field experience in community health (e.g. family violence hotline, rape crises hotline)	36.4	37.9

Table 1 – Graduate a Workforce that Will Address the Priority Health Needs of the Nation

Measure	Description
Total graduates from 2000 through 2004	The total number of graduates from the medical school who received an M.D. degree between academic years 1999-2000 and 2003-2004, inclusive. The source of these counts is the AAMC Student Records System.
Percent of graduates practicing in primary care	The practice specialty in 2013 was taken from the American Medical Association Physician Masterfile for physicians providing direct patient care who graduated between academic years 1999-2000 and 2003-2004. Primary care includes the specialties of internal medicine, internal medicine/family medicine, internal medicine/pediatrics, pediatrics, family medicine, and general practice.
Percent of graduates practicing in-state	The practice location in 2013 was taken from the American Medical Association Physician Masterfile for physicians providing direct patient care who graduated between academic years 1999-2000 and 2003-2004. The practice state was compared with the state in which the medical school of graduation is located..
Percent of graduates practicing in rural areas	The practice location in 2013 was taken from the American Medical Association Physician Masterfile for physicians providing direct patient care who graduated between academic years 1999-2000 and 2003-2004. Rural areas are defined as areas with a primary RUCA codes between 4 and 10. Geocoded practice locations include the 50 states, the District of Columbia, and Puerto Rico (excluding other U.S. territories).
Percent of graduates practicing in medically underserved areas	The practice location in 2013 was taken from the American Medical Association Physician Masterfile for physicians providing direct patient care who graduated between academic years 1999-2000 and 2003-2004. Underserved areas are geographically defined Medically Underserved Areas (MUAs) as of February 6, 2014, but excludes other types of MUAs (see http://bhpr.hrsa.gov/shortage). MUA designation is based on an Index of Medical Underservice, which is derived from an area's ratio of primary medical care physicians per 1,000 population, infant mortality rate, percentage of the population with incomes below the poverty level, and percentage of the population age 65 or over. Geocoded practice locations include the 50 states, the District of Columbia, and Puerto Rico.
Total graduates entering post-graduate training	The total number of M.D. graduates from medical school who entered post-graduate training anytime from January 1, 2011 through December 31, 2013. The source of these data is the GME Track of records on residents and residencies. These data include first-year residents regardless of graduation date from medical school.
Percent of graduates estimated to practice family medicine	Percent of M.D. graduates entering a family medicine residency program anytime from January 1, 2011 through December 31, 2013. The source of these data is the GME Track of records on residents and residencies.
Percent of graduates estimated to practice primary care	Percent of M.D. graduates entering a residency program in family medicine, internal medicine, pediatrics or internal medicine/pediatrics anytime from January 1, 2011 through December 31, 2013, minus the M.D. graduates entering fellowships in subspecialties of internal medicine or pediatrics in the same time period. The source of these data is the GME Track of records on residents and residencies.

Contacts: Karen Jones, M.Ap.Stat., Senior Data Analyst, Center for Workforce Studies, kjones@aamc.org
Imam Xierali, Ph.D., Manager, Diversity Policy and Programs, ixierali@aamc.org

TABLE 1 Graduate a Workforce that Will Address the Priority Health Needs of the Nation

University of Massachusetts Medical School
Benchmarked against All Medical Schools

AAMC

Percentile	Areas of Practice for Graduates from 2000 through 2004					Areas of Estimated Practice for Graduates from 2011 through 2013		
	Total Graduates	Percent in Primary Care Medicine	Percent Practicing In-state	Percent Practicing in Rural Areas	Percent Practicing in Underserved Areas	Total Graduates Entering Post-Graduate Training	Percent in Family Medicine	Percent in Primary Care
		35.4%						36.6%
90	956	34.1%	55.4%	13.5%	25.4%	595	15.0%	35.6%
			49.7%					
80	822	29.9%	48.7%	10.1%	21.9%	519	12.2%	32.2%
							12.0%	
70	766	28.0%	43.8%	8.6%	20.3%	470	10.6%	27.2%
60	705	26.1%	40.9%	6.9%	18.9%	442	9.6%	26.0%
50	622	25.2%	37.9%	5.6%	17.6%	406	8.5%	24.2%
40	523	24.0%	31.4%	4.4%	16.2%	344	7.1%	22.8%
					15.9%	317		
30	483	21.7%	28.1%	3.5%	15.5%	314	6.0%	21.1%
	477							
20	452	20.1%	20.7%	2.5%	14.2%	269	4.8%	18.3%
10	308	16.9%	14.9%	2.0%	12.5%	208	3.2%	16.3%
Mean	633	25.3%	35.8%	6.8%	18.9%	402	8.8%	25.0%
Valid N	124	124	124	124	124	126	126	126

Note: The percentile distributions include reported zero values but exclude missing values.
Source: AAMC Student Records System, American Medical Association Physician Masterfile; GME Track System
Staff Contact: For general report questions, contact Henry Sondheimer, M.D., at hsondheimer@aamc.org. For the data contributors to this table, see the definitions section of the report (pages 5 through 10).

Table 4 – Provide High Quality Medical Education as Judged by Your Recent Graduates

Measure	Description
Rate the quality of your educational experiences in family medicine clinical clerkships	Of the 2012, 2013, and 2014 graduates responding to this question on the AAMC Graduation Questionnaire, the percent of graduates responding "Good" or "Excellent."
Rate the quality of your educational experiences in internal medicine clinical clerkships	Of the 2012, 2013, and 2014 graduates responding to this question on the AAMC Graduation Questionnaire, the percent of graduates responding "Good" or "Excellent."
Rate the quality of your educational experiences in obstetrics-gynecology clinical clerkships	Of the 2012, 2013, and 2014 graduates responding to this question on the AAMC Graduation Questionnaire, the percent of graduates responding "Good" or "Excellent."
Rate the quality of your educational experiences in pediatrics clinical clerkships	Of the 2012, 2013, and 2014 graduates responding to this question on the AAMC Graduation Questionnaire, the percent of graduates responding "Good" or "Excellent."
Rate the quality of your educational experiences in psychiatry clinical clerkships	Of the 2012, 2013, and 2014 graduates responding to this question on the AAMC Graduation Questionnaire, the percent of graduates responding "Good" or "Excellent."
Rate the quality of your educational experiences in general surgery clinical clerkships	Of the 2012, 2013, and 2014 graduates responding to this question on the AAMC Graduation Questionnaire, the percent of graduates responding "Good" or "Excellent."
Basic science content had sufficient illustrations of clinical relevance	Of the 2012, 2013, and 2014 graduates responding to this question on the AAMC Graduation Questionnaire, the percent of graduates responding "Agree" or "Strongly agree."
Overall I am satisfied with the quality of my medical education	Of the 2012, 2013, and 2014 graduates responding to this question on the AAMC Graduation Questionnaire, the percent of graduates responding "Agree" or "Strongly agree."

Contact: Henry Sondheimer, M.D., Senior Director, Medical Education Projects, hsondheimer@aamc.org

TABLE 4 Provide High Quality Medical Education as Judged by Your Recent Graduates

University of Massachusetts Medical School
Benchmarked against All Medical Schools

AAMC

Percentile	Evaluation of Medical School Clerkships (Average Percent Responding Good or Excellent, 2012-2014)						Evaluation of Medical School Experiences (Average Percent Responding Agree/Strongly Agree, 2012-2014)	
	Rate the Quality of Educational Experiences in Family Medicine Clinical Clerkships	Rate the Quality of Educational Experiences in Internal Medicine Clinical Clerkships	Rate the Quality of Educational Experiences in Obstetrics-Gynecology Clinical Clerkships	Rate the Quality of Educational Experiences in Pediatrics Clinical Clerkships	Rate the Quality of Educational Experiences in Psychiatry Clinical Clerkships	Rate the Quality of Educational Experiences in General Surgery Clinical Clerkships	Basic Science Content had Sufficient Illustrations of Clinical Relevance	Overall, I am Satisfied with the Quality of my Medical Education
								96.4%
90	92.0%	96.5%	87.9%	94.9%	92.1%	92.2%	85.7%	95.4%
	91.9%						82.8%	
80	89.8%	94.8%	84.4%	92.4%	90.6%	88.5%	79.4%	93.8%
			82.5%	92.3%				
70	87.9%	94.0%	82.4%	90.7%	89.6%	86.2%	77.4%	92.7%
60	85.9%	93.3%	80.6%	89.3%	88.0%	84.7%	74.2%	91.9%
						84.3%		
50	83.7%	92.0%	78.6%	87.4%	86.6%	83.5%	72.1%	90.7%
40	81.6%	90.7%	76.1%	85.8%	84.4%	81.9%	71.3%	89.2%
		90.6%			83.9%			
30	79.9%	89.5%	73.8%	83.5%	83.4%	80.9%	69.0%	88.6%
20	76.2%	87.3%	71.1%	82.3%	78.2%	78.5%	65.1%	86.8%
10	71.5%	84.8%	67.2%	78.4%	73.0%	74.5%	56.9%	85.0%
Mean	82.2%	91.0%	77.5%	86.9%	84.7%	82.9%	72.0%	90.0%
Valid N	126	126	126	126	126	126	126	126

Note: The percentile distributions include reported zero values but exclude missing values.
Source: AAMC Graduation Questionnaire
Staff Contact: For general report questions, contact Henry Sondheimer, M.D., at hsondheimer@aamc.org. For the data contributors to this table, see the definitions section of the report (pages 5 through 10).

Table 5 – Prepare Physicians to Fulfill the Needs of the Community

Measure	Description
Field experience in community health on an elective or volunteer basis during medical school	Of the 2012, 2013, and 2014 graduates responding to this question on the AAMC Graduation Questionnaire, the percent of graduates indicating that they participated in an elective field experience in community health while in medical school.
Required curricular activities with students from different health professions	Of the 2012, 2013, and 2014 graduates responding to this question on the AAMC Graduation Questionnaire, the percent of graduates indicating that they participated in any required curricular activities where they had the opportunity to learn with students from different health professions.
Time devoted to your instruction in women's health	Of the 2012, 2013, and 2014 graduates responding to this question on the AAMC Graduation Questionnaire, the percent of graduates responding "Appropriate."
Time devoted to your instruction in culturally appropriate care for diverse populations	Of the 2012, 2013, and 2014 graduates responding to this question on the AAMC Graduation Questionnaire, the percent of graduates responding "Appropriate."
Time devoted to your instruction in role of community health and social service agencies	Of the 2012, 2013, and 2014 graduates responding to this question on the AAMC Graduation Questionnaire, the percent of graduates responding "Appropriate."

Contacts: Henry Sondheimer, M.D., Senior Director, Medical Education Projects, hsondheimer@aamc.org

TABLE 5

Prepare Physicians to Fulfill the Needs of the Community

University of Massachusetts Medical School
Benchmarked against All Medical Schools

AAMC

Percentile	Field Experience in Community Health on an Elective or Volunteer Basis During Medical School	Required Curricular Activities with Students from Different Health Professions	Evaluation of Time Devoted to Instruction (Average Percent Responding Appropriate, 2012-2014)		
	Average Percent Participating, 2012-2014	Average Percent Participating, 2012-2014	Instruction in Women's Health	Instruction in Culturally Appropriate Care for Diverse Populations	Instruction in Role of Community Health and Social Service Agencies
				92.5%	82.1%
90	56.9%	96.6%	93.8%	88.1%	80.8%
		92.1%	93.2%		
80	49.0%	90.5%	92.8%	86.3%	78.4%
70	45.3%	83.6%	91.9%	85.5%	76.5%
60	43.2%	79.6%	90.7%	83.9%	74.2%
50	41.3%	74.7%	90.2%	82.1%	72.0%
	40.9%				
40	39.0%	69.3%	89.7%	81.0%	69.3%
30	36.5%	64.5%	88.0%	79.0%	67.4%
20	33.1%	60.9%	86.5%	77.4%	64.8%
10	30.6%	53.5%	84.8%	76.0%	61.2%
Mean	42.3%	74.5%	89.6%	82.0%	71.4%
Valid N	126	126	126	126	126

Note: The percentile distributions include reported zero values but exclude missing values.
Source: AAMC Graduation Questionnaire
Staff Contact: For general report questions, contact Henry Sondheimer, M.D., at hsondheimer@aamc.org. For the data contributors to this table, see the definitions section of the report (pages 5 through 10).

Current Positions of Preventive Medicine Fellowship Graduates, 2008-2015

2015

Jennifer Bradford, MD, MPH
UMass Preventive Medicine Core Faculty Clinical practice at Community Health Link and Spectrum Health Systems, Worcester MA

Kathryn Brodowski, MD, MPH
UMass Preventive Medicine Core Faculty
Director of Research and Public Health
Greater Boston Food Bank
Program Chair, Board of Directors for Community Harvest Project, Boston MA

2014

Heather Alker MD, MPH
UMass Preventive Medicine Core Faculty
Physician Case Manager
Advance Medical, Boston MA

Sarah Hilding MD, MPH
Family Medicine Residency
Tufts University Hospital, Malden, MA

2013

Pam Guggina MD, MPH
Core Faculty, UMass Preventive Medicine Residency
Emergency Medicine Physician, Hospital,
Palmer, MA

Laurent Benedetti MD, MPH
Occupational Medicine Department
Beth Israel Hospital, Boston, MA

2012

Ted McDade, MD, MPH (2012)
Assistant Program Director, UMass Preventive Medicine Residency
Senior Cancer Epidemiologist.
UMass Center for Outcomes Research
Worcester, MA

Alyson Porter, MD MPH
Medical Director, Addiction Medicine
Albuquerque County Health Department
Albuquerque, NM

2011

Angela Shepard MD, MPH (2011)
Director, State Trauma Program
Department of Safety
State of New Hampshire, Concord, NH

Jordan White MD, MPH
Assistant Director, Medical Student Education
Department of Family Medicine
Brown University School of Medicine
Providence MA

2010

M. Christine David, DO, MPH
Occupational Medicine Physician
Greater Lawrence Health Center, Lawrence, MA
Occupational and Environmental Health Program
Cambridge Health Alliance and Harvard Medical School, Cambridge, MA

Megan McCoy, MD, MPH
Medical Consultant
Clinical Drug Development and Safety
Novartis Pharmaceuticals, Boston, MA

2009

Ailis Clyne, MD, MPH
Medical Director
Division of Community, Family Health, and Equity
Rhode Island Department of Public Health
Providence, RI

Indira Mahidhara, MD, MPH
Medical Director
Healthcare Senior Management Team
Health Partners Plans, Philadelphia, PA

Mary Medeiros, MD, MPH
Hospitalist, Department of Medicine
UMass Medical School, Worcester, MA

2008

Piper Lillard, DO, MPH
Family Medicine/Preventive Medicine Specialist
Bolton Family and Sports Medicine
Bolton, CT

Siobhan McNally, MD, MPH
Community Health Programs Neighborhood Health Center
Refugee and Immigrant Health
The Caring Place
Executive Director, Healthy Beginnings Program
Pittsfield, MA

Service and Leadership (2015-16)

Faculty and residents serve in a variety of leadership roles within UMass Memorial, UMass Medical School, and within the local community, as well as regionally and nationally.

Please note that while each site and program within the department requires many hours of service, this list does not include committees, task forces, working groups, or other service commitments within the department.

National and International Service and Leadership

Robert Baldor:

- STFM Group on Genetics; Group on Disabilities
- CDC Clinical Laboratory Improvement Advisory Committee (CLIAC)

Katharine Barnard:

- International medical service in Honduras with Cape CARES, one week annually since 2001; Board member 2009 – 2012; team leader since 2010

Alexander Blount:

- Member, National Integration Academy Council of the National Academy for the Integration of Behavioral Health and Primary Care funded by AHRQ

Philip Bolduc:

- Co-chair, STFM HIV Working Group

Alexandra Bonardi:

- Grant Reviewer, NIDRR DRRP (Health and Function)

Lucy Candib:

- Member, WONCA Working Party on Women and Family Medicine
- Member, STFM Group on Minority and Multicultural Health Care
- Member, STFM Group: Women's Network
- Member, STFM Group: Violence Education
- Member, STFM Group: Senior Faculty

Suzanne Cashman:

- Member, National Healthy People Curriculum Task Force
- Co-lead, APTR Working Group for the Paul Ambrose Scholars Program

Sai Cherala

- Abstract reviewer, Academy Health, Annual Research Meeting
- Abstract reviewer, American Association of Public Health

Carol Curtin:

- Reviewer, Gopen and Crocker Fellowship applications
- Member, National Workgroup for the Maternal Child Health Bureau

Dennis Dimitri:

- Delegate, American Academy Family Physicians
- President, Massachusetts Medical Society

Warren Ferguson

- Chair, Academic Consortium on Criminal Justice Health

John Gettens:
- Member, National Advisory Committee for the Academy Health Disability Research Interest Group

Gerald Gleich:
- Member, STFM Geriatrics Interest Group

Jay Himmelstein:
- Member, National Academy of Social Insurance (NASI) Standing Committee on Health Policy
- Senior Fellow in Health Policy, Community Catalyst
- Member, Strategic Advisory Board for Social and Scientific Systems

Tracy Kedian:
- Senior Faculty Advisor, AAMC Interprofessional Hot Spotting Grant Project
- Member, STFM Program Committee

Anita Kostecki:
- Member, American Society for Colposcopy and Cervical Pathology Humanitarian Committee

Emily Lauer:
- Member and Contributing Organizer, *International comparisons of mortality data about people with intellectual disabilities* funded by the Economic and Social Research Council of the United Kingdom

Ann Lawthers:
- Measure Applications Partnership, "Dual Eligible Beneficiaries Workgroup," NQF, Washington, DC

James Ledwith:
- Member, Scientific Review Committee, AAFP National Research Network
- Member, FMEC 2015 Conference Host Committee

Mary Lindholm:
- Member, STFM Group on Medical Student Education

Peter McConarty:
- Member, STFM Group on Addictions
- Member, STFM Group on Caring for the Underserved

Monika Mitra:
- National Institutes of Health, Reviewer for HDMT 50 Study Section, Pregnancy among Women with Disabilities
- Program Chair, Disability Section, American Public Health Association
- Executive Committee, Disability Section, American Public Health Association

David Polakoff:
- Member, Steering Committee (equivalent of Board of Directors) for Medicaid Medical Directors Network
- Member, State University Partnership Learning Network (Academy Health)

Stacy Potts:
- Member, Board of Trustees, Family Medicine Education Consortium
- Board President, Family Medicine Education Consortium
- Co-chair, STFM Group on Learner Assessment
- Chair-Elect, ACGME Residency Review Committee for Family Medicine

Christine Purington:
- Clinical Section Committee of American College Health Association

Jennifer Reidy:
- Member, AAHPM Quality and Practice Standards Task Force
- Member, AAHPM Intensive Board Review Course Planning Committee
- Member, AAHPM special-interest groups: education and heart failure

John Rochford:
- Career Mentor, Massachusetts Youth Leadership Forum, Easter Seals
- Co-Founder & Co-Organizer, Boston Accessibility Group

Christine Runyan:
- Reviewer, Conference proposal submissions for CFHA annual conference
- Member, CFHA Annual conference planning committee

Judy Savageau:
- Reviewer for abstracts being submitted for peer-review for upcoming conferences: American Public Health Association, the Society for Epidemiologic Research, and the American Evaluation Association

Pamela Senesac:
- Executive Board Member, Roy Adaptation Association, a theory-based, international nursing organization.
- Committee Member, Society for Hospita l Medicine, Hospital ist Trained in Family Medicine
- Committee Member, Society for Hospital Medicine, Planning Committee for SHM Annual Meeting 2015
- Member, STFM Group on Hospital Medicine and Procedures

J. Herbert Stevenson
- Member, American Medical Society Research Committee
- Member, American Medical Society Fellowship Directory Committee

Carole Upshur:
- Member, AAMC Research on Care Community Health Disparity work group

Linda Weinreb:
- Member, Research Coordinating Committee, National Health Care for the Homeless (HCH) Council, Bureau of Primary Health Care
- Advisor, National Health Care for the Homeless PBRN

Melodie Wenz-Gross:
- Consulted on early adolescent stress for middle school project in St. Louis, MO

Service to UMass Medical School

Leadership:
- Assistant Dean (Interim) for Academic Achievement: Scott Wellman
- Assistant Dean for Advising: Michael Ennis
- Associate Dean for Allied Health and Inter-professional Education Programs: Michael Kneeland
- Associate Dean (Interim) for Continuing Medical Education: Michael Kneeland
- Associate Dean for Commonwealth Medicine: David Polakoff
- Course Director, Epidemiology/Biostatistics: Michael Kneeland
- Director, Community-based Education (Office for Medical Education): Bob Baldor
- Director, International Medical Education Program: Michael Chin
- Learning Communities Co-Director: Michael Ennis

- Rural Health Scholars Program: Suzanne Cashman (Director), Marcy Boucher (Co-Director), Steve Martin (Co-Director)
- Senior Associate Dean for Educational Affairs: Michele Pugnaire
- Senior Vice President for Primary Care: Daniel Lasser

Major faculty committees and responsibilities:
- Admissions Committee: Kristin Mallett
- Admissions Interviewers: Alan Chuman, Suzanne Cashman
- Aid to Impaired Medical Students Committee: James Broadhurst
- Allied Health Advisory Committee: Michael Kneeland (Co-Chair), Tina Runyan
- Center for Health Policy and Research Admission Committee: Robin Clark
- Clery Committee: Michael Kneeland (Chair)
- Clinical and Population Health Research Doctoral Program Faculty Committee: Robin Clark (TRAC Chair)
- Community Engagement Committee: Suzanne Cashman (Chair), Linda Cragin and Heather-Lyn Haley
- Council on Equal Opportunity and Diversity:
    - Gay, Lesbian, Bisexual, Transgender and Allies (GLBTA) Committee: Ken Peterson (Co-Chair), Emily Ferrara
    - Disabilities Committee: Linda Long (Chair)
    - Commonwealth Medicine Cultural Diversity Committee: Jaime Vallejos
- Diversity Leaders Group: Elaine Martin
- Executive Council: Dan Lasser, Ex-officio members: Michael Kneeland, Joyce Murphy, Michele Pugnaire
- Faculty Council: Heather-Lyn Haley, Elaine Martin (Ex-officio)
- GLBTQ Patient Quality Improvement Committee: Warren Ferguson, Emily Ferrara
- Humanities in Medicine Committee: Emily Ferrara, Heather-Lyn Haley, Hugh Silk, Elaine Martin
- Library and Learning Resources Committee: Elaine Martin (Ex-Officio)
- Nominations Committee: Heather-Lyn Haley
- Personnel Action Committee: Frank Domino
- Student Affairs Committee: Phil Fournier
- Student Health Advisory Committee: Phil Fournier
- Women's Faculty Committee: Ali Connell
- Women's Leadership Work Group: Carole Upshur, Elaine Martin

Curriculum oversight and education-related activities:
- Advanced Studies Curriculum Committee: Judy Savageau (Vice Chair), Mike Ennis
- Baccalaureate-MD Outreach and Curriculum Development Working Group: Suzanne Cashman, Elaine Martin and Linda Cragin
- Basic Sciences Academic Evaluation Board: Mike Ennis, Phil Fournier
- Blood Borne Pathogens Committee: Phil Fournier, Mike Ennis
- Capstone Faculty Advisory Committee: Linda Cragin, Elaine Martin, Judy Savageau
- Center for Health Policy and Research Curriculum Committee: Robin Clark
- Clerkship Directors Committee: Mary Lindholm
- Clinical Sciences Academic Evaluation Board: Mike Ennis, Mary Lindholm, Tracy Kedian (Ex-officio)
- Comprehensive Core Clinical Assessment: Mary Lindholm
- Core Clinical Experience Committee: Mike Ennis, Phil Fournier, Mary Lindholm
- Educational Policy Committee: Mike Ennis, Tracy Kedian (Ex-officio), Len Levin (Ex-officio)
- First Year Curriculum Committee: Phil Fournier
- Flexible Clinical Electives Curriculum Committee: Michael Chin, Judy Savageau
- Graduate Education Committee: Jim Ledwith, Herb Stevenson, Stacy Potts, Jackie Coghlin-Strom, Tina Runyan Library and Learning Resources Committee: Elaine Martin
- Longitudinal Curriculum Committee: Mike Ennis, Judy Savageau
- Population Health Clerkship Steering Committee: Suzanne Cashman
- Senior Scholars Committee: Judy Savageau (Program Director)

Curriculum and learning community leadership:
- Determinant of Health Course: Suzanne Cashman (Co-Director)

Research-related:

- Institutional Review Board: Judy Savageau
- Scientific Council: Roger Luckmann, Judy Savageau (co-representatives)

Service to UMass entities:
- Statewide AHEC Program: Warren Ferguson (Medical Director) and
- Statewide AHEC Program Board: Bob Baldor and Heather-Lyn Haley
- Board of Directors, Central Massachusetts AHEC: Warren Ferguson, Alan Chuman
- Mass AHEC Advisory Board: Warren Ferguson (Chair)
- EK Shriver Center for Disabilities Evaluation & Research (CDDER): Bob Baldor (Medical Director)

Service to UMass Memorial Health Care (2015-16)

- ACO Board of Trustees: Daniel Lasser
- ACO Medical Management Committee: Ahmed Hussain
- Affiliate Practitioner Credentials Committee: James Broadhurst (Chair)
- Alarms Committee: Roger Luckmann
- Board of Directors, Meyers Primary Care Institute: Linda Weinreb
- Board of Directors, UMass Memorial ACO: Daniel Lasser
- Board of Directors, UMass Memorial Medical Group: Daniel Lasser
- Clinical Guidelines steering committee: Ahmed Hussain
- Clinical Practice Standards Committee: Frank Domino
- Community Benefits Committee: Mónica Lowell (Chair)
- Continuing Medical Education Advisory Committee: Dennis Dimitri
- Education and Library Committee (HealthAlliance): Jim Ledwith (Chair)
- Ethics and Treatment Issues Committee: Mike Ennis (Co-Chair)
- Institutional Clinical Advisory Committee: Katharine Barnard
- Managed Care Committee: Dennis Dimitri
- Office of Clinical Integration Committee on Ambulatory Care Alerts and Reminders: Roger Luckmann (Chair)
- Pain Steering Committee: Jen Reidy (Co-Chair)
- Patient Care Management Committee (HealthAlliance): Jim Ledwith
- Perinatal Committee (HealthAlliance): Jim Ledwith
- Physician Quality Officer: Roger Luckmann
- Primary Care Payment Reform Initiative: Katharine Barnard
- Privacy and Information Security Committee: Marilyn Leeds
- Rapid Response Oversight Committee: Roger Luckmann
- Sepsis Working Group: Roger Luckmann
- UMass Depression Center Steering Committee: Linda Weinreb

Local and Regional Service and Leadership

Robert Baldor:
- Member, UOME Curriculum Development Fund
- Member, AHEC Advisory Board
- Director of Health Policy Education, Meyers Primary Care Institute
- Mass Governor's Commission on Developmental Disabilities Member
- Mass Board of Registration in Medicine peer reviewer
- Mass DDS Statewide Medication Review Committee Member

Katharine Barnard
- Ambulatory Physician Leader, Plumley Village Health Services
- Practice leadership, PVHS as UMass site for EOHHS Payment Reform Pilot
- Coordinator, Faculty Balint Group, Dept of Family Medicine
- POD Leader (through UMass Office of Clinical Integration)
- Medical consultant to Rainbow Childcare (Edward St, Worcester)

Philip Bolduc:
- Member, Midland Street School Site Council and the Board of Friends of Newton Hill

Alexandra Bonardi:
- Local school volunteer, facilitating integration of children with a range of support needs into after school theater program

James Broadhurst:
- Trustee, Massachusetts Medical Society
- Chair, Preparedness Committee Massachusetts Medical Society
- Member, Communications Committee, Massachusetts Medical Society
- Member, Sports and Student Health Committee, Massachusetts Medical Society
- Member, Strategic Planning Committee, Massachusetts Medical Society
- Member, Public Health Committee, Massachusetts Medical Society
- Member, Medical Student Advisory Committee, Physician Health Services, Massachusetts Medical Society
- Vice-President, Worcester District Medical Society
- Chair, Worcester District Medical Society Public Health Committee
- Worcester District Medical Society Delegate to Mass Medical Society – Chair of WDMS delegation
- Trustee, Dismas House, Worcester
- Member, Utilization Review Committee, AdCare Hospital
- Member, Leadership Committee, Regional Response to Addiction Partnership
- Worcester District Medical Society Physician Representative, Worcester Alliance Against Sexual Exploitation
- Volunteer physician, Worcester Medical Reserve Corps
- Volunteer physician, Worcester Mosaic Barbershop Health Network
- Physician volunteer , Injury Free Coalition for Kids and Goods 4 Guns
- School physician, Seven Hills Charter School and Abby Kelly Foster Charter School
- Host – "Health Matters" local community TV program produces by the WDMS and TV 13 Worcester
- Physician consultant, Better Oral Health Massachusetts Coalition
- Member, Worcester Youth Substance Abuse Task Force

Lucy Candib
- Medical Advisor, Worcester Headstart

Suzanne Cashman:
- Member, Board of Directors, Community Campus Partnerships for Health
- Member, Massachusetts Department of Public Health's Rural Council on Health
- Member, Albert Schweitzer Fellowship Boston Advisory Board
- Member, CHNA 8 Steering Committee
- Member, Advisory Committee for Child Health Improvement through Computer Automation Program
- Member, Community Health Assessment Committee
- Senior consultant, Community-Campus Partnerships for Health

Sai Cherala:
- Grant writing support, Worcester Falls Workgroup

Michael Chin:
- Board Member, Brown University Family Medicine Alumni Association

Alan Chuman:
- Board of Directors, Central MA AHEC

Jacalyn Coghlin-Strom
- Member, Worcester Department of Public Health Task Force

Alexa Connell:
- Member, UMMS/UMMHC Cross Departmental Workgroup on Integrating Behavioral and Physical Health Care

Carol Curtin:
- Member of the Massachusetts Developmental Disabilities Network
- Member, Autism Consortium of Massachusetts
- Member, Boston Nutrition Obesity Research Center (BNORC)
- Advisory Board Member, ICI/Children's Hospital LEND Program
- Advisory Board Member, MCH Program at BU School of Public Health
- Member, Massachusetts Developmental Disabilities Council
- Member, Massachusetts Developmental Disabilities Network

Konstantinos Deligiannidis:
- Member, MassAFP Committee on Legislative Affairs

Joseph DiFranza:
- Member, American Academy of Pediatrics Tobacco consortium
- Advisory Board member, Fallon

Dennis Dimitri:
- Member, Executive Planning Committee "Primary Care Days" Annual Conference
- Board member, Massachusetts Academy of Family Physicians
- Member , Massachusetts Medical Society House of Delegates
- President, Massachusetts Medical Society

Frank Domino:
- Co-Leader, Department Maintenance of Certification (SAM) yearly course
- Member, Fallon Technology Assessment Committee
- Family Medicine Representative, Harvard Medical School's Committee on Continuing Education
- Family Physician member, Harvard School of Medicine's "Current Clinical Issues in Primary Care" Committee
- Advisory member, Massachusetts Health Quality Partners (MHQP)

Michael Ennis:
- Board of Directors, Akwaaba Free Clinic
- Physician Volunteer, Epworth Free Clinic

Warren Ferguson:
- Chair and Founder, Academic Consortium on Criminal Justice Health

Phillip Fournier:
- Faculty advisor, UMMS running club
- Medical consultant , YMCA summer camp

Elaine Gabovitch
- Member, Shriver Center Community Advisory Council
- Capstone mentor for 2 medical students
- Member, Planning committee, Northeast Act Early Regional Summit Meeting on *Developmental Screening, Referral and Response*
- Event organizer, Boston Children's Museum, *Amazing Me Day*
- Advisor, *ASD Data Portal Project*, a collaboration of Child & Adolescent Health Measurement Initiative (CAHMI) and Autism Speaks
- Transition Mentor, *Transition Leadership Graduate Program*, UMass Boston Institute for Community Inclusion
- Act Early Ambassador, Massachusetts, CDC/AUCD/AMCHP/HRSA *"Learn the Signs Act*

Early"
- State Team Leader, *MA Act Early Coalition*
- Member, MCAAP, *Children's Mental Health Task Force*
- Member, AUCD COCA Group
- Member, AUCD Family Discipline Work Group
- Advisor, Lexington Public Schools, Transition Coordination Task Force
- Member, AANE Transition Roundtable
- Member, Northeast Arc Transition Task Force:
- Member, Massachusetts Advocates for Children Transition Assessment Task Force
- Advisor, UMass Amherst, Communication Disorders Department, US DOE grant projects
- Advisor, Boston University School of Public Health, Maternal and Child Health Program

David Gilchrist
- Board Member, Massachusetts Academy of Family Physicians
- Chairman of the Board, Clearway Clinic

Gerry Gleich:
- Physician Volunteer, St. Anne's Free Medical Clinic
- Physician Volunteer, Green Island Free Medical Clinic

Lisa Gussak:
- Medical/legal reviews for Massachusetts Board of Registration in Medicine
- Medical Director, Camp Eisner, Great Barrington MA
- Physician, Camp Eisner, Great Barrington MA

Jay Himmelstein:
- Legislative Committee Member, Worcester District Medical Society
- Board of Strategic Advisors, Healthcare Delivery Institute at Worcester Polytechnic Institute (WPI)
- Board Member, The Health Foundation of Central Massachusetts
- Board Member, Massachusetts State Health Policy Forum

Iftikar Khan:
- Physician volunteer, Epworth Free Medical Clinic, Worcester, MA

Beth Koester:
- Member, Massachusetts Medical Society
- Volunteer at the Epworth Free Clinic

Carolyn Langer:
- Member, Institute for Clinical and Economic Review Advisory Board
- Advisory Board, Health Policy Management Department, Boston University School of Public Health
- Continuing Education Advisory Committee, Office of Continuing Education, Tufts University School of Medicine
- Occupational Medicine Residency Advisory Committee, Harvard School of Public Health
- MA DPH Children & Youth with Special Health Care Needs Systems Integration Project Steering Committee
- Massachusetts Health Quality Partners Practice Pattern Variation Work Group and Health Plan Council
- Massachusetts Child Health Quality Coalition Co-Chair and Executive Committee
- HRSA-MCHB State Autism Roadmap Project Advisory Board (Shriver Center)

Emily Lauer:
- Project Advisor, Autism Speaks The Child and Adolescent Health Measurement Initiative (CAHMI)

Jim Ledwith
- Medical Director, Epworth Free Clinic
- Member Alpha Omega Alpha Chapter

- Mass Academy of Family Physicians Legislative Advocacy Day

Mary Lindholm:
- Volunteer, Josh Thibodeau Helping Hearts Foundation cardiac screening event
- Physician Volunteer, Epworth Free Clinic
- Speaker, "Puberty Talk", Chocksett Middle School, Sterling MA

Linda Long-Bellil:
- Vice President, Alliance for Disability in Health Care Education
- Board Member, Disability Law Center
- Board Treasurer, Spina Bifida Association of Greater New England

Roger Luckmann:
- Member and Co-chair of Prostate Cancer Working Group , Mass. Dept. of Public Health (DPH)
- Member, Steering Committee, DPH Comprehensive Cancer Prevention and Control Network

Lee Mancini:
- Volunteer Physician Services to Shrewsbury High School

Peter McConarty:
- Member, Massachusetts Coalition to Prevent Gun Violence

Monika Mitra:
- Member, Massachusetts Department of Public Health Pregnancy to Early Life Longitudinal Data System (PELL) Advisory Committee
- Member, Massachusetts Department of Public Health Pregnancy Risk Assessment Monitoring System (PRAMS) Advisory Committee

Jennifer Moffitt:
- Co-Chair, Worcester Healthy Baby Collaborative

David Polakoff:
- Member, Board, Massachusetts Medical Directors Association (MAMDA)
- Member, Board for Children's Hospital Boston Parent-Provider

Stacy Potts:
- Volunteer, Worcester Regional Medical Reserve Corps

Christine Purington:
- Physician Volunteer, Epworth Free Clinic, Worcester

John Rochford:
- Invited Expert, Web Content Accessibility Guidelines Working Group, Cognitive and Learning Disabilities Accessibility Task Force, World Wide Web Consortium
- Member, International Association of Accessibility Professionals
- Member, Accessibility Experience (AX) Working Group, Blackboard Partnership Program
- Member, Board of Directors, American Association on Intellectual and Developmental Disabilities, Massachusetts Chapter

Christine Runyan:
- Parent volunteer, Girl Scouts of America Brownie Troop
- Religious Education Instructor/Committee Member, Unitarian Universalist Congregation of Westborough
- Boston Marathon Medical Volunteer – Mental Health Team
- Red Cross Disaster Response Volunteer

Judy Savageau:

- Massachusetts Association for the Blind / Vision Community Services – Board of Trustees member
- Massachusetts Commission for the Blind – Advisory Board member (and Chair of the Advisory Board)
- Bay State Council o f the Blind - quarterly newsletter editor
- Massachusetts State Science Fair – Judge for annual middle school and high school statewide science fairs
- St. Paul's Outreach Program (Worcester, MA) – weekly volunteer assisting the food pantry which serves 400-500 families/month
- Catholic Charities (Worcester, MA) – provide assistance at major holidays for serving meals to local families

J. Herbert Stevenson
- School based team sport coverage for regional high schools

Mary Sullivan:
- Participant, Prevention and Wellness Trust Fund pediatric asthma workgroup

Carole Upshur:
- Medical Advisor y Committee for the Massachusetts Medicaid Program

Linda Weinreb:
- Co- Direct Mentoring Program in Department for Junior Faculty
- Co-Direct Women's Mentoring/Support Group
- Member, Community Health Steering Committee
- Member, Academic Development Committee
- Commonwealth Medicine Internal Grant Review Cycle 2014, Directed review, Fall 2014
- Commonwealth Medicine Search Committee, Shriver Center Director, 2014-15
- Member, Meyers Primary Care Institute Board of Directors
- UMass Health Equity Intervention Research Center, NIMHD Centers of Excellence (P60) NIH, Internal Advisory Board, 12/2011- 2016.
- Member, Community Engagement Steering Committee, UMMS CTSA
- Consultant, UMass Center for Health Law and Economics
- Central MA Regional Network, MA Interagency Council on Housing and Homelessness – Leadership Council Member, UMMS Representative
- UMMS CCTS Community Engagement and Research Section Community-Academic Advisory Panel (CAAP): Linda Weinreb

Melodie Wenz-Gross:
- FMCH Mentoring Program 2015-2016: mentor for Jennifer Moffitt
- Senior Scholars Poster Judge 4/29/15
- Participate in the "Together for Kids" Coalition bimonthly community child care meetings advising on early childhood mental health.
- Presented testimony to the state Dept. of Early Education and Care public hearing on preschool and kindergarten state standards
- Consulted with Committee for Children on Teacher training strategies

Awards and Recognition (2010-2015)

Section H in the narrative focuses on faculty who received significant national recognition during the last five years. The following is a second list of awards of particular significance received by the faculty over the last five years (2009-15):

2009-10

External Recognition

Fran Anthes, MSW, President/CEO of Family Health Center of Worcester, received a 2009 Women In Business Award from the Worcester Business Journal, recognizing her as one of five women executives who "are making their mark on the Central Massachusetts business community."

James Broadhurst, MD:

- was honored as the Worcester District Medical Society's Community Clinician of the Year, recognizing 25 years of service to the Worcester community. The award citation made note of his work caring for disabled populations, his clinical practice providing addictions care for patients at Spectrum Health Services, his service as Medical Director of the UMass Memorial Ronald McDonald Caremobile, and his work in Sports Medicine, including service to local high schools and colleges. As a member of the Medical Society's Public Health Committee, he has championed community health initiatives including the "Community Immunity" project, training for disaster preparedness, designation as a "Heart Healthy Community," fluoridation initiatives, the Goods for Guns program and activities to create smoke free environments.
- was chosen as the "2010 Community Advocate of the Year" by the Central Massachusetts Provider Confederation at their Legislative Breakfast. The Confederation includes the Seven Hills Foundation, Rehabilitative Resources Inc, Southern Worcester County ARC – Center of Hope, Alternatives Unlimited, South Valley DDS Advisory Board and the Institute of Professional Practice.

Anna Doubeni, MD was awarded an STFM Foundation Faculty Enhancement Experience Award. The award provided a 2-week visit to a host institution to learn about leadership, teaching, and/or administrative skills needed to fulfill a specific objective. In her capacity as residency global health coordinator, she traveled to Christ Hospital/University of Cincinnati Family Medicine Residency to learn how to enhance the development of the UMass Family Medicine Global Health track.

Michael Ennis, MD was recognized by the Class of 2010 as "Outstanding Medical Educators," receiving his award at the Alumni Breakfast preceding graduation.

Jasen Gundersen, MD was designated as a Senior Fellow in Hospital Medicine at the Society of Hospital Medicine's Annual Meeting in Washington, DC.

Rocco Perla, EdD, was named a Distinguished Author of the Year by the American Society for Clinical Laboratory Science. The recognition generates from a set of statistical papers about using Poisson distributions and logistic modeling to predict MRSA daily burden.

Michele Pici, DO received the annual A. Jane Fitzpatrick Community Service Award from the Worcester District Medical Society in recognition of her work in the community and as Medical Director at the Great Brook Valley Health Center.

Christine Runyan, PhD was one of four recipients of the STFM New Faculty Scholar Award, which includes support for registration for the Spring STFM conference, reimbursement for expenses, and a pre-conference workshop.

Recognition at UMass and UMass Memorial

Jeanne McBride, RN and **Francis Wanjau** received the 2010 Champions of Excellence Award for their "Prime Time Conversations" program, sponsored by the Center for the Advancement of Primary Care. This regular broadcast featured topics of direct interest to primary care physicians and others in a concise 20-30 minute format providing time for dialogue between the speaker and participants.

Hugh Silk, MD was named the UMMS Sarah Stone Fellow in Medical Education, providing two years of part-time support for a project devoted to the development of an oral health curriculum for medical students, residents and faculty. Funding for the Fellowship comes from the Sarah Stone Endowment, the Office of Educational Affairs, and the Department.

2010-11

External Recognition

Nicholas Apostoleris, PhD was presented the 2nd Annual John A. DeMalia Leadership Award at the Community Health Connections Family Health Center's Annual Meeting. The award recognizes "leadership, vision, dedication, commitment, integrity and respect for others." Presenting the award, Board member Emily MacRae noted that he "shows respect and genuine care for his department, patients, and employees," his "ethical and humanistic principles," and that he "continually strives to meet the needs of our most disenfranchised patients."

Matilde Castiel, MD was co-author on a poster presentation on Hector Reyes House which won the Most Outstanding Poster Research Presentation in the Physician Category at the National Hispanic Medical Association.

Joe DiFranza, MD received the 2011 Massachusetts Medical Society's Henry Ingersoll Bowditch Award for Excellence in Public Health. This award is presented annually to a Massachusetts physician who has "demonstrated outstanding initiative, creativity, and leadership in the field of public health outreach and advocacy."

Dennis Dimitri, MD received a Career Achievement Award from the Worcester District Medical Society at their 2010 Fall District Meeting and Awards Ceremony.

Paul Hart, MD received the 2011 Senior Physician Volunteer Award presented by the Massachusetts Medical Society.

Stephen Levine, MD, who has served as a preceptor for UMass students for many years in his practice in Holyoke, was awarded the Preceptor of the Year Award by the Massachusetts Academy of Family Physicians.

Michele Pugnaire, MD was awarded the Grant V. Rodkey award of the Massachusetts Medical Society for contributions to medical education and medical students.

Patricia Ruze, MD Medical Director at Massachusetts Correctional Institute, Concord, along with two nurses, Sarah Maria and Nancy Todd, received a Community Service Award as Department of Correction Employees of the Year from Governor Patrick. Dr. Ruze, Ms. Maria and Ms. Todd were members of a health care team responding to the crisis in Haiti immediately after the earthquake.

Recognition at UMass

Warren Ferguson, MD was awarded the Chancellor's Award for Excellence in Diversity. The Award recognized his "devotion to increasing diversity and reducing disparities in care . . . In (his) practice, teaching and mentoring, (he has) demonstrated an unwavering commitment to helping the underserved improve their health, advance their learning, and build successful careers. (His) dedication is reflected in the more than 25 years (he has) worked in local community health centers providing care to low-income and culturally diverse populations."

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Erik Garcia, MD was honored in September by the Department of Surgery as the recipient of the Felix G. Cataldo, MD Humanism in Medicine Award.

Stacy Potts, MD was the recipient of two UMass Memorial Champions of Excellence awards in June 2011, the Integrated Care and Work Award and the Diverse High-Performing Workplace Award.

2011-12

External Recognition

Jeffrey Geller, MD was the 2012 recipient of the "Power to Change Our World" Award through the Family Medicine Education Consortium. The award recognizes Family Physicians who have developed innovative projects and programs that have had a positive impact and who have demonstrated significant achievement in promoting the health and well-being of the community.

Jeff Manning, MD, a 2009 Sports Medicine graduate, received the 2012 Pfizer Teacher Development award, which recognizes outstanding community-based family physicians who combine clinical practice with part-time teaching of Family Medicine.

Robert Moore, MD clerkship preceptor and residency graduate of North Falmouth, MA, won Honorable Mention for his visual arts submission, a painting entitled "Roy G," at the October 2011 Family Medicine Education Consortium conference.

Hugh Silk, MD:

- was awarded the 2012 Leonard Tow Humanism in Medicine Award. Sponsored by the Arnold P Gold Foundation, the award is given to a recipient voted on by UMMS faculty in "recognition of exemplary compassion, competence and respect in the delivery of care."
- received the Family Medicine Education Consortium's Mid-Career Faculty Achievement Award, recognizing his achievements in the area of oral health and its impact on Family Medicine.

Recognition at UMass and UMass Memorial

Robert Baldor, MD one of 18 LInC Trustees received an Educational (STAR) Award at the Educational Recognition Awards Ceremony held in the Spring.

Matilde Castiel, MD was honored at the 12th Annual Women's Faculty Award Luncheon. Dr. Castiel received the 2012 Outstanding Community Service Award. Dr. Castiel is the Executive Director and Medical Director of the Latin American Health Alliance of Central MA.

Jackie Coghlin-Strom, MD was the 2012 recipient of the Sarah Stone Excellence in Education Award established by the Women's Faculty Committee. She was honored at the 12th Annual Awards Luncheon, recognizing her leadership of the Preventive Medicine Residency and the MPH Program.

Frank Domino, MD was the 2012 recipient of the Lamar Soutter Award for Excellence in Undergraduate Medical Education at the Educational Recognition Awards Ceremony held in the Spring.

Steve Earls, MD was recognized with a 2012 Peer Recognition Award at the Medical Staff Meeting May 2. Each year, members of the active medical staff are nominated by their colleagues for recognition of their excellence in patient care. Steve was one of seven physicians recognized this year.

Daniel Lasser, **MD** received the 2012 Chancellor's Medal for Excellence in Service. The Medal recognized his "sentinel influence on our school's standing as one of the foremost primary care institutions in our nation . . . (and his) steadfast commitment to the underserved and underinsured, raising a clarion call on behalf of our profession to serve the needs of

the vulnerable in our community . . . (noting that he is)known for (his) resolve to collaborate and advocate, especially when the focus of such efforts is on those in need."

Erika Oleson, MD received an Education Incentive Award from the Department of Medicine in recognition of her teaching contributions to the Geriatrics Division

Michele Pugnaire, MD was one of 18 LInC Trustees to receive an Educational (STAR) Award at the spring Educational Recognition Awards Ceremony. The LinC Trustees oversaw the revision of the medical school curriculum.

2012-13

External Recognition

Dennis Dimitri, MD was elected Vice President of the Massachusetts Medical Society. He was also recognized by the Massachusetts Academy of Family Physicians as their 2013 Family Physician of the Year.

Katharine Barnard, MD was honored as the 22nd annual recipient of the A. Jane Fitzpatrick Community Service Award from the Worcester District Medical Society, which recognizes a Central Massachusetts health care professional for contributions to improve the health and well-being of the community.

Recognition at UMass

Bob Baldor, MD received the medical school's 2013 Lamar Soutter Award, which is chosen by vote of the medical school faculty for an individual's career contributions to medical education at UMass. In addition to his Departmental contributions, Dr. Baldor was recognized for his ten year tenure as Chair of the Educational Policy Committee, where he led the Committee's planning and implementation of a top-to-bottom revision the school's curriculum.

Drs. Jeff Baxter and Patricia Ruze were recognized at the medical school's annual education awards ceremonies**,** receiving Educational STAR Awards – Dr. Baxter for his teaching contributions related to chronic pain, and Dr. Ruze for her teaching of correctional health.

Liz Erban, MD was recognized with a Community Faculty Educator Award, for providing over ten years of outstanding learning experiences for medical students in the Longitudinal Preceptorship Program.

2013-14

External Recognition

Fran Anthes was awarded the Massachusetts League of Community Health Center's Edward M. Kennedy Founder Award at the League's Annual Gala in June. The Award was established in 2010 to honor the memory of the late Massachusetts Senator, and is presented "in honor of the achievements made by dedicated consumers, administrators, clinicians and leaders who continue to, protect and promote health care access as a right for all rather than privilege for a few."

Jeff Baxter, MD received the Program Award for "Best Workshop" from the Association for Medical Education and Research in Substance Abuse.

Alixe Bonardi, MHA, MS was awarded The Catherine Anne Trombly Award for Contribution to Occupational Therapy Education and Research. The Massachusetts Association of Occupational Therapists presents the award annually to an exceptional occupational therapy educator and/or researcher who has made outstanding contributions to the profession.

Dennis Dimitri, MD was named Family Physician of the Year at the Mass Academy of Family Physicians.

Gina D'Ottavio, MD was named to the 2014 Preceptor Hall of Fame at the Mass Academy of Family Physicians Spring Refresher.

Jay Himmelstein, MD was presented with the Harriet Hardy Lifetime Achievement Award from the New England College of Occupational and Environmental Medicine. The Award is given annually to an individual who has demonstrated an effort to understand disease or injury caused by working conditions and attempted to improve those conditions to prevent or minimize the impact of the health and lives of workers

Recognition at UMass

Phillip Fournier, MD was named Mentor of the Year for academic year 2013-2014 by the medical school class.

Jim Ledwith, MD received the 2014 Fitchburg Family Medicine Residency Faculty Leadership Award, selected by the program's residents for outstanding leadership through the practice transition and sustaining morale and educational quality.

Steve Martin, MD was awarded a Preceptor Award by the University of Massachusetts Graduate School of Nursing.

Dan Mullin, **PsyD** was awarded an Educational Achievement (STAR) Award at the medical school's annual Educational Recognition Awards ceremony held in May in the Albert Sherman Center.

Michele Pugnaire, MD was awarded the Chancellor's Medal for Excellence in Service. The Medal recognized her "tireless advocacy for medical education: You have a singular respect for our learners. You have led our institution's development n d implementation of our nationally recognized LiNC curriculum and have been the conductor of a committeed symphony of educators as they engage, teach, mentor and guide our students. You are an ardent believer in interprofessional engagement through education. You are an early adopter of models of engaged learning, such as learning communities and community engagement that have so well served our educational environment. You are a community builder on campus and in our region."

Sara Shields, MD was recognized with the Outstanding Community Service Award by the Women's Faculty Committee in May.

Linda Weinreb, MD was recognized with the Outstanding Mentoring to Women Award by the Women's Faculty Committee in May.

2014-15

External Recognition

Kate Atkinson, MD was named Educator of the Year by the Massachusetts Academy of Family Physicians in recognition of her exemplary and longstanding track record as a preceptor of medical students in her office in Amherst. Kate is an alumnus of the Worcester Family Medicine residency (Hahnemann Family Health Center).

Phil Bolduc, MD received the Mid-Career Achievement Award of the Family Medicine Education Consortium, which "identifies and acknowledges one mid-career faculty member each year who has demonstrated significant achievement."

Stephanie Carter-Henry, MD was selected as one of seven recipients of the 2015 New Faculty Scholar's Awards from the Society of Teachers of Family Medicine. The award, provided as a catalyst for developing future leaders in academic medicine, is given by STFM to junior faculty who demonstrate "outstanding leadership potential."

Mattie Castiel, MD was named 2015 Community Clinician of the Year by the Worcester District Medical Society at its 2015 Annual Business meeting on April 8.

Heather-Lyn Haley, PhD received a 2014 Life Leadership Service Award from the Institute for Global Leadership.

Jay Himmelstein, MD, MPH was inducted into the Baltimore City College Hall of Fame in recognition of his contributions to public health and national health reform in conjunction with BCC's 175th anniversary in October, 2014.

Len Levin, MS LIS, MA, AHIP received the 2015 Massachusetts Health Sciences Libraries Network Hall of Fame Award. The award recognizes a member for their outstanding long distinguished career in health sciences librarianship and contributions to the Association. In the Department and in the Lamar Soutter Library, he has been instrumental in promoting librarian roles on systematic review teams, working with medical school curriculum development, and instructing in Evidence-Based Medicine.

Peter McConarty, MD was honored at the April 2, 2015 meeting of the Worcester North District Medical Society as its Community Clinician of the Year, awarded to a physician who has made significant contributions to his/her patients and the community.

Joyce Murphy, Executive Vice Chancellor for Commonwealth Medicine, was ranked #2 in a listing of the *Top 100 Women Led Businesses in Massachusetts* in a publication of The Boston Globe Magazine in partnership with The Commonwealth Institute.

Jen Reidy, MD was the 2015 recipient of the Leonard Tow Humanism in Medicine Award at UMass Medical School. The award is given to a selected faculty member at each participating medical school who "best demonstrates the Foundation's ideals of outstanding compassion in the delivery of care; respect for patients, their families, and healthcare colleagues; and clinical excellence."

Rick Sacra, MD was honored as the Family Physician of the Year at the annual Massachusetts Academy of Family Physicians Spring meeting in Boston. The award recognizes a physician who "exemplifies the tradition of the family doctor, is a role model as a healer and human being, provides the community with compassion and maintains involvement in community affairs that enhance the quality of life."

Linda Weinreb, MD was honored with the 2015 Katharine F. Erskine Award for Health, Science and Technology from the YWCA of Central Massachusetts. The Erskine Award recognizes "women who have demonstrated leadership and reached exemplary levels of achievement in their professions and communities."

Recognition at UMass

Elizabeth Erban, MD received a Community Educator Award from the Education Policy Committee, in recognition of her work to expand student rotations at the Hahnemann Family Health Center to include sessions in her private office.

Department Recognition 2011-12

Education Awards:

- **Jeffrey Baxter, MD** was recognized for his innovative leadership in addiction medicine and in medical education.
- **Dan Mullin, PsyD** was recognized for his contributions to educational initiatives within the Family Medicine residency, the medical school and at the state level related to the development of Patient Centered Medical Homes, as well as for his development of an innovative course on Motivational Interviewing through the Center for Integrated Primary Care.

- **Jennifer Reidy, MD** was recognized for her creative approaches to teaching which have positively impacted learning for students, residents and physicians, and for her scholarship, which has led to improved patient care.

- **Patricia Seymour, MD** was recognized for her passion for teaching learners, strong communication skills and problem solving abilities on the Family Medicine Inpatient Service.

Chair's Awards

- **Anita Kostecki, MD** in recognized for her leadership, which has assured the highest quality of maternal and newborn care as delivered by members of the department

- **Michael Tutty, MHA, PhD** was recognized for his leadership, innovation, scholarship and for earning national distinction while building critical IT infrastructure to support health care reform in Massachusetts and across the United States.

Department Recognition 2012-13

Education Awards:

- **Phil Bolduc, MD** was recognized for his dedicated teaching at Family Health Center of Worcester and for his innovative work on the development of a new HIV Fellowship to be offered at the Center.

- **Lisa Carter, MD** was recognized for her leadership as Education Director at Family Health Center of Worcester and commitment to the Worcester Family Medicine Residency.

- **Margarita Castro-Zarraga, MD** was recognized for her impact as a new faculty member at the Fitchburg Family Medicine Residency, addressing resident concerns about ambulatory teaching by developing and facilitating a weekly series of primary care conferences.

- **Tina Runyan, PhD** was recognized for her contributions to the new 3rd year clerkship curriculum which emphasizes interdisciplinary teaching. She is advancing the students' skills in motivational interviewing, helping them to further understand the spirit of MI so they can better help patients as they try to make life style changes.

- **Scott Wellman, MD** was recognized for his contributions to faculty development, and for his leadership in the Community Faculty Development Center, which has reinvigorated the Center after the departure of Mark Quirk.

Chair's Awards

- **David Gilchrist, MD** was recognized for his accomplishments as Interim Medical Director at the Hahnemann Family Health Center, where he applied fresh approaches and Lean techniques to demonstrate rapid cycle process improvements that impacted quality of care, faculty and staff morale, and quality of care.

- **Mary Sullivan, FNP** was recognized for her leadership and dedication to the transformation process at Plumley Village Health Services as the practice achieved certification by the NCQA as a Level 3 Patient Centered Medical Home.

Department Recognition 2013-14

Education Awards:

- **Stephanie Carter-Henry, MD** was recognized for the passion and excitement she has brought to the position of Education Director at Hahnemann Family Health Center

- **Allison Hargreaves, MD** was recognized for her contributions to the Worcester Family Medicine residency's Family Medicine teaching service, as well as for her work as an educator in her role as Medical Director at Holden Nursing and Rehabilitation Center

- **Mary Lindholm, MD** was recognized for her teaching and leadership in the third year Family Medicine clerkship in 2011, as well as in the Clinical Faculty Development Center.

- **Patricia Ruze, MD** was recognized as a champion for clinical education in criminal justice health, working to sustain clinical electives and longitudinal preceptorships in the prisons, and for her leadership in the development of a new Optional Enrichment Elective on Criminal Justice Health.

- **Virginia (Ginny) Van Duyne, MD** was recognized for her work as Associate Director of Women's Health for the Worcester Family Medicine Residency.

Chair's Awards:

- **Rick Sacra, MD** was recognized for his longstanding commitment to the people of Liberia as a physician at ELWA Hospital in Monrovia. In August, 2013 he returned to Liberia after two of his colleagues were forced to return to the US for treatment upon being infected with Ebola. As he later noted, "we have lots of people – we have firefighters and police officers and military personnel – lots of people who head the wrong way, into instead of away from dangerous situations . . . There's a sense of obligation, there's a sense of desire to serve a group of people that they feel connected to. I think we all have that human instinct that says that we can't leave somebody who is in need – I have to help – It's as simple as that."
- **HealthAlliance Fitchburg Family Practice Physicians, Staff and** Residents were recognized for their ongoing success as a residency as they all contributed to the transition of their clinical practice. Over a six month period, under the leadership of Interim Director Nic Apostoleris PhD, and Residency Director Jim Ledwith, the faculty, staff and residents worked to establish a new practice with a new location, new staff, equipment, medical record, etc. – everything one needs to build a practice from scratch – and opened on time to care for patients transferred from the original practice. The program also filled in the match. Those who made it happen included:

Faculty
Nic Apostoleris, PhD
James Ledwith, MD
Margarita Castro-Zarraga, MD
Felix Chang, MD
Cheryl Divito, DO
Mary DiGangi, PA-C
Sharon Machado, NP
Peter McConarty, MD
Abhijeet Patil, MD
Michele Pugnaire, MD
Stefan Topolski, MD

Residents (PGY2 & 3)
Christine Wang Ashour, DO
Crystal Benjamin, MD
Benjamin Calef, MD
Kavita Deshpande, MD
Cassandra Dorvil, DO
Corinne Grant, DO
Edward Jackman, MD
Jeremy Morrison, DO
Jennifer Smith, MD
Jeff Wang, MD
Jonathan Yoder, MD

Staff
Elaine Desjardins and Carol Roberts

<u>Department Recognition 2014-15</u>

Education Awards:

- **Michael Chin, MD** was recognized for his work in the development of the Global Health Pathway, a new elective four-year experience designed to prepare students for clinical, research, public health and cultural experiences with underserved populations both in the U.S. and around the globe.
- **Lisa Gussak, MD** was recognized for her work devoted to the identification and support for residents with challenging educational dilemmas in a proactive fashion, as presented at the Soceity of Teachers of Family Medicine.
- **Tracy Kedian, MD** was recognized for her work in the Center for Academic Achievement, ultizing innovative approaches to academic remediation with students.
- **Beth Koester, MD** was recognized for her leadership on the Family Medicine Inpatient Service, assuring a culture devoted to excellence in medical education.
- **Abhijeet Patil, MD** was recognized for his work devoted to enhancement of the Fitchburg Family Medicine residency's didactic/workshop curriculum, especially during a very transitional year in the program.

Outstanding Community Clinician Award

- **Janet Abrahamian, MD** was presented with the Department's first Outstanding Community Clinician Award, established to recognize outstanding contributions by a community-based clinician.

Chair's Awards

- **Dan Mullin, PsyD** was recognized for his work as a member of the Behavioral Science faculty in Barre and as a leader within the Center for Integrated Primary Care, as well as for his attainment of international recognition through his membership in the internationally -based MINT network.

- **Trish Seymour, MD** was recognized for the fact that as she keeps receiving awards and kudos for her terrific teaching and clinical work, she has also been recognized as a role model for the way she balances work and family.

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PI Name	Sponsor	Award #	Project Start /End Dates	Budget Start /End Dates	Title	Direct Cost	Indirect Cost	Total Cost
Family Medicine & Community Health								
Baldor, Robert	HRSA	5 D59 HP08637-03	9/1/2007 6/30/2010	7/1/2009 6/30/2010	Residency Training in General and Pediatric Dentistry	$127,945	$10,236	$138,181
	HRSA	5 D56 HP00072-09	7/1/2007 7/31/2010	7/1/2009 6/30/2010	Predoctoral Training in Primary Care	$150,313	$12,025	$162,338
Cashman, Suzanne	GLFHC		10/1/2007 9/30/2012	10/1/2009 9/29/2010	Regarding Latino Center of Excellence for Eliminating Disparities: Racial and Ethnic Approaches to Community Health in New England	$20,254	$5,266	$25,520
	UMASS/DART	5494UMW	9/1/2009 8/31/2012	9/1/2009 8/31/2012	Building the Promise	$70,374	$2,769	$73,143
Difranza, Joseph	PFIZER	WS508080	12/1/2009 12/30/2010		BDNF-A Potential Biomarker of Nicotine Withdrawal	$46,825	$12,175	$59,000
Doubeni, Chyke	GHC	2009121753/NIH-Z	9/30/2009 8/31/2011	9/30/2009 8/31/2010	SEARCH: Cancer Screening Effectiveness and Research in Community-Based Healthcare	$201,254	$129,054	$330,308
	NIH	3 K01 CA127118-03S1Z	9/10/2007 8/31/2012	9/25/2009 9/24/2011	Understanding Racial and Ethnic Differences in Survival from Colorectal Cancer	$60,445	$4,836	$65,281
	NIH	5 K01 CA127118-03	9/10/2007 8/31/2012	9/1/2009 8/31/2010	Understanding Racial and Ethnic Differences in Survival from Colorectal Cancer	$131,055	$10,484	$141,539
Ferguson, Warren	AAMC	RMPHEC-GME-08-031	1/17/2008 9/29/2010	3/2/2010 9/29/2010	Weaving Public Health Education into the Fabric of a Family Medicine Residency Curriculum	$8,000	$0	$8,000
Gleich, Gerald	HRSA	5 D58 HP08304-03	7/1/2007 6/30/2010	7/1/2009 6/30/2010	Residency Training in Primary Care	$89,769	$7,182	$96,951
Lasser, Daniel	HRSA	6 D54 HP01074-06-01	9/1/2007 8/31/2010	9/1/2009 8/31/2010	Academic Administrative Units in Primary Care	$288,695	$21,584	$310,279
Lord, Tanya	AHRQ	1 R36 HS019119-01	6/1/2010 8/30/2011	6/1/2010 8/30/2011	Early Detection and treatment of Acute Clinical Decline in Hospitalized Patients	$37,291	$2,983	$40,274
Luckmann, Roger	CDC	5 R18 DP001141-03	9/30/2007 9/29/2011	9/30/2009 9/29/2010	Implementation Study of a Mammography Reminder System in a Healthcare Network	$374,207	$74,842	$449,049
	NIH	5 R01 CA132935-02	3/27/2009 1/31/2014	2/1/2010 1/31/2011	Promoting Breast Cancer Screening in Non-Adherent Women	$395,587	$275,776	$671,363
Quirk, Mark	HRSA	1 D55 HP15319-01-00	7/1/2009 6/30/2012	7/1/2009 6/30/2010	Faculty Development in Prime Care	$139,790	$11,183	$150,973

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PI Name	Sponsor	Award #	Project Start /End Dates	Budget Start /End Dates	Title	Direct Cost	Indirect Cost	Total Cost
Quirk, Mark	MLCHC	-Z	9/30/2009 9/29/2010	9/30/2009 9/30/2010	Student/Resident Experiences and Rotations in Community Health (SEARCH)	$18,150	$1,850	$20,000
Weinreb, Linda	NIH	1 R34 MH085881-01A1	12/11/2009 11/30/2012	12/11/2009 11/30/2010	Integrated Care Model for Homeless Mothers (ICMHM)	$170,090	$88,874	$258,964
	NIH	1 R21 AA018311-01Z	9/20/2009 8/31/2011	9/20/2009 8/31/2010	A Model for Primary Care Management of Alcohol Use Disorders Among Homeless Women	$144,411	$84,371	$228,782
						$2,474,455	**$755,490**	**$3,229,945**

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PI Name	Sponsor	Award #	Project Start /End Dates	Budget Start /End Dates	Title	Direct Cost	Indirect Cost	Total Cost
Family Medicine & Community Health								
Baldor, Robert	HRSA	1 D56 HP20784-01-00	9/1/2010 6/30/2015	9/1/2010 6/30/2011	Pre-Doctoral Training in Primary Care	$207,326	$16,585	$223,911
	HRSA	1 T89 HP20748-01-00	9/30/2010 9/29/2015	9/30/2010 9/29/2015	Affordable Care Act: Primary Care Residency Expansion	$960,000	$0	$960,000
Blount, F. Alexander	HRSA	1 D40 HP19637-01-00	8/1/2010 7/31/2013	8/1/2010 7/31/2011	Graduate Psychology Education Programs	$133,118	$10,649	$143,767
	NCCBH		10/1/2010 9/29/2011	10/1/2010 9/29/2011	National Training and Technical Assistance Center for Primary and Behavioral Health	$106,482	$8,518	$115,000
Bruner-Canhoto, La	EOEA	ISA ELD91101184UMS11A	12/6/2010 6/30/2012	12/6/2010 6/30/2011	Alzheimer's Disease/Related Disorders (ADRD) Resign Evaluation	$57,143	$10,857	$68,000
Cashman, Suzanne	GLFHC		10/1/2007 9/30/2012	9/30/2010 9/29/2011	Regarding Latino Center of Excellence for Eliminating Disparities: Racial and Ethnic Approaches to Community Health in New England	$20,254	$5,266	$25,520
	UMASS/DART	5494UMW/NIH	9/1/2009 8/31/2012	9/1/2010 8/31/2011	Building the Promise	$70,374	$2,769	$73,143
Difranza, Joseph	PFIZER	WS508080	12/1/2009 12/30/2010		BDNF-A Potential Biomarker of Nicotene Withdrawal	$33,333	$8,667	$42,000
Doubeni, Chyke	GHC	2010114788/NIH-Z	9/30/2009 8/31/2011	9/1/2010 8/31/2011	SEARCH: Cancer Screening Effectiveness and Research in Community-Based Healthcare	$262,722	$169,120	$431,842
	NIH	5 U01 CA151736-02	9/1/2010 2/28/2015	3/1/2011 2/29/2012	Effectiveness of Screening Colonoscopy for Reducing Risk of Death from Colorectal Cancer	$765,667	$120,453	$886,120
	NIH	3 K01 CA127118-03S1Z	9/10/2007 8/31/2012	9/25/2009 9/24/2011	Understanding Racial and Ethnic Differences in Survival from Colorectal Cancer	$60,445	$4,836	$65,281
	NIH	5 K01 CA127118-04	9/10/2007 8/31/2012	9/1/2010 8/31/2011	Understanding Racial and Ethnic Differences in Survival from Colorectal Cancer	$131,055	$10,484	$141,539
Ledwith, James	HRSA	1 D58 HP20799-01-00	9/1/2010 6/30/2015	9/1/2010 6/30/2011	Residency Training in Primary Care	$180,029	$13,298	$193,327
Lord, Tanya	AHRQ	1 R36 HS019119-01	6/1/2010 8/30/2011	6/1/2010 8/30/2011	Early Detection and treatment of Acute Clinical Decline in Hospitalized Patients	$37,291	$2,983	$40,274
Luckmann, Roger	NIH	5 R01 CA132935-03	3/27/2009 1/31/2014	2/1/2011 1/31/2012	Promoting Breast Cancer Screening in Non-Adherent Women	$517,252	$146,836	$664,088

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PI Name	Sponsor	Award #	Project Start /End Dates	Budget Start /End Dates	Title	Direct Cost	Indirect Cost	Total Cost
Potts, Stacy	HRSA	1 D58 HP20798-01-00	9/1/2010 6/30/2015	9/1/2010 6/30/2011	ResidencyTraining in Primary Care	$215,342	$17,227	$232,569
	HRSA	1 D76 HP2097101-00Z	9/1/2010 8/31/2011	9/1/2010 8/31/2011	ARRA - Equipment to Enhance Training for Health Professionals	$183,800	$0	$183,800
Quirk, Mark	HRSA	1 D5C HP19221-01-00Z	7/1/2010 6/30/2012	7/1/2010 6/30/2012	ARRA - Training in Primary Care Medicine and Dentistry: Physician Faculty Development in Primary Care	$563,941	$45,116	$609,057
	MLCHC	-Z	9/30/2009 9/30/2011	10/1/2010 9/30/2011	Student/Resident Experiences and Rotations in Community Health (SEARCH)	$18,518	$1,482	$20,000
Saver, Barry	AHRQ	1 R18 HS018461-01A1	9/30/2010 7/31/2014	9/30/2010 7/31/2011	CONtrolling Disease Using Inexpensive IT Hypertension in Diabetes: CONDUIT-HID	$391,397	$99,787	$491,184
Weinreb, Linda	NIH	5 R34 MH085881-02	12/11/2009 11/30/2012	12/1/2010 11/30/2011	Integrated Care Model for Homeless Mothers (ICMHM)	$209,078	$54,010	$263,088
	NIH	5 R21 AA018311-02Z	9/20/2009 8/31/2011	9/1/2010 8/31/2011	A Model for Primary Care Management of Alcohol Use Disorders Among Homeless Women	$143,091	$66,575	$209,666
						$5,267,658	**$815,518**	**$6,083,176**

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PI Name	Sponsor	Award #	Project Start /End Dates	Budget Start /End Dates	Title	Direct Cost	Indirect Cost	Total Cost
Family Medicine & Community Health								
Baldor, Robert	HRSA	1 T89 HP20748-01-00	9/30/2010 9/29/2015	9/30/2010 9/29/2015	Affordable Care Act: Primary Care Residency Expansion	$960,000	$0	$960,000
	HRSA	5 D56 HP20784-02-00	9/1/2010 6/30/2015	7/1/2011 6/30/2012	Pre-Doctoral Training in Primary Care	$233,546	$18,684	$252,230
Blount, F. Alexander	HRSA	5 D40 HP19637-02-00	8/1/2010 7/31/2013	8/1/2011 7/31/2012	Graduate Psychology Education Programs	$128,836	$10,306	$139,142
	NCCBH		10/1/2011 9/29/2012	10/1/2011 9/29/2012	National Training & Technical Assistance Center for Primary & Behavioral Health	$114,445	$9,155	$123,600
Cashman, Suzanne	GLFHC		10/1/2007 9/30/2012	9/30/2011 9/29/2012	Regarding Latino Center of Excellence for Eliminating Disparities: Racial and Ethnic Approaches to Community Health in New England	$27,778	$7,222	$35,000
Difranza, Joseph	PFIZER	WS508080	12/1/2009 6/1/2012		BDNF-A Potential Biomarker of Nicotene Withdrawal	$15,079	$3,921	$19,000
Doubeni, Chyke	KFRI		9/26/2011 7/31/2012	9/26/2011 7/31/2012	Optimizing Colonoscopy & Fecal Immunochemical Tests for Community-Based Screening	$108,440	$69,944	$178,384
	NIH	5 U01 CA151736-03	9/1/2010 2/28/2015	3/1/2012 2/28/2013	Effectiveness of Screening Colonoscopy for Reducing Risk of Death from Colorectal Cancer	$750,630	$118,865	$869,495
	NIH	5 K01 CA127118-05	9/10/2007 8/31/2013	9/1/2011 8/31/2012	Understanding Racial and Ethnic Differences in Survival from Colorectal Cancer	$131,055	$10,484	$141,539
	NIH	3 U01 CA151736-03S1	9/1/2010 2/28/2015	3/1/2012 2/28/2013	Effectiveness of Screening Colonoscopy for Reducing Risk of Death from Colorectal Cancer	$103,203	$66,566	$169,769
Hargraves, Lee	NIH	1 P60 MD006912-01	6/14/2012 1/31/2017	6/14/2012 1/31/2013	UMass Center for Health Equity Intervention Research: Project 3	$102,505	$67,653	$170,158
Ledwith, James	HRSA	5 D58 HP20799-02-00	9/1/2010 6/30/2015	7/1/2011 6/30/2012	Residency Training in Primary Care	$165,654	$13,252	$178,906
Luckmann, Roger	NIH	5 R01 CA132935-04	3/27/2009 1/31/2014	2/1/2012 1/31/2013	Promoting Breast Cancer Screening in Non-Adherent Women	$468,103	$154,683	$622,786
Mullin, Daniel	AAFPF	G1105	1/1/2012 12/31/2012	1/1/2012 12/31/2012	Improving Understanding of the Development of Competency in Motivational Interviewing by Family Physicians	$46,915	$0	$46,915
Potts, Stacy	HRSA	5 D58 HP20798-02-00	9/1/2010 6/30/2015	7/1/2011 6/30/2012	ResidencyTraining in Primary Care	$221,026	$17,682	$238,708

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PI Name	Sponsor	Award #	Project Start /End Dates	Budget Start /End Dates	Title	Direct Cost	Indirect Cost	Total Cost
Quirk, Mark	HRSA	1 D5C HP19221-01-00Z	7/1/2010 6/30/2012	7/1/2010 6/30/2012	ARRA - Training in Primary Care Medicine and Dentistry: Physician Faculty Development in Primary Care	$563,941	$45,116	$609,057
	MLCHC	-Z	9/30/2009 9/30/2012	10/1/2011 9/30/2012	Student/Resident Experiences and Rotations in Community Health (SEARCH)	$18,517	$1,483	$20,000
Saver, Barry	AHRQ	5 R18 HS018461-02	9/30/2010 7/31/2014	8/1/2011 7/31/2012	CONtrolling Disease Using Inexpensive IT Hypertension in Diabetes: CONDUIT-HID	$432,757	$60,109	$492,866
Upshur, Carol	NIH	1 P60 MD006912-01	6/14/2012 1/31/2017	6/14/2012 1/31/2013	UMass Center for Health Equity Intervention Research: Education & Training Core	$80,354	$53,033	$133,387
Weinreb, Linda	HRSA	R40 MC23633-01-01	2/1/2012 1/31/2015	2/1/2012 1/31/2013	Meeting the Needs of Pregnant Women with PTSD in Healthy Start	$229,732	$59,731	$289,463
	NIH	5 R34 MH085881-03	12/11/2009 11/30/2012	12/1/2011 11/30/2012	Integrated Care Model for Homeless Mothers (ICMHM)	$146,467	$42,036	$188,503
Wenz Gross, Melodi	LUK		10/30/2011 9/30/2016	10/1/2011 9/30/2012	Integrating Trauma-Informed and Trauma-Focused Practice in Children	$89,607	$8,960	$98,567
						$5,138,590	**$838,885**	**$5,977,475**

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Department/Division	PI Name	Sponsor	Sponsors Award #	Project Start Date	Project End Date	Budget Start Date	Budget End Date	Project Title	Direct Cost	Indirect Cost	Total Costs
Family Medicine & Community Health	Baldor, Robert	HRSA	5 D56 HP20784-03-00	9/1/2010	6/30/2015	7/1/2012	6/30/2013	Pre-Doctoral Training in Primary Care	$236,117	$18,889	$255,006
		HRSA	1 T89 HP20748-01-00	9/30/2010	9/29/2015	9/30/2010	9/29/2015	Affordable Care Act: Primary Care Residency Expansion	$960,000	$0	$960,000
	Ferguson, Warren	SLOAN		9/15/2012	8/31/2014	9/15/2012	8/31/2013	The impact of Physician non-English Language Proficiency Level on Cancer Screening	$11,521	$7,604	$19,125
	Hargraves, Lee	NIH	5 P60 MD006912-02	6/14/2012	1/31/2017	2/1/2013	1/31/2014	UMass Center for Health Equity Intervention Research: Project 3	$43,672	$28,951	$72,623
	Ledwith, James	HRSA	5 D58 HP20799-03-00	9/1/2010	6/30/2015	7/1/2012	6/30/2013	Residency Training in Primary Care	$139,652	$11,172	$150,824
	Luckmann, Roger	NIH	5 R01 CA132935-05	3/27/2009	1/31/2014	2/1/2013	1/31/2014	Promoting Breast Cancer Screening in Non-Adherent Women	$173,549	$73,641	$247,190
		NIH	3 R01 CA132935-05S1	3/27/2009	1/31/2014	2/1/2013	1/31/2014	Promoting Breast Cancer Screening in Non-Adherent Women	$9,438	$6,087	$15,525
		PCORI		10/31/2012	12/31/2014	10/31/2012	10/30/2013	Direct Engagement of Stakeholders in Translating CER into Clinical Guidelines	$282,830	$54,053	$348,883
	Potts, Stacy	HRSA	5 D58 HP20798-03-00	9/1/2010	6/30/2015	7/1/2012	6/30/2013	Residency Training in Primary Care	$203,559	$16,285	$219,844
	Runyan, Christine	HRSA	6 D40 HP19637-03-02	8/1/2010	6/30/2013	8/1/2012	6/30/2013	Graduate Psychology Education Program	$123,151	$9,852	$133,003
	Saver, Barry	AHRQ	5 R18 HS018461-03	9/30/2010	7/31/2014	8/1/2012	7/31/2013	CONtrolling Disease Using Inexpensive IT Hypertension in Diabetes: CONDUIT-HID	$400,890	$94,597	$495,487
		PCORI		10/31/2012	12/31/2014	10/31/2012	10/30/2013	Influence and Evidence: Understanding Consumer Choices in Preventive Care	$265,534	$76,879	$342,413
	Upshur, Carol	NIH	5 P60 MD006912-02	6/14/2012	1/31/2017	2/1/2013	1/31/2014	UMass Center for Health Equity Intervention Research: Education & Training Core	$34,889	$23,128	$58,017
	Weinreb, Linda	HRSA	R40 MC23633-02	2/1/2012	1/31/2015	2/1/2013	1/31/2014	Meeting the Needs of Pregnant Women with PTSD in Healthy Start	$233,024	$0	$233,024
Family Medicine & Community Health Total									**$3,127,826**	**$421,138**	**$3,548,964**

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Department/Division	PI Name	Sponsor	Award #	Project Start Date	Project End Date	Budget Start Date	Budget End Date	Project Title	Direct Cost	Indirect Cost	Total Costs
Family Medicine & Community Health	Baldor, Robert	HRSA	5 D56 HP20784-04-00	9/1/2010	6/30/2015	7/1/2013	6/30/2014	Pre-Doctoral Training in Primary Care	$232,462	$19,348	$251,810
		HRSA	1 T89 HP20748-01-00	9/30/2010	9/29/2015	9/30/2010	9/29/2015	Affordable Care Act: Primary Care Residency Expansion	$960,000	$0	$960,000
	DiFranza, Joseph	FIU	800001069-02/NIH	11/27/2013	6/30/2014	11/27/2013	6/30/2014	Development of Dependence in Young Waterpipe Smokers	$26,702	$17,756	$44,458
	Ferguson, Warren	SLOAN	BD516343/NIH	9/15/2012	8/31/2014	9/1/2013	8/31/2014	The impact of Physician non-English Language Proficiency Level on Cancer Screening	$11,521	$7,604	$19,125
	Hargraves, Lee	NIH	5 P60 MD006912-03	6/14/2012	1/31/2017	2/1/2014	1/31/2015	UMass Center for Health Equity Intervention Research: Project 3	$125,475	$84,173	$209,648
	Ledwith, James	HRSA	5 D58 HP20799-04-00	9/1/2010	6/30/2015	7/1/2013	6/30/2014	Residency Training in Primary Care	$139,633	$11,171	$150,804
	Luckmann, Roger	PCORI		10/31/2012	12/31/2014	10/31/2013	12/31/2014	Direct Engagement of Stakeholders in Translating CER into Clinical Guidelines	$290,791	$55,413	$346,204
	Potts, Stacy	HRSA	5 D58 HP20798-04-00	9/1/2010	6/30/2015	7/1/2013	6/30/2014	Residency Training in Primary Care	$203,563	$16,285	$219,848
	Saver, Barry	AHRQ	5 R18 HS018461-04	9/30/2010	7/31/2014	8/1/2013	7/31/2014	CONtrolling Disease Using Inexpensive IT	$362,401	$123,087	$485,488
		PCORI		10/31/2012	12/31/2014	10/31/2013	12/31/2014	Hypertension in Diabetes: CONDUIT-HID influence and Evidence: Understanding Consumer Choices in Preventive Care	$257,598	$86,600	$344,198
	Upshur, Carol	USDE	R305A130336	7/1/2013	6/30/2017	7/1/2013	6/30/2014	Kidsteps II: Promoting school readiness through social-emotional skill building in preschool	$654,673	$170,215	$824,888
		NIH	5 P60 MD006912-03	6/14/2012	1/31/2017	2/1/2014	1/31/2015	UMass Center for Health Equity Intervention Research: Education & Training Core	$81,719	$54,822	$136,541
	Weinreb, Linda	HRSA	R40 MC23633-03	2/1/2012	1/31/2015	2/1/2014	1/31/2015	Meeting the Needs of Pregnant Women with PTSD in Healthy Start	$241,534	$58,446	$299,980
Family Medicine & Community Health Total									**$3,588,072**	**$704,920**	**$4,292,992**

Department of Family Medicine & Community Health

Publications

2010 - 2015

2009-10

Celeste Lemay, **Suzanne Cashman**, Dianne Elfenbein, Marianne Felice. *A Qualitative Study of the Meaning of Fatherhood Among Young Urban Fathers.* Public Health Nursing 2010 May-Jun;27(3):221-231.

Ron Adler and **Jeanne McBride**. *Tools and Strategies for Improving Asthma Management,* Family Practice Management, January/February 2010 16-17.

Robin Clark, Elizabeth O'Connell and **Mihail Samnaliev**. *Substance Abuse and Healthcare Costs Knowledge Asset.* Published by the Substance Abuse Policy Research Program of the Robert Wood Johnson Foundation March 2010: http://saprp.org/knowledgeassets/knowledge_detail.cfm?KAID=21

Joe DiFranza, Robert Wellman, et al. *The Autonomy Over Scale.* Addiction Behavior 2009 December;23(4):656-665.

Joe DiFranza, WW Ursprung. *The Loss of Autonomy Over Smoking in Relation to Lifetime Cigarette Consumption.* Addiction Behavior 2010;35(1):14-18.

Joe DiFranza, WW Ursprung, A Carson. *New Insights into the Comulsion to Use Tobacco from Adolescent Case-series.* Journal of Adolesc 2010;33(1):209-214.

Joe DiFranza, WW Ursprung. *A Systemic Review of the International Classification of Diseases Criteria for the Diagnosis of Tobacco Dependence.* Addiction Behavior 2010;35(9):805-810.

Joe DiFranza. *A New Approach to the Diagnosis of Tobacco Addiction.* Addiction 2010;105(3):381-382.

Joe DiFranza, et al. *A Systematic Review of the Diagnostic and Statistical Manual Diagnostic Criteria for Nicotine Dependence.* Addiction Behavior 2010;35(5):373-382.

Chyke Doubeni, George Reed, **Joe DiFranza**. *Early Course of Nicotine Dependence in Adolescent Smokers.* Pediatrics 2010;125(6):1127-1133.

Chyke Doubeni, et al. *Racial and Ethnic Trends of Colorectal Cancer Screening Among Medicare Enrollees.* American Journal of Preventive Medicine 2010;38(2).

Chyke Doubeni, et al. *Socioeconomic and Racial Patterns of Colorectal Cancer Screening Among Medicare Enrollees in 2000 to 2005.* Cancer Epidemiol Biomarkers Prev 2009 Aug;18(8):2170-2175.

Chyke Doubeni, et al. *Race and Colorectal Cancer Disparities: Health-Care Utilization vs. Different Cancer Susceptibilities.* Journal of the National Cancer Institute 2010;102(8):538-546.

Chyke Doubeni, et al. *Primary Care, Economic Barriers to Health Care, and Use of Colorectal Cancer Screening Tests Among Medicare Enrollees Over Time.* Annals of Family Medicine 2010;8:299-307.

Celeste LeMay, BM Beagan, **Warren Ferguson** and **Lee Hargraves**. *Lesson Learned from a Collaborative to Improve Care for Patients with Diabetes in 17 Community Health Centers, Massachusetts, 2006.* Prev Chronic Dis 2010Jul;7(4):A83.

Emily Ferrara and David Hatem. (Book chapter) *Creative Writing as Reflective Practice in Health Professions' Education* in the Mental Health, Psychiatry and the Arts: A Teaching handbook, Oaxford, UK: Radcliffe Publishing, 2010.

Heather-Lyn Haley, et al. *Modern Moulage: Evaluating the Use of 3-Dimensional Prostehtic Mimics in a Dermatology Program for Second Year Medical Students.* Archives of Dermatology 2010;146(2):143-146.

Heather-Lyn Haley, Warren Ferguson, Arthur Brewer and Janet Hale. *Corredtional Health Curriculum Enhancement Through Focus Groups.* Teaching and Learning in Medicine 2009;21(4):310-317.

Elaine Martin, Kafel, Donna. *Response to Neil Rambo's Editorial: Escience and Biomedical Libraries.* Journal of the Medical Library Association 2009: 97(3) 159-61.

Elaine Martin, Croalyn Lipscomp, Wayne Peay. *Building the Next Generation of Leaders: the NLM/AAHSL Leadership Fellows Program.* Journal of Library Administration 2009;49(9); 847-867.

Elaine Martin, Fama, Jane. One Model for Creating a Career Ladder for Support Staff. Journal of Academic Librarian 2009;35(9)475-451.

Elaine Martin with Judy Consales. (Book chapter) *Health Sciences Librarianship. Encyclopedia of Library and Information Sciences, Third Edition.* Taylor and Franics 2010; 2048-2054.

Steve Martin, et al. *The Re-Engineered Discharge: A RCT of a Comprehensive Hospital Discharge Program.* Annals of Internal Medicine 2009;150:178-187.

Susan Pasquale. (Book Chapter) *Teaching with Simulation.* An Introduction to Medical Teaching. Jeffries & Huggett, Eds.

Matthew C. Stiefel, **Rocco Perla**, and Bonnie L. Zell. *A Healthy Bottom Line: Healthy Life Expectancy as an Outcome Measure for Health Improvement Efforts.* The Milbank Quarterly 2010;88(1):30-53.

Glenn Pransky, et al. *Iatrogenic Disability and Narcotics Addiction after Lumbar Fusion in a Worker's Compensation Claimant.* Spine 2010 May 20;35(12):E549-552.

Glenn Pransky, et al. *Early Intervention Options for Acute Low Back Pain Patients: A Randomized Clinical Trial with One-year Follow-up Outcomes.* Journal of Occupational Rehabilitation 2010 Jun;20(2):256-263.

Glenn Pransky, et al. *Contemporary Low Back Pain Research Implications for Practice.* Best Pract Res Clin Rheumatol 2010 Apr;24(2):291-298.

Glenn Pransky, et al. *Recent Advances in the Evaluation and Management of Nonspecific Low Back Pain and Related Disorders.* Best Pract Res Clin Rheumatol 2010 Apr;24(2):147-153.

Glenn Pransky, et al. *Back Pain and Work.* Best Pract Res Clin Rheumatol 2010 Apr;24(2):227-240.

Glenn Pransky, et al. *The Impact of Workers' Compensation on Outcomes of Surgical and Nonoperative Therapy for Patients with a Lumbar Disc Herniation: SPORT.* Spine 2010 Jan 1;35(1):89-97.

BT Gardner, **Glenn Pransky, William Shaw**, Q Nha Hong and B Desorcy. *Researcher Perpectives on Competencies of Return-to-Work Coordinators.* Journal of Occupational Rehabilitation 2010 Mar;20(1): 41-48.

Glenn Pransky, William Shaw, P Loisel, QN Hong and B Desorcy. *Development and Validation of Competencies for Return to Work Coordinators.* Journal of Occupational Rehabilitation 2010 Mar;20(1): 41-48.

Roland Saavedra (Fitchburg PGY-3), et al. *Bacitracin-Sensitive Amino peptidase(s) Degradation of Methionine5-Enkephalin by Human brain Putamen and Hippocampus Preparations: inhibition by Phenothiazine Drugs.* American Journal of Therapeutics 2009;16(6):512-516.

Judy Savageau, et al. *Practice Parameters and Financial Factors Impacting Developmental-Behavioral Pediatrics.* Journal of Developmental Behavioral Pediatrics 2010;31:477-484.

Barry Saver. *No Pain, But No Gain? The Disappearance of Angina Hospitalizations, 1992-1999.* Medical Care 2009;47(10) 1106-1110.

Barry Saver, et al. *The Contribution of Longitudinal Comorbidity Measurements to Survival Analysis.* Medical Care 2009 Jul;47(7):813-821.

JA Hayden, KM Dunn, DA van der Windt, **William Shaw**. *What is the Prognosis of Back Pain?* Best Pract Res Clin Rheumatol 2010 Apr;24(2):167-179.

IA Steenstra, SA Ibrahim, RL Franche, S Hogg-Johnson, **William Shaw** and **Glenn Pransky**. IValidation of a Risk Factor-Based Intervention Strategy Model Using Data from the Readiness for Return to Work Cohort Study. *Journal of Occupational Rehabilitation* 2009 Nov 10 (online pub).

Hugh Silk. *Making Oral Health a Priority in Your Own Preventive Pediatric Visits.* Clinical Pediatrics 2010;49:103. http://cpj.sagepub.com/cgi/reprint/49/2/103

Hugh Silk (Letter to the Editor) *More Than Lip Service to Oral Health*. Telegram and Gazette, October 2 http://www.telegram.com/article/20091002/LETTERS/910020343/1055.

Hugh Silk. (Book Review) *Cutting for Stone,* Abraham Verghese, New York, Vintage Books, Random House, Inc. 2009; Family Medicine 2010;42(8).

Hugh Silk. *Health Issues in Pregnancy: Oral Health in Pregnancy.* Audio Digest Obstetrics/Gynecology 2009;57(10) May.

Santosh Verma, et al. *Workers' Experience of Slipping in US Limited –service Restaurants.* J Occup Environ Hyg 2010 Sep;7(9):491-500.

TK Courtney, **Santosh Verma**, YH Huang, WR Chang, KW Li, AJ Filiaggi. *Factors Associated with Workers Slipping in US Limited-service Restaurants.* Injury Prevention 2010 Feb;16(1):36-41.

JY Sacks, **Linda Weinreb**, J Ford, D Rog et al. *Trauma in the Lives of Homeless Mothers: Findings from the CMSH/CSAT Homeless Families Program*. American Journal of Community Psychology. In press, 2009.

John Buckner, **Linda Weinreb**, D Rog, CS Holupka and J Samuels. *Predictors of Homeless Children's Problem Behaviors over Time: Findings from the CMHS/CSAT Homeless Families Program*. American Journal of Community Psychology. In press, 2009.

Sharada Weir, et al. *Effects of Paediatric Limb Loss on Healthcare Utilisation, Schooling and Parental Labour Supply.* Disability and Rehabilitation 2010 May 4 (online pub).

Sharada Weir, et al. *One-year Treatment Costs of Trauma Care in the USA.* Expert Rev Pharmacocecon Outsomes Res 2010 Apr:10(2):187-197.

Joel Weissman et al. *An Empirical Model to Estimate the Potential Impact of Medication Safety Alerts on Patient Safety, Health Care Utilization, and Cost in Ambulatory Care.* Arch Int Med 2009;169(16):1465-1473.

2010-11

Kenneth Appelbaum, **Judy Savageau**, Robert Trestman, Jeffrey Metzner and Jacques Baillargeon. *A National Survey of Self-injurious Behavior in American Prisons*. Psychiatric Services 2011;62(3):285-290.

F Baskin, L Marcus, W Mays, R Rawlings, **Laney Bruner-Canhoto** and **Darlene (Dee) O'Connor**. *Coalitions on Mental Health and Aging: Lessons Learned for Policy and Practice*. J Aging Soc Policy 2011;23(3):323-332.

Jeff Baxter, **Robin Clark**, Mihail Samnaliev, Gary Leung, and Lobat Hashemi. *Factors Associated with Medicaid Patients' Access to Buprenorphine Treatment*. Journal of Substance Abuse Treatment 2011;41(1):88-96.

Alexander Blount. *A Special Issue on the Patient Centered Medical Home* [Editorial]. Families, Systems & Health 2010;28(4):297.

Felix Chang. *Photo Rounds: Painful Rash on Face.* The Journal of Family Practice 2010;59(8):459-462.

Joseph DiFranza, Robert Wellman and **Judy Savageau**. *Does Progression through the stages of Physical Addiction Indicate Increasing Overall Addiction to Tobacco.* Psychopharmacology, DOI 10.1007/s00213-011-2411-4

published online July 21, 2011.

Milagros Rosal, MaryJo White, A Borg, J Scavron, **Lucy Candib**, Ira Ockene and Robert Magner. *Transitional Research at Community Health Centers: Challenges and Successes in Recruiting and Retaining Low-income Latino Patients with Type 2 Diabetes into a Randomized Clinical Trial*. Diabetes Education 2010;36(5):733-749.

CH Evans, **Suzanne Cashman**, DA Page and DR Garr. *Model Approaches for Advancing Interprofessional Prevention Education*. Am J of Preventive Medicine 2011;49(2):245-260.

Robin Clark, **Mihail Samnaliev**, **Jeff Baxter** and Gary Leung. *The Evidence Doesn't Justify Steps by State Medicaid Programs to Restrict Opioid Addiction Treatment with Buprenorphine* 2011;30(8):1425-1433.

KM Emmons, **Dean Cleghorn, Trinidad Tellez**, et al. *Prevalence and Implications of Multiple Cancer Screening Needs Among Community Health Center Patients.* Cancer Causes and Control 2011; DOI: 10.1007/s10552-011-9807-7.

Joseph DiFranza, M Sweet, **Judy Savageau** and WW Ursprung. *The Assessment of Tobacco Dependence in Young Users of Smokeless Tobacco.* Tobacco Control, 2011, In press (ePub ahead of print).

Joseph DiFranza, M Sweet, **Judy Savageau** and WW Ursprung. *An Evaluation of a Clinical Approach to Staging Tobacco Addiction.* Journal of Pediatrics, 2011, In press (ePub ahead of print).

Joseph DiFranza, Robert Wellman and **Judy Savageau**. *Does Progression Through the Stages of Physical Addiction Indicate Increasing Overall Addiction to Tobacco?* Psychopharmacology, 2011, in press.

J King, W Huang, W Chen, M Heffernan, J Shields, P Rane, R Bircher and **Joseph DiFranza**. *A Comparison of Brain and Behavioral Effects of Verenicline and Nicotine in Rats*. Behav Brain Res 2011;223(1):42-47.

WW Ursprung, P Morello, B Gershenson and **Joseph DiFranza**. *Development of a Measure of the Latency to Needing a Cigarette*. J Adolescent Health 2011;48(4):338-343.

ES Soteriades, G Spanoudis, MA Talias, CW Warren and **Joseph DiFranza**. *Children's Loss of Autonomy Over Smoking: The Global Youth Tobacco Survey*. Tobacco Control 2011;20(3):201-206.

Chyke Doubeni. *Health Status, Neighborhood Socioeconomic Context and Premature Mortality in the United States: The NIH-AARP Diet and Health Study.* American Journal of Public Health Aug. 2011; doi: 10.2105/AJPH.2011.300158

M Lian, M Shootman, **Chyke Doubeni**. *Geographic Variation in Mortality Among Coloraectal Caner Survivors and the Effect of Small-area Socioeconomic Deprivation: A Multi-level Survival Analysis of the NIH-AARP Diet and Health Cohort*. American Journal of Epidemiology Aug. 2011; doi: 10.1093/aje/kwr162

AO Laiyemo, **Chyke Doubeni**, AK Sanderson, PF Pinsky et al. *Baseline Adenoma Location, Missed Lesions and Susceptibility to Adenoma Recurrence in Proximal Versus Distal Colon.* Gastrointest Endosc 2011;74:253-261.

JM Major, **Chyke Doubeni**, ND Freedman, Y Park, M Lian, AR Hollenbeck, A Schatzkin, BI Graubard and R Sinha. *Neighborhood Socioeconomic Deprivation and Mortality: NIH-AARP Diet and Health Study*. PLoS One 2010;5(11):e15538.

Michael Ennis. *Primary Care Ride.* Family Medicine 2010;42(9)653.

Mary Zanetti, **Mick Godkin**, JP Twomey and **Michele Pugnaire**. *Global Longitudinal Pathway: has Medical Education Curriculum Influenced Medical Students' Skills and Attitudes Toward Culturally Diverse Populations?* Teaching and Learning in Medicine 2011;23(3):223-230.

MA Cahan, AC Larkin, Susan Starr, Scott Wellman, **Heather-Lyn Haley**, KM Sullivan, S Shah, M Hirsch, DE Litwin and **Mark Quirk**. *A Human Factors Curriculum for Surgical Clerkship Students*. Arch Surg 2010;145(12);1151-1157.

AC Larkin, MA Cahan, G Whalen, David Hatem, Susan Starr, **Heather-Lyn Haley**, DE Litwin, KM Sullivan and **Mark Quirk**. *Human Emotion and Response in Surgery (HEARS): A Simulation-based Curriculum for*

Communication Skills, Systems-based Practice, and Professionalism in Surgical Residency Training. J Am Coll Surg 2010;211(2):285-292.

Gary Leung, Jianying Zhang, **Wen-Chieh Lin** and **Robin Clark**. *Behavioral Health Disorders and Adherence to Measures of Diabetes Care Quality*. Am J Managed Care 2011;17(2):144-150.

Gary Leung, Jianying Zhang, **Wen-Chieh Lin** and **Robin Clark**. *Behavioral Health Disorders and Diabetes-related Outcomes Among Massachusetts Medicare and Medicaid Beneficiaries*. Psychiatric Services 2011;62(6):659-665.

LM Long-Bellil, KL Robey, CL Graham, PM Minihan, SC Smeltzer and P Kahn. *Teaching Medical Students About Disability: The Use of Standardized Patients.* Academic Medicine 2011;86:1163-1170.

LM Long-Bellil, **DM O'Connor**, KL Robey, JE Hahn, PM Minihan, CL Graham, SC Smeltzer. *Commentary: Disability in Health Care Education: Defining the Population*. Academic Medicine 2011;86:1066-1068.

PM Minihan, KL Robey, **LM Long-Bellil**, C Graham, JE Hahn, L Woodard, GE Eddey. *Desired Educational Outcomes of Disability Education for the Generalist Physician: Knowledge, Attitudes and Skills*. Academic Medicine 2011;86:1171-1178.

A.D Henry, **LM Long-Bellil**, J Zhang, and **J Himmelstein**. Unmet Need for Disability-related Health Care Services and Employment Status Among Adults with Disabilities in the Massachusetts Medicaid Program. Disability and Health Journal (In press, published online 20 June, 2011. DOI: 10.1016/j.dhjo.2011.05.003).

Mary Costanza, **Roger Luckmann**, MaryJo White, Milagros Rosal, Carolyn Cranos, George Reed, **Robin Clark**, S Sama and Robert Yood. *Design and methods for a randomized clinical trial comparing three outreach efforts to improve screening mammography adherence*. BMC Health Services Research 2011;11(1):145 (epub ahead of print).

Roger Luckmann and Amin Vidal. *Design of a Handheld Electronic Pain, Treatment and Activity Diary*. J Biomed Inform 2010;43:S32-S36.

Roger Luckmann, Mary Jo White and **Robin Clark**, et al. *Design and Methods for a Randomized Clinical Trial Comparing Three Outreach Efforts to improve Screening Mammography Adherence.* BMC Health Services Research 2011;11(1):145 (epub ahead of print)

Monika Mitra, V. Mouradian and M. Diamond. *Sexual Violence Victimization Against Men with Disabilities.* American Journal of Preventive Medicine 2011;41(5).

J. Gittens, **Monika Mitra**, AD Henry, **Jay Himmelstein**. *Working-Age Persons with Disabilities Share in the Gains of Massachusetts Health Care Reform.* Inquiry. (in press).

Monika Mitra, SE Manning, E. Lu. *Physical Abuse Around the Time of Pregnancy Among Women with Disabilities.* Maternal and Child Health Journal. E-pub ahead of print. DOI: 10.1007/s10995-011-0784-y.

DG Heaphy, **Monika Mitra**, ED Bouldin. (Book chapter) *Disability and Health Inequity* in Public Health Perspectives on Disability: Epidemiology to Ethics and Beyond, New York, Springer Publishing, 2010.

Darlene (Dee) O'Connor, Jennifer Ingle and Kimbery Wamback. *Leveraging the PASRR Process to Divert and Transition Elders with Mental Illness from Nursing Facilities*. J Aging Soc Policy 2011;23(3):305-322.

Darlene (Dee) O'Connor and **Laney Bruner-Canhoto**. *Introduction: Elder Mental Health – the Next Frontier*. J Aging Soc Policy 2011;23(3):219-227.

Jeff Geller, A. Orkaby, Dean Cleghorn. *Impact of a Group Medical Visit Program on Latino Health-Related Quality of Life, Loneliness and Depression.* Explore 2011;7(2):94-99.

Joseph Gravel, et al. *The Family Medicine Match: Bull Market or Dead Cat Bounce?* Annals of Family Medicine 2010;8:373-4.

Glenn Pransky, JM Borkan, AE Young and DC Cherkin. *Are We Making Progress: The Tenth International Forum for Primary Care Research on Low Back Pain.* Spine, 2011, In press (ePub ahead of print).

Bill Shaw, **Glenn Pransky**, DL Roter, T Winters, TH Tveito and SM Larson. *The Effects of Patient -Provider Communication on 3-Month Recovery from Acute Low Back Pain.* JABFM 2011;24(1):16-25.

MA Cahan, Susan Starr, AC Larkin, DE Litwin, KM Sullivan and **Mark Quirk**. *Transforming the Culture of Surgical Education: Promoting Teacher Identity Through Human Factors Training*. Arch Surg 2011;146(7):830-834.

M Nothnagle, R Goldman, **Mark Quirk** and S Reis. *Promoting Self-Directed Learning Skills in Residency: A Case Study in Program Development*. Academic Medicine 2010;85(12):1874-1879.

Christine Runyan. *Psychology Can be Indispensable to Health Care Reform and the Patient-Centered Medical Home*. Psychological Services 2011;8(2):53-68.

Sanouri Ursprung, **Judy Savageau** and **Joe DiFranza**. *What is the Significance of Experiencing Relaxation in Response to the First Use of Nicotine?* Addiction Research and Theory 2011;19(1):14-21.

Barry Saver, **Lee Hargraves** and Kathy Mazor. *Are Population-based Diabetes Models Useful for Individual Risk Estimation?* JABFM 2011;24(4):399-406.

LM Baldwin, SA Dobie, Y Cai, **Barry Saver**, PK Green and CY Wang. *Receipt of General Medical Care by Colorectal Cancer Patients: A Longitudinal Study*. JABFM 2011;24(1):57-68.

TF Gavagan, H Du, **Barry Saver**, GJ Adams, DM Graham, R McCray and GK Goodrick. *Effect of Financial Incentives on Improvement in Medical Quality Indicators for Primary Care*. JABFM 2010;23(5):622-631.

Bill Shaw, **Glenn Pransky**, DL Roter, T Winters, TH Tveito and SM Larson. *The Effects of Patient-Provider Communication on 3-Month Recovery from Acute Low Back Pain*. JABFM 2011;24(1):16-25.

SJ Linton and **Bill Shaw**. *Impact of Psychological Factors in the Experience of Pain*. Physical Therapy 2011;91(5):700-711.

Bill Shaw, CJ Main and V Johnston. *Addressing Occupational Factors in the Management of Low Back Pain: Implications for Physical Therapist Practice*. Physical Therapy 2011;91(5):777-789.

S Brouwer, RL Franche, S Hogg-Johnson, H Lee, N Krause and **Bill Shaw**. *Return-to-Work Self-Efficacy: Development and Validation of a Scale in Claimants with Musculoskeletal Disorders*. J Occup Rehabil 2011;21(2):244-258.

RW McGorry, **Bill Shaw** and JH Lin. *Correlation Between Pain and Function in a Longitudinal Low Back Pain Cohort*. Disability and Rehabilitation 2011;33(11):945-952.

IA Steenstra, SA Ibrahim, IL Franche, S Hogg-Johnson, **Bill Shaw** and **Glenn Pransky**. *Validation of a Risk Factor-based Intervention Strategy Model Using Data from the Readiness to Return to Work Cohort Study*. J Occup Rehabil 2010;20(3):394-405.

TH Tvieto, **Bill Shaw**, YH Huang, M Nicholas and G Wagner. *Managing Pain in the Workplace: A Focus Group Study of Challenges, Strategies and What Matters Most to Workers with Low Back Pain*. Disability and Rehabilitation 2010;32(24):2035-2045.

Bill Shaw, AJ Means-Christensen, MA Slater, JS Webster, TL Patterson, I Grant, SR Garfin, DR Wahlgren, S Patel and JH Atkinson. *Psychiatric Disorders and Risk of Transition to Chronicity in Men with First Onset Low Back Pain*. Pain Med 2010;11(9):1391-1400.

Hugh Silk. *Never a Better Time to Get Involved with Oral Health.* Worcester Medicine 2010;Nov/Dec:18.

Hugh Silk. *Practical Pointers: ICE Breaker for Office Visits.* Consultant 2010;50(10):437.

Judy Savageau, **Warren Ferguson** and Joan Bohlke, **Linda Cragin** and Elizabeth O'Connell. *Recruitment and Retention of Primary Care Physicians at Community Health Centers: A Survey of Massachusetts Physicians.* Journal of Health Care for the Poor and Underserved 2011;22(3):817-835.

A Ferullo, **Hugh Silk**, **Judy Savageau**. *Teaching Oral Health Education in US Medical and Osteopathic Schools: Results of a National Survey.* Academic Medicine 2011;86(2):226-230.

Isong IA, **Hugh Silk**, SR Rao, JM Perrin, **Judy Savageau** and K Donelan. *Provision of Fluoride to Medicaid-enrolled Children by Physicians: The Massachusetts Experience*. Health Services Research, July 15, 2011, online. Viewed at: http://onlinelibrary.wiley.com/doi/10.1111/j.1475-6773.2011.01289.x/pdf

Hugh Silk, **John Gusha**, B Adler, et al. *Central Massachusetts Oral Health Initiative (CMOHI): A Successful Public-Private Community Health Collaboration.* Journal of Public Health Dentistry 2010;70(4):308-312.

Stefan Topolski. *Improving the Medical Home through an Understanding of Complex Systems.* The Journal of Primary Care 2010;10(19)371-374.

Carole Upshur, Gonzalo Bacigalupe, Roger Luckmann. *They Don't Want Anything to Do With You: Patient Views of Primary Care Management of Chronic Pain.* Pain Medicine 2010; 11: 1791-1798. PMID: 21029353.

Linda Weinreb, Judy Savageau, Lucy Candib, Lee Hargraves et al. *Screening for Childhood Trauma in Adult Primary Care Patients: A Cross-Sectional Survey.* The Primary Care Companion to the Journal of Clinical Psychology, 2010;12(6).

Linda Weinreb, DJ Rog and KA Henderson. *Exiting Shelter: An Epidemiological Analysis of Barriers and Facilitators for Families*. Soc Serv Res 2010;84(4):597-614.

Sharada Weir, Heather Posner, Jianying Zhang, Georgia Wilis, **Jeff Baxter** and **Robin Clark**. *Predictors of Prenatal and Postpartum Care Adequacy in a Medicaid Managed Care Population.* Women's Health Issues 2011;21(4):277-285.

Jordan White, S. Magee. *Neonatal Herpes Infection: Case Report and Discussion.* (Accepted for publication, Journal of the American Board of Family Medicine 2011).

2011-12

Lucy Candib, **Judy Savageau**, **Linda Weinreb** and George Reed. *Inquiring Into Our Past: When the Doctor is a Survivor of Abuse*. Family Medicine 2012;44(6):416-424.

Milagros Rosal, Ira Ockene, A Restropo, MaryJo White, A Borg, Barbara Olendski, J Scavron, **Lucy Candib**, G Welch and George Reed. *Randomized Trial of a Literacy-Sensitive, Culturally Tailored Diabetes Self-management Intervention for Low-income Latinos: Latinos en control*. Diabetes Care 2011;34(4):838-844.

Suzanne Cashman, Patricia Flanagan, **Matthew Silva** and **Lucy Candib**. *Partnering for Health: Collaborative Leadership Between a Community Health Center and the YWCA Central Massachusetts*. J Public Health Management Practice 2012;18(3):279-287.

Joseph DiFranza, A Masaquel, AM Barrett, AD Colosia and PJ Mahadevia**.** *Systematic Literature Review Assessing Tobacco Smoke Exposure as a Risk Factor for Serious Respiratory Syncytial Virus Disease Among Infants and Young Children*. BMC Pediatrics 2012(12:1):81 – epub ahead of print.

Joseph DiFranza, **Judy Savageau** and **Robert Wellman**. *A Comparison of the Autonomy Over Tobacco Scale and the Fagerstrom Test for Nicotine Dependence*. Addictive Behaviors 2012;37(7):856-861.

Joseph DiFranza, WW Urspring and L Biller. *The Developmental Sequence of Tobacco Withdrawal Symptoms of Wanting, Craving and Needing*. Pharmacol Biochem Behav 2012;100(3):494-497.

Lori Pbert, S Drucker, **Joseph DiFranza**, D Gorak, George Reed, Robert Magner, AH Sheetz and S Osganian. *Effectiveness of a School Nurse-Delivered Smoking-Cessation Intervention for Adolescents*. Pediatrics 2011;128(5):926-936.

Joseph DiFranza. *Which Interventions Against the Sale of Tobacco to Minors can be Expected to Reduce Smoking?* Tobacco Control 2012;21(4):436-442.

Joseph DiFranza. *Research Opportunities Concerning Youth and the Family Smoking Prevention and Tobacco Control Act*. Nicotine and Tobacco Research 2012;14(1):54-61.

Joseph DiFranza, M Sweet, **Judy Savageau** and WW Ursprung. *The Assessment of Tobacco Dependence in Young Users of Smokeless Tobacco*. Tobacco Control 2012;21:471-476.

Joseph DiFranza, M Sweet, **Judy Savageau** and WW Ursprung. *An Evaluation of a Clinical Approach to Staging Tobacco Addiction*. J Pediatrics 2011;159(6):999-1003.

Joseph DiFranza, Robert Wellman and Judy Savageau. *Does Progression Through the Stages of Physical Addiction Indicate Increasing Overall Addiction to Tobacco?* Psychopharmacology 2012;219(3):815-822.

KT Mueser, JD Gottlieb, C Cather, SM Glynn, R Zarate, LF Smith**, Robin Clark** and R Wolfe**.** *Antisocial Personality Disorder in People with Co-Occurring Severe Mental Illness and Substance Use Disorders: Clinical, Functional, and Family Relationship Correlates*. Psychosis 2012;4(1):52-62.

KT Meuser, SM Glynn, C Cather, H Xie, R Zarate, LF Smith, **Robin Clark**, JD Gottlieb, R Wolfe and J Feldman. *A Randomized Controlled Trial of Family Intervention for Co-Occurring Substance Use and Severe Psychiatric Disorders*. Schizophr Bull, in press, 2012.

Frank Domino, S Chopra, M Seligman, Kate Sullivan and **Mark Quirk**. *The Impact on Medical Practice of Commitments to Change Following CME Lectures: A Randomized Controlled Trial*. Medical Teacher 2011;33(9):e495-500.

JM Major, MN Oliver, **Chyke Doubeni**, AF Hollenback, BI Graudard and R Sinha. *Socioeconomic Status, Healthcare Density, and Risk of Prostate Cancer Among African American and Caucasian Men in a Large Prospective Study*. Cancer Causes Control 2012;23(7):1185-1191.

Chyke Doubeni, GD Jambaulikar, H Fouayzi, SB Robinson, MJ Gunter, TS Field, DW Roblin and RH Fletcher. *Neighborhood Socioeconomic Status and Use of Colonoscopy in an Insured Population – A Retrospective Cohort Study*. PLoS One 2012;7(5):e36392.

AY Higgins, **Anna Doubeni**, KL Phillips, AO Laiyemo, B Briesacher, J Tjia and **Chyke Doubeni**. *Self-Reported Colorectal Cancer Screening of Medicare Beneficiaries in Family Medicine versus Internal Medicine Practices in the United States: A Cross-Sectional Study*. BMC Gastroenterology 2012;12;23.

AO Laiyemo, **Chyke Doubeni**, FP Pinsky, VP Doria-Rose, AK Sanderson, R Bresalier, J Weissfeld, RE Schoen, PM Marcus, PC Prorok and CD Berg. *Factors Associated with Inadequate Colorectal Cancer Screening with Flexible Sigmoidoscopy*. Cancer Epidemiology 2012;36(4):395-399.

Chyke Doubeni, M Schootman, JM Major, RA Torres Stone, AO Laiyemo, Y Park, M Lian, L Messer, BI Braubard, R Sinha, AR Hollenbeck and A Schatzkin. *Health Status, Neighborhood Socioeconomic Context, and Premature Mortality in the United States: The National Institutes of Health-AARP Diet and Health Study*. AJPH 2012;102(4):680-688.

M Lian, M Schootman, **Chyke Doubeni**, JM Major, RA Torres Stone, AO Laiyemo, AR Hollenback, BI Graubard and A Schatzkin. *Geographic Variation in Colorectal Cancer Survivors and the Effect of Small-area Socioeconomic Deprivation: A Multilevel Survival Analysis of the NIH-AARP Diet and Health Cohort*. Am J Epidemiology 2011;174(7):828-838.

Warren Ferguson. *Disseminating Innovations in Correctional Health: A Necessary Step to Recognition by Academe*. J Correct Health Care 2012;18:158-160.

MA Fischer, **Heather-Lyn Haley**, CL Saarinen and KC Creitien. *Comparison of Blogged and Written Reflections in Two Medicine Clerkships*. Medical Education 2011;45(2):166-175.

Celeste Lemay, **Warren Ferguson**, **Lee Hargraves**. *Community Health Worker Encounter Forms: A Tool to Guide and Document Patient Visits and Worker Performance*. AJPH 2122;102(7):e70-e75.

Warren Ferguson, Celeste Lemay, **Lee Hargraves**, Tatyana Gorodetsky and Joanne Calista. *Developing Community Health Worker Diabetes Training*. Health Education Research 2012;27(4):755-765.

Tyo K, **Deborah Gurewich**, and Shepard D. *Measuring Delivery of Primary Care to Medicaid Beneficiaries Using Community Health Centers: Methods and Issues*. Journal of the American Public Health Association., in press.

Deborah Gurewich, Sirkin JT, Shepard DS. *On-site Provision of Substance Abuse Treatment Services at Community Health Centers*. J Subst Abuse Treat. 2012;42(4):339-345.

Deborah Gurewich, Capitman J, Sirkin J, Traje D. Achieving Excellence in Community Health Centers: Implications for Implementing Health Reform. Journal of Health Care for the Poor and Underserved 2012; 23(1): 446-459.

Lee Hargraves, **Warren Ferguson**, Celeste Lemay and Joan Pernice. *Community Health Workers Assisting Patients with Diabetes in Self-Management*. J Amb Care Mngt 2012;35(1):15-26.

Jack Gettens, Alexis Henry and **Jay Himmelstein.** *Assessing Healthcare Reform: Potential Effects on Insurance Coverage Among Persons with Disabilities*. Journal of Disability Policy Studies 2012;23:3-13.

Jack Gettens, Alexis Henry, Aniko Laszlo and **Jay Himmelstein**. *The Prospect of Losing Benefits and the Work Decisions of Participants in Disability Programs: A Cross-program Comparison*. Journal of Disability Policy Studies 2012. First published online on February 3, 2012 as doi:10.1177/1044207311429345.

Wen-Chieh Lin, Jianying Zhang, Gary Leung and **Robin Clark**. *Chronic Physical Conditions in Older Adults with Mental Illness and/or Substance Use Disorders*. Journal of the American Geriatrics Society 2011;59:1913-1921.

Wen-Chieh Lin, Jianying Zhang, Gary Leung and **Robin Clark**. *Twelve-month Diagnosed Prevalence of Behavioral Health Disorders among Elderly Medicare and Medicaid Members*. The American Journal Geriatric Psychiatry 2011;19:970-979.

Mary Lindholm, **Lee Hargraves**, **Warren Ferguson** and George Reed. *Professional Language Interpretation and Inpatient Length of Stay and Readmission Rates*. JGIM, 2012, in press.

Alexis Henry, **Linda Long-Bellil**, Jianying Zhang and **Jay Himmelstein**. *Unmet Need for Disability-related Health Care Services and Employment Status Among Working Age Adults with Disabilities in the Massachusetts Medicaid Program*. Disability and Health Journal 2012;4:209-218.

Steve Martin et al**.** *P. Derm Emergencies: Detecting Early Signs of Trouble*. J Family Practice 2012;61(2):71-78

Monika Mitra, K Bogen, Linda Long-Bellil and D. Heaphy. *Unmet Needs for Home and Community-based Services Among Persons with Disabilities in Massachusetts.* Disability and Health Journal 2011;4(4):219-228.

Monika Mitra, V Mouradian and M McKenna. *Dating Violence and Associated Health Risks Among High School Students with Disabilities*. Maternal and Child Health J 2012 (epub ahead of print)

Monika Mitra, E Lu and H Diop. *Smoking Among Pregnancy in Women with Disabilities*. Women's Health Issues 2012;22(2):e233-e239.

Jack Gettens, **Monika Mitra**, Alexis Henry and **Jay Himmelstein**. *Have Working Age Persons with Disabilities Shared in the Gains of Massachusetts Health Reform?* Inquiry 2011;48:183-196.

Monika Mitra and E Lu. *Physical Abuse Around the Time of Pregnancy Among Women and Disabilities*. Maternal and Child Health Journal, 2012, in press.

Stacy Potts, **Kosta Deligiannidis**, **Suzanne Cashman**, **Marie Caggiano**, **Lisa Carter**, **Heather-Lyn Haley** and **Warren Ferguson**. *Weaving Public Health Education into the Fabric of a Family Medicine Residency.* Am J Prev Med, 2011;41(4S3):S256-S263.

L Costa, BW Koes, **Glenn Pransky**, J Borkan, CG Maher and RJ Smeets. *Primary Care Research Priorities in Low Back Pain: An Update*. Spine, 2012, in press.

RA Illes, M Wyatt and **Glenn Pransky**. *Multi-Faceted Case Management: Reducing Compensation Costs of Musculoskeletal Work Injuries in Australia*. J Occup Rehabil, 2012, in press.

Glenn Pransky, JM Borkan, AE Young and DC Cherkin. *Are We Making Progress: The Tenth International Forum for Primary Care Research on Low Back Pain*. Spine 2012;36(19):1608-1614.

R Wilkie, M Cifuentes and **Glenn Pransky**. *Exploring Extensions to Working Life: Job Lock and Predictors of Decreasing Work Function in Older Workers*. Disability and Rehabilitation 2012;33(19-20):1719-1727.

Andrea Auxier, **Christine Runyan**, **Daniel Mullin**, tai Mendenhall, Jessica young and Rodger Kessler. *Behavioral Health Referrals and Treatment Initiation Rates in Integrated Primary Care: A Collaborative Care Research Network Study.* Translational Behavioral Medicine, DOI: 10.1007/s13142-012-0141-8.

Chris Stille, **Judy Savageau**, **Jeanne McBride** and Eric Alper. *Quality Improvement "201": Context-Relevant QI Leadership Training for the Busy Clinician-Educator*. American Journal of Medical Quality 2012;27(2):98-105.

Barry Saver, **Linda Weinreb**, L Gelberg and S Zerger. *Provision of Contraceptive Services to Homeless Women: Results of a Survey of Health Care for the Homeless Providers*. Women Health 2012;52(2):151-161.

SA Dobie, **Barry Saver**, CY Wang, PK Green and LM Baldwin. *Do Primary Care Physicians Lose Contact with their Colorectal Cancer Patients?* J Am Board Fam Med 2011;24(6):704-709.

William Shaw, TH Tveito, M Geehern-Lavoie, YS Huang, MK Nicholas, SE Reme, G Wagner and **Glenn Pransky**. *Adapting Principles of Chronic Pain Self-Management to the Workplace*. Disability and Rehabilitation 2012;34(8):694-703.

William Shaw, TH Tveito, MJ Woiszswillo and **Glenn Pransky**. *The Effect of Body Mass Index on Recovery and Return to Work After Onset of Work-Related Low Back Pain*. JOSEPHM 2012;54(2)192-197.

William Shaw, PA Findley and M Feuerstein. *Twenty Years of Multidisciplinary Research and Practice: The Journal of Occupational Rehabilitation Then and Now*. J Occup Rehabil 2011;21:449-454.

SE Reme, **William Shaw**, IA Steenstra, MJ Woiszwillo, **Glenn Pransky** and SJ Linton. *Distressed, Immobilized, or Lacking employer Support? A Sub-Classification of Acute Work-Related Low Back Pain*. J Occup Rehabil, 2012, in press.

VM Ciriello, **William Shaw**, AJ Rivard and MJ Woiszwillo. *Dynamic Training of the Lumbar Musculature to Prevent Recurrence of Acute Low Back Pain: A Randomized Controlled Trial Using A Daily Pain Recall for 1 Year*. Disabil Rehabil 2012;34(19):1648-1656.

Hugh Silk and **Sara Shields**. *Teaching Humanities in Medicine: The University Of Massachusetts Family Medicine Residency Program Experience*. Journal for Learning Through the Arts 2012;8(1).

Isong IA, **Hugh Silk**, SR Rao, JM Perrin, **Judy Savageau** and K Donelan. *Provision of Fluoride to Medicaid-enrolled Children by Physicians: The Massachusetts Experience*. Health Services Research 2011;46(6):1843-1862.

Hugh Silk. *Practical Pointers: A Review of Systems that Covers All of the Bases.* Consultant 2011;51(2):80.

Mary Sullivan, **Warren Ferguson**, **Heather-Lyn Haley**, Mary Philbin, **Tracy Kedian**, Kate Sullivan and **Mark Quirk**. *Expert Communication Training for Providers in Community Health Centers*. J Health Care Poor Underserved 2011;22(4):1358-1368.

Michael Tutty. *Health Reform Implementation: Identifying Workforce Needs from the Massachusetts Experience.* Journal of the National AHEC Organization Spring 2012; 28(1):5-6.

Melody Wenz Gross and **Carole Upshur**. *Implementing a Primary Prevention Social Skills Intervention in Urban Preschools: Factors Associated with Quality and Fidelity*. Early Education and Development 2012;23(4):427-450.

Weir, S, Posner, HE, Zhang, J, Jones WC, Willis, G, **Jeff Baxter and Robin Clark.** *Disparities in Routine Breast Cancer Screening for Medicaid Managed Care Members with a Work-Limiting Disability.* Medicare and Medicaid Research Review 2011; 1(4), E1-E19.

Robert Wellman, **Joseph DiFranza** et al. *Psychometric Properties of the Autonomy Over Smoking Scale in German*. Eur Addict Res 2012;18:76-82.

2012-13

Alexander Blount. *Forms in the Patient-Centered Medical Home.* Families, Systems and Health 2012;30:189.

Matt Silva, **Suzanne Cashman**, Parag Kunte and **Lucy Candib**. *Improving Population Health Through Integration of Primary Care and Public Health: Lessons from an Intervention to Foster Physical Activity Access for Community Health Center Patients*. American Journal of Public Health 2012;102(11):e56-61.

Celeste Lemay, **Suzanne Cashman**, Anne McDonald and John Graves. *A New Approach to Ensuring Oral Health Care for People Living with HIV/AIDS: The Dental Case Manager*. Preventing Chronic Disease 2012;9:110297. doi.http://dx.doi.org/10/5888/pcd9.110297.

Joe DiFranza. *New Insights into the Development of Tobacco Dependence: A Review of Recent Research*. Pediatric Allergy, Immunology, and Pulmonology 2012;25:76-79.

Joe DiFranza, AM Barrett, A Colosia, A Masaquel and P Mahadevia. *Assessment of Tobacco Smoke Exposure as a Risk Factor for Serious Respiratory Syncytial Virus Disease*. BMC Pediatrics 2012;12:81.

K Schuck, M Kleinjan, R Otten, RC Engels and **Joe DiFranza.** *Responses to Environmental Smoking in Never-Smoking Children: Can Symptoms of Nicotine Addiction Develop in Response to Environmental Tobacco Smoke Exposure?* J Psychopharmacol 2013;27(6):533-540.

SS Kim, H Fang, **Joe DiFranza,** DM Ziedonis and Gx Ma. *Gender Differences in the Fagerstrom Test for Nicotine Dependence in Korean Americans*. J Smok Cessat 2012;7(1):1-6.

Joe DiFranza, W Huang and JA King. *Neuroadaptation in Nicotine Addiction: Update on the Sensitization-Homeostasis Model*. Brain Sciences 2012;2:523-552.

W Huang, **Joe DiFranza**, DN Kennedy, N Zhang, D Ziedonis and JA King. *Neural Correlates of Advancing Tobacco Addiction*. PLOS ONE, 2013, in press.

Joe DiFranza, Bob Wellman, Judy Savageau, Ariel Beccia, **Sanouri Ursprung** and Robert McMillen. *What Aspect of Dependence Does the Fagerstrom Test for Nicotine Dependence Measure?* ISRN Addiction, Volume 13, Article ID 9062276, doi:10.1155/2013/906276.

AS Spaulding, AY Kim, AJ Harzke, JC Sullivan, BP Linas, A Brewer, J Dickert, BH McGovern, LB Strick, R Trestman and **Warren Ferguson**. *Impact of New Therapeutics for Hepatitis C Virus Infection in Incarcerated Populations*. Top Antivir Med 2013;21(1):27-35.

KR Tyo, **Deborah Gurewich** and DS Shepard. *Methodological Challenges of Measuring Primary Care Delivery to Pediatric Medicaid Beneficiaries Who Use Community Health Centers*. AM J Pub Health 2013;103(2)273-275.

Deborah Gurewich, J Prottas and J Sirkin. *Coordinating Primary Care and Substance Abuse Treatment Services: Lessons from Community Health Centers*. Journal of Substance Abuse Treatment, 2013, in press.

Heather-Lyn Haley, Meredith Walsh, Nan Tin Maund, **Clara Savage** and **Suzanne Cashman**. *Primary Prevention for Resettled Refugees from Burma: Where to Begin?* J Community Health, 2013, in press.

YL Cuffee, **Lee Hargraves** and J Allison. *Exploring the Association Between Reported Discrimination and Hypertension Among African Americans: A Systematic Review*. Ethn Dis 2012;22(4):422-431.

Jay Himmelstein, Scott Keays, Roni Mansur and Kaitlyn Kenney Walsh. *Measuring the Outcomes of Health Reform: Opportunities for Federal and State Policymakers*. Health Affairs blog, 2013.

Jay Himmelstein and Andrew Bindman. *Advancing the University Mission Through Partnerships with State Medicaid Programs*. Academic Medicine 2013;88(11):1606-1608.

Jay Himmelstein and **Michael Tutty**. *Establishing the Technology Infrastructure for Health Insurance Exchanges Under the Affordable Care Act: Initial Observations from the "Early Innovator" and Advanced Implementation States.* National Academy of Social Insurance (NASI) Study Panel on Health Insurance Exchanges at http://healthaffairs.org/blog/2012/09/18/state-perspectives-on-building-informaiton-technology-for-health-reform/.

Tracy Kedian, **Lisa Gussak**, **Judy Savageau**, Andreas Cohrssen, Ilene Abramson, K Everard and A Dobbie. *An Ounce of Prevention: How Are We Managing the Early Assessment of Residents' Clinical Skills?* Family Medicine 2012;44(10):723-726.

M Bharel, **Wen-Chieh Lin**, J Zhang, E O'Connell, **Robin Clark** and RL Taube. *Health Care Utilization Patterns of Homeless Individuals in Boston: Preparing for Medicaid Expansion Under the Affordable Care Act*. American Journal of Public Health, 2013, in press.

Wen-Chieh Lin and **Robin Clark**: *"The Mental Health and Substance Use Workforce for Older Adults: In Whose Hands?"* IOM Report, National Academies Press, 2012

Mary Lindholm, **Lee Hargraves**, **Warren Ferguson** and George Reed. *Professional Language Interpretation and Inpatient Length of Stay and Readmission Rates*. JGIM 2012;27(10):1294-1299.

Lisa Iezzoni and **Linda Long Bellil**. *Training Physicians about Caring for Persons with Disabilities: "Nothing About Us Without Us!"* Disability and Health Journal 2012;5:136-139.

Roger Luckmann, Mary Costanza, Milagros Rosal, Mary Jo White and Caroline Cranos. *Referring Patients for Telephone Counseling to Promote Colorectal Cancer Screening*. Am J Managed Care 2013;19(9):702-708.

EM Benjamin, RA Klugman, **Roger Luckmann**, DG Fairchild and SA Abookire. *Impact of Cardiac Telemetry on Patient Safety and Cost*. Am J Managed Care 2013;19(6):e225-232.

JJ van den Berg, B Bock, MB Roberts, LA Stein, PD Friedmann, **Steve Martin** and JG Clarke. *Cigarette Smoking as an Expression of Independence and Freedom Among Inmates in a Tobacco-Free Prison in the United States*. Nicotine Tob Res 2013, Oct 22 – e-pub head of print.

Steve Martin, BR Celli, **Joe DiFranza**, SJ Krinzman, JG Clarke, H Beam, S Howard, M Foster and RJ Goldberg. *Health Effects of the Federal Bureau of Prisons Tobacco Ban*. BMC Pulm Med 2012;12:64.

Monika Mitra. Centers for Disease Control and Prevention, MMWR. *Public Health Practices to Include Persons with Disabilities*. August, 2013. http://www.cdc.gov/mmwr.pdf/wk/mm6234.pdf

Monika Mitra and V Mouradian. *Intimate Partner Violence Among Men with Disabilities in the US: Relative Prevalence and Health Correlates*. Journal of Interpersonal Violence, 2013, in press.

Dan Mullin and **Joe Stenger**. *Ethical Matters in Rural Integrated Primary Care Settings*. Family Systems and Health 2013; 31(1):69-74.

Dan Mullin and JS Funderburk. *Implementing Clinical Interventions in Integrated Behavioral Health Settings: Best Practices and Essential Elements*. In MR Talen & A Burke Valeras (Eds.) Integrated Behavioral Health in Primary Care: Evaluating the Evidence, Indentifying the Essentials. New York: Springer. 2013.

R Wilkie, M Blagojevic-Bucknall, KP Jordan and **Glenn Pransky**. *Onset of Work Restriction in Employed Adults with Lower Limb Joint Pain: Individual Factors and Area-level Socioeconomic Conditions*. J Occup Rehabil 2013;23(2):180-188.

R Wilkie and **Glenn Pransky**. *Improving Work Participation for Adults with Musculoskeletal Conditions*. Best Pract Res Clin Rheumatol 2012;26(5):733-742.

C Costa Lda, BW Koes, **Glenn Pransky**, J Borkan, CG Maher and RJ Smeets. *Primary Care Research Priorities in Low Back Pain: An Update*. Spine 2013;38(2):148-156.

RA Illes, M Wyatt and **Glenn Pransky**. *Multi-faceted Case Management: Reducing Compensation Costs of Musculoskeletal Work Injuries in Australia.* J Occup Rehabil 2012;22(4):478-488.

Linda Cabral, Kathy Muhr and **Judy Savageau**. *Perspectives of People Who are Deaf and Hard of Hearing on Mental Health, Recovery, and Peer Support*. Community Mental Health Journal 2012;49:649-657.

JL Marquard, L Garber, **Barry Saver**, B Amster, M Kelleher and P Preusse. *Overcoming Challenges Integrating Patient-generated Data into the Clinical EHR: Lessons from the CONtrolling Disease Using Inexpensive IT - Hypertension in Diabetes (CONDUIT-HID) Project*. Int J Med Inform, 2013, in press.

Barry Saver, CY Wang, SA Dobie, PK Green and LM Baldwin. *The Central Role of Comorbidity in Predicting Ambulatory Care Sensitive Hospitalizations*. Eur J Public Health, 2013, in press.

Bill Shaw, TH Tveito and CR Boot. *Introduction to the Special Section: Sustainability of Work and Chronic Health Conditions*. J Occup Rehabil 2013;23(2):157-161.

Bill Shaw, EH Chin, CC Nelson, SE Reme, MJ Woiszwillo and **Santosh Verma**. *What Circumstances Prompt a Workplace Discussion in Medical Evaluations for Back Pain?* J Occup Rehabil 2013;23(1):125-134.

Bill Shaw, MJ Woiszwillo and E Krupat. *Further Validation of the Patient-Practitioner Orientation Scale (PPOS) from Recorded Visits for Back Pain*. Patient Educ Couns 2012;89(2):288-291.

SE Reme, **Bill Shaw**, IA Steenstra, MJ Woiszwillo, **Glenn Pransky** and SJ Linton. *Distressed, Immobilized, or Lacking Employer Support? A Sub-classification of Acute Work-related Low Back Pain*. J Occup Rehabil 2012;22(4):541-552.

Bill Shaw, VL Kristman, N Vezina. *Workplace Issues*. In P Loisel & JR Anema (Eds.) Handbook of Work Disability: Prevention and Management. New York: Springer, 2013.

Bill Shaw, SE Reme and CRL Boot. *Health and Wellness Promotion in the Workplace*. In R Gatchel & IZ Schultz (Eds.) Handbook of Occupational Health and Wellness. New York: Springer, 2012.

JK Carstene, **Bill Shaw**, K Boersma, SE Reme, **Glenn Pransky** and SJ Linton. *When the Wind Goes Out of the Sail – Declining Recovery Expectations in the First Weeks of Back Pain*. Eur J Pain, 2013, in press.

Bill Shaw, SE Reme, **Glenn Pransky**, MJ Woiszwillo, IA Steenstra and SJ Lindon. *The PRICE (Pain Recovery Inventory of Concerns and Expectations) Questionnaire: A Psychosocial Screening Instrument to Identify Intervention Needs Among Patients at Elevated Risk of Back Disability*. Journal of Occupational and Environmental Medicine, 2013, in press.

CJ Main, J Mitchell and **Bill Shaw**. *Return to Work in Musculoskeletal Disorders.* In IZ Schultz & R Gatchel (Eds.) Handbook of Return-to-Work: From Research to Practice. New York: Springer, 2013, in press.

VL Kristman, **Bill Shaw** and K Whitt-Williams. *Supervisors' Perspectives on Work Accommodations for the Chronically Ill*. In SD Stone, V Crooks & M Owen (Eds.) Working Bodies: Chronic Illness in the Canadian Workplace, 2013, in press.

I Arends, U Bultmann, **Bill Shaw**, W van Rhenen, C Roelen, K Nielsen and JJ van der Klink. *How to Engage Occupational Physicians in Recruitment of Research Participants: A Mixed-Methods Study of Challenges and Opportunities*. Journal of Occupational Rehabilitation, 2013, in press.

Bill Shaw, Mary Jane Woiszwillo and Edward Krupat. *Further Validation of the Patient-Practitioner Orientation Scale (PPOS) from Recorded Visits for Back Pain*. Patient Education and Counseling 2012;89:288-291.

Hugh Silk, Ronnelle King, Ian Bennett, A Chessman and **Judy Savageau**. *Assessing Oral Health Curriculum in US Family Medicine Residency Program: A CERA Survey.* Family Medicine 2012;44(10):719-722.

Hugh Silk, A Douglass, R Maier, M Clark, M Deutchman, J Douglass et al. *Smiles for Life National Oral Health Curriculum: Module 5. Oral Health in Pregnancy*. MedEd Portal (www.mededportal.org/publication/9529).

Herb Stevenson. *Shoulder Problems in the Essentials of Family Medicine*. (book chapter) Clinics in Sports Medicine. Wolters Kluwer/LWW 2012.

Stefan Topolski. *Understanding Illness* and *Improving Health*. 2 book chapters in Handbook of Systems and Complexity in Health. Sturmberg, Joachim P. and Martin, Carmel M. (Eds.). 2012.

Nancy Byatt, Kathleen Biebel, Gifty Debordes-Jackson, Rebecca Lundquist, Tiffany Moore Simas, **Linda Weinreb** and Douglas Ziedonis. *Community Mental Health Providers Reluctance to Provide Pharmacotherapy May be a Barrier to Addressing Perinatal Depression: A Preliminary Study.* Psychiatric Quarterly, September, 2012 – online publication: DOI 10.1007/s11126-012-9236-0.

2013-14

Ron Adler and David Harlan. *Diabetes: 8 Strategies to Put into Practice*. J Family Practice 2013;62(10):542-547.

Katherine Barnard. *Health Literacy: A Family Doctor's Perspective*. Worcester Medicine 2013;77(1):9-10.

Alexander Blount. *Getting Mental Health Care Where it is Needed*. Families, Systems and Health 2013;31(2):117-118.

Alexander Blount. *What is the Role of Primary Care Diagnosis and Treatment in Terms of the Nation's Mental Health?* Harvard Medicine, Winter 2013.

Lucy Candib. *Writing is Like Touch*. Fam Med 2013;45(1):44-45.

Stephanie Carter-Henry and **Tina Runyan**. *Multiple Role Relationships in Healthcare Education*. Families, Systems and Health 2013; 31(1):96-107.

R Mott-Kies, L Gifford DeGeus, **Suzanne Cashman** and **Judy Savageau**. *Characteristics of Patients at Three Free Clinics*. (book chapter). Free Clinics: Local Responses to Health Care Needs (Ed. VM Brenner). The Johns Hopkins University Press, 2013.

E Latimer, W Wynant, **Robin Clark**, A Malla, E Moodie, R Tamblyn and A Naidu. *Underprescribing of Clozapine and Unexplained Variation in Use Across Hospitals and Regions in the Canadian Province of Québec*. Clinical Schizophrenia & Related Psychoses 2013;7(1):33-41.

KT Meuser, SM Glynn, C Cather, H Xie, R Zarate, LF Smith**, Robin Clark,** JD Gottlieb, R Wolfe and J Feldman. *A Randomized Controlled Trial of Family Intervention for Co-Occurring Substance Use and Severe Psychiatric Disorders*. Schizophr Bull 2013;39(3):658-672.

Robin Clark and **Jeff Baxter**. *Responses of State Medicaid Programs to Buprenorphine Diversion: Doing More Harm than Good?* JAMA Internal Medicine, 2013, in press.

Robin Clark, **Jeff Baxter**, BA Barton, G Aweh, E O'Connell and WH Fisher. *The Impact of Prior Authorization on Buprenorphine Dose, Relapse Rates, and Cost for Massachusetts Medicaid Beneficiaries with Opioid Dependence*. Health Serv Res 2014;49(6):1964-1979.

D Lang, **Linda Cragin**, D Raymond and S Kane. *In a Neighborhood Near You: How Community Health Workers Help People Obtain Health Insurance and Primary Care.* J Health Care Poor Underserved, 2014, in press.

R Scragg, **Joe DiFranza,** B Youdan, M Laugesen and M Glover. *Ethnicity and Socioeconomic Status as Risk Factors for Rapid Onset of Tobacco Addiction.* Aust NZ J Public Health 2014;38(2):194-195.

JW Huang, JA King, WWW Ursprung, S Zheng, N Zhang, DN Kennedy, D Ziedonis and **Joe DiFranza.** *The Development and Expression of Physical Nicotine dependence Corresponds to Structural and Functional Alterations in the Anterior Cingulate-Precuneus Pathway.* Brain Behav 2014;4(3):408-417.

R Trestman, **Warren Ferguson** and J Dickert. *Behind Bars: The Compelling Case for Academic Health Centers Partnering with Correctional Facilities*. Acad Med, 2014, in press.

Heather-Lyn Haley, Meredith Walsh, Nan Tin Maund, **Clara Savage** and **Suzanne Cashman**. *Primary Prevention for Resettled Refugees from Burma: Where to Begin?* J Community Health 2014;39(1):1-10.

YL Cuffee, **Lee Hargraves**, Milagros Rosal, Becky Briesacher, A Schoenthaler, S Person, S Hullett and Jeroan Allison. *Reported Racial Discrimination, Trust in Physicians, and Medication Adherence Among Inner-City African Americans with Hypertension*. AM J Public Health 2013;103(11):e55-e62.

Jay Himmelstein, Scott Keays, Roni Mansur and Kaitlyn Kenney Walsh. *Measuring the Outcomes of Health Reform: Opportunities for Federal and State Policymakers*. Health Affairs blog, 2013.

Jay Himmelstein and Andrew Bindman. *Advancing the University Mission Through Partnerships with State Medicaid Programs*. Academic Medicine 2013;88(11):1606-1608.

M Bharel, **Wen-Chieh Lin**, J Zhang, E O'Connell, **Robin Clark** and RL Taube. *Health Care Utilization Patterns of Homeless Individuals in Boston: Preparing for Medicaid Expansion Under the Affordable Care Act*. Am J Public Health 2013;103(Suppl 2):S311-317.

Roger Luckmann, Mary Costanza, Milagros Rosal, Mary Jo White and Caroline Cranos. *Referring Patients for Telephone Counseling to Promote Colorectal Cancer Screening*. Am J Managed Care 2013;19(9):702-708.

EM Benjamin, RA Klugman, **Roger Luckmann**, DG Fairchild and SA Abookire. *Impact of Cardiac Telemetry on Patient Safety and Cost*. Am J Managed Care 2013;19(6):e225-232.

JJ van den Berg, B Bock, MB Roberts, LA Stein, PD Friedmann, **Steve Martin** and JG Clarke. *Cigarette Smoking as an Expression of Independence and Freedom Among Inmates in a Tobacco-Free Prison in the United States*. Nicotine Tob Res 2013, Oct 22 – e-pub head of print.

Steve Martin. *Primary Care is First Contact Care*. J Fam Pract 2014;63(5):244.

Monika Mitra. Centers for Disease Control and Prevention, MMWR. *Public Health Practices to Include Persons with Disabilities*. August, 2013. http://www.cdc.gov/mmwr.pdf/wk/mm6234.pdf

Monika Mitra, S Parish, KM Clements, C Xiaohui and D Hafsatou. Pregnancy Outcomes Among Women with Intellectual and Developmental Disabilities. Am J Prev Med 2014, in press.

Rocco Perla, Samuel Hohmann and Karen Annis. *Whole-Patient Measure of Safety: Using Administrative Data to Assess the Probability of Highly Undesirable Events During Hospitalization*. Journal for Healthcare Quality 2014;35(5):20-31.

R Wilkie, C Phillipson, EM Hay and **Glenn Pransky**. *Anticipated Significant Work Limitation in Primary Care Consulters with Osteoarthritis: A Prospective Cohort Study*. BMJ Open 2014;4(9):e005221.

B Webster, Y Choi, AZ Bauer, M Cifuentes and **Glenn Pransky**. *The Cascade of Medical Services and Associated Longitudinal Costs due to Nonadherent Magnetic Resonance Imaging for Low Back Pain*. Spine 2014;39(17):1433-1440.

E Besen and **Glenn Pransky**. *Trajectories of Productivity Loss over a 20-Year period: An Analysis of the National Longitudinal Survey of Youth*. Scand J Work Environ Health 2014;40(4):380-389.

B Webster, AZ Bauer, Y Choi, M Cifuentes and **Glenn Pransky**. *Iatrogenic Consequences of Early Magnetic resonance Imaging in Acute, Work-Related, Disabling Low Back Pain*. Spine 2013;38(22):1939-1946.

Bill Shaw, SE Reme, **Glenn Pransky**, MJ Woiszeillo, IA Steenstra and SJ Linton. *The Pain Recovery Inventory of Concerns and Expectations: A Psychosocial Screening Instrument to Identify Intervention Needs Among Patients at Elevated Risk of Back Disability.* J Occup Environ Med 2013;55(8):885-894.

Barry Saver. *Colonoscopy – Don't Want to be Sedated.* JAMA Intern Med 2014;174(3):482-483.

JL Marquard, L Garber, **Barry Saver**, B Amster, M Kelleher and P Preusse. *Overcoming Challenges Integrating Patient-generated Data into the Clinical EHR: Lessons from the CONtrolling Disease Using Inexpensive IT - Hypertension in Diabetes (CONDUIT-HID) Project*. Int J Med Inform, 2014, in press.

Bill Shaw, P Campbell, CC Nelson, CJ Main and SJ Linton. *Effects of Workplace, Family and Cultural Influences on Low Back Pain: What Opportunities Exist to Address Social Factors in General Consultations?* Best Pract Res Clin Rheumatol 2013;27(5):637-648.

RA Kraaijeveki, RG Schaafsma, CR Boot, **Bill Shaw**, U Bultmann and JR Anema. *Implementation of the Participatory Approach to Increase Supervisors' Self-Efficacy in Supporting Employees at Risk for Sick Leave: Design of a Randomised Controlled Trial.* BMC Public Health 2013;13:750.

Hugh Silk. *Offering Oral Health Services in Your Office*. Family Practice Management, July/August, 2014.

Megan Curtis, **Hugh Silk** and **Judy Savageau**. *Prenatal Oral Health Education in U.S. Dental Schools and Obstetrics and Gynecology Residencies*. J Dental Education 2013;77(11):1461-1468.

Stefan Topolski. *For Every Complex Problem, There is an Answer that is Clear, Simple and Wrong – and Other Aphorisms about Medical Statistical Fallacies*. J Eval in Clin Pract, 2014, in press (epub ahead of print).

Carole Upshur, **Melodie Wenz-Gross** and George Reed. *A Pilot Study of Primary Prevention Curriculum to Address Preschool Behavior Problems.* J Prim Prev 2013;34(5):309-327.

Santosh Verma, Z Zhao, TK Courtney, WR Chang, DA Lombardi, YH Huang, MJ Brennan and MJ Perry. *Duration of Slip-resistant Shoe Usage and the Rate of Slipping in Limited-service Restaurants: Results from a Prospective and Crossover Study.* Ergonomics 2014;57(12):1919-1926.

Craig Weiner. *Parenting Your Child with ADHD, A Non-Nonsense Guide for Nurturing Self-Reliance and Cooperation*. New Harbinger Publications, Inc., 2013.

E**N** Dugas, EK O'Louglin, NC Low, **Bob Wellman** and JL O'Loughlin. *Sustained Waterpipe Use in Young Adults*. Nicotine & Tobacco Research 2013; doi:10.1093/ntr/ntt215 (online publication).

Bob Wellman, Joe DiFranza et al. *Recalled First Reactions to Inhaling Nicotine Predict the Level of Physical Dependence*. Drug and Alcohol Dependence (online publication: doi:10.1016/j.drugalcdep.2014.07.021)

V Johnston, K Way, MH Long, M Wyatt, L Gibson and **Bill Shaw**. *Supervisor Competencies for Supporting Return to Work: A Mixed-Methods Study.* J Occup Rehabil, 2014, in press.

Carole Upshur, **Melodie Wenz Gross**, and George Reed. *A Pilot Study of a Primary Prevention Curriculum to Address Preschool Behavior Problems.* J of Primary Prevention 2014;34:309-327.

Linda Weinreb, Nancy Byatt, Tiffany Moore Simas, Karen Tenner and **Judy Savageau**. *What Happens to Mental Health Treatment During Pregnancy? Women's Experience with Prescribing Providers*. Psychiatric Quarterly, in press, 2014.

2014-15

Heather Alker et al. *Healthy Homes: In-Home Environmental Asthma Intervention in a Diverse Urban Community*. Am J Public Health 2014;104(4):665-671.

Bob Baldor, **Judy Savageau**, Navkiran Shakar, **Stacy Potts**, **Joe Gravel**, Kim Eisenstock and **Jim Ledwith.** *Hospitalist Involvement in Family Medicine Residency Training: A CERA Study*. Family Medicine 2014;46(2):88-93.

Alexander Blount et al. *The Development of Joint Principles: Integrating Behavioral Health Care Into the Patient-Centered Medical Home*. Annals of Fam Med 2014;12(2):183 (doi.10.1270/afm.1634).

Jeff Baxter, **Robin Clark**, M Samnaliev, G Aweh and E O'Connell. *Adherence to Buprenorpine Treatment Guidelines in a Medicaid Program.* Subst Abuse 2015;36(2):174-182.

Nathan Cardoos. *Overtraining Syndrome*. Current Sports Medicine Reports, 2015.

Sara Valente, Dan Wemple, Sebastian Ramos, **Suzanne Cashman** and **Judy Savageau**. *Preventive Behaviors and Knowledge of Tick Borne Illnesses: Results of a Survey from an Endemic Area*. J Pub Hlth Mngt and Practice, in press, 2014.

MA Paterson, M Fair, **Suzanne Cashman**, C Evans and D Garr. *Achieving the Triple Aim: A Curriculum Framework for Health Professions Education*. Am J Prev Med 2015;49(2):294-296.

Suzanne Cashman and Bobby Gottlieb. Service-Learning with Health Professions Students. Book chapter in Evidence-based Education Promoting Best Practice in Teaching and Learing of Health Professional Students. (Eds. Brown T and Williams B), Radclifffe Publishers, UK, 2015.

Robin Clark, **Jeff Baxter**, G Aweh, E O'Connell, WH Fisher and BA Barton. *Risk Factors for Relapse and Higher Costs Among Medicaid Members with Opioid Dependence or Abuse: Opioid Agonists, Comorbidities and Treatment History.* J Subst Abuse Treat 2015 – epub ahead of print.

William Fisher, **Robin Clark**, **Jeff Baxter**, Bruce Barton, Elizabeth O'Connell and Gideon Aweh. *Co-Occurring Risk Factors for Arrest Among Persons with Opioid Abuse and Dependence: Implications for Developing Interventions to Limit Criminal Justice Involvement.* J Subst Abuse Treat 2014;47(3):197-201.

Robin Clark and Karen Clements. *Not Paying for Catheter-Associated Urinary Tract Infections: More Difficult than it Seems?* Medical Care 2014;52(6):479-481.

Robin Clark and **Jeff Baxter**. *Responses of State Medicaid Programs to Buprenorphine Diversion: Doing More Harm than Good?* JAMA Internal Medicine, 2014, in press.

KT Mueser, GR Bond, SM Essock, **Robin Clark**, E Carpenter-Song, RE Drake and R Wolfe. *The Effects of Supported Employment in Latino Consumers with Severe Mental Illness*. Psychiatr Rehabil J, 2014, in press.

EA Latimer, A Naidu, EE Moodie, **Robin Clark**, AK Malla, R Tamblyn and W Wynant. *Variation in Long-Term Antipsychotic Polypharmacy and High-Dose Prescribing Across Physicians and Hospitals*. Psychaitr Serv, 2014, in press.

Joe DiFranza. *A 2015 Update on the Natural History and Diagnosis of Nicotine Addiction.* Curr Pediatr Rev 2015 – epub ahead of print.

W Huang, **Joe DiFranza**, DN Kennedy, N Zhang, D Ziedonis and JA King. *Neural Correlates of Advancing Tobacco Addiction*. PLOS ONE, 2014, in press.

JP Winickoff, L Hartman, ML Chen, M Gottlieb, E Nabi-Burza and **Joe DiFranza**. *Retail Impact of Raising Tobacco Sales Age to 21 Years.* AJPH 2014;104(11):e18-e21.

J O'Loughlin, EN Dugas, J Brunet, **Joe DiFranza** et al. *Cohort Profile: The Nicotine Dependence in Teens (NDIT) Study.* Int J Epidemiol 2014 – epub ahead of print.

Warren Ferguson et al. *Relationship Between Self-assessed and Tested Non-Engish-Language Proficiency Among Primary Care Providers.* Medical Care, 2014, in press.

Warren Ferguson, **Mick Godkin**, et al. *A Longitudinal Study of Multicultural Curriculum in Medical Education.* International Journal of Medical Education 2014;5:37-44.

Eric Garcia and **Warren Ferguson**. *General Medical Disorders with Psychiatric Implications.* Book Chapter: Oxford Textbook on Correctional Psychiatry, 2015.

Jeremy Golding. *Power of Knowledge: Effect of Two Educational Interventions on Readiness for Chlamydia Screening*. Clinical Pediatrics, 2015

Lisa Gussak. *A New Way of Hearing*. Family Medicine 2015;47(4):315-316.

Deborah Gurewich, J Prottas and J Sirkin. *Managing Care for Patients with Substance Abuse Disorders at Community Health Centers*. J Subst Abuse Treat 2014;46(2):227-231.

J Hale, **Heather-Lyn Haley**, JL Jones, A Brennan and A Brewer. *Academic Correctional Health Partnerships: Preparing the Correctional Health Workforce for the Changing Landscape: Focus Group Research Results*. J Correct Health Care 2015;21(1):70-81.

JS Weissman, K Westirch, **Lee Hargraves**, SD Pearson, R Dubois, S Emond and OA Olufajo. *Translating Comparative Effectiveness Research into Medicaid Payment Policy: Views from Medical and Pharmacy Directors*. J Comp Eff Res 2015;4(2):79-88.

L Biener and **Lee Hargraves**. *A Longitudinal Study of Electronic Cigarette Use Among a Population-based Sample of Adult Smokers: Association with Smoking Cessation and Motivation to Quit*. Nicotine Tob Res 2015;17(2):127-133.

KM Drake, **Lee Hargraves**, S Lloyd, PM Gallagher and PD Cleary. *The Effect of Response Scale, Administration Mode, and Format on Responses to the CAHPS Clinician and Group Survey*. Health Serv Res 2014;49(4):1387-1399.

Wen-Chieh Lin, M Bharel, J Zhang, E O'Connell and **Robin Clark**. *Frequency of Emergency Department Visits and Hospitalizations among Homeless People with Medicaid: Implications for Medicaid Expansion*. AJPH, in press, 2015.

Steve Martin and **Marcy Boucher**. *Mild Hypertension in People at Low Risk*. BMJ (Clinical Research Ed.) 349:g5432.pdf (http://press.psprings.co.uk/bmj/september/ hypertension.pdf)

JP McCormack, **Steve Martin** and DH Newman. *Management of Hyperglycemia in Type 2 Diabetes, 2015: A Patient-centered Approach*. Diabetes Care 2015;38:140-149.

Steve Martin, SH Podolsky and JA Greene. *Overdiagnosis and Overtreatment Over Time*. Diagnosis, 2015 – epub ahead of print.

Steve Martin, EA Frutiger. *Vision Stations: Addressing Corrective Vision Needs with Lost-cost Technologies*. Glob Adv Heal Med 2015;4(2):46-51.

Monika Mitra, Linda Long-Belil, SC Smeltzer and LI Iezzoni. *A Perinatal Health Framework for Women with Physical Disabilities*. Disability and Health Journal 2015;8:499-506.

S Parish, **Monika Mitra**, E Son, **Alexandra Bonardi**, P Swoboda and L Igdalsky, *Pregnancy Outcomes Among U.S. Women with Intellectual and Developmental Disabilities*. Am J on Intellectual and Developmental Disabilities 2015;120(5):433-443.

Monika Mitra and V Mouradian. *Intimate Partner Violence Among Men with Disabilities in the US: Relative Prevalence and Health Correlates*. Journal of Interpersonal Violence, 2014, in press.

Monika Mitra, L Iezzoni, J Zhang, **Linda Long-Bellil**, SC Smeltzer and BA Barton. *Prevalence and Risk Factors for Postpartum Depression Symptoms Among Women with Disabilities*. Matern Child Health J, 2014, in press.

B Webster, Y Choi, AZ Bauer, M Cifuentes and **Glenn Pransky**. *The Cascade of Medical Services and Associated Longitudinal Costs due to Nonadherent Magnetic Resonance Imaging for Low Back Pain*. Spine 2014;39(17):1433-1440.

E Besen and **Glenn Pransky**. *Trajectories of Productivity Loss over a 20-Year period: An Analysis of the National Longitudinal Survey of Youth*. Scand J Work Environ Health 2014;40(4):380-389.

A Jetha, **Glenn Pransky** and LJ Hettinger. *Capturing Complexity in Work Disability Research: Application of System Dynamics Modeling Methodology*. Disabil Rehabil 2015 – epub ahead of print.

RW McGorry, N Fallentin, JH Andersen, PJ Keir, TB Hansen, **Glenn Pransky** and JH Lin. *Effect of Grip Type, Wrist Motion, and Resistance Level on Pressures within the Carpal Tunnel of Normal Wrists.* J Orthop Res 2014;32(4):524-530.

R Wilkie, C Phillipson, E Hay and **Glenn Pransky**. *Frequency and Predictors of Premature Work Loss in Primary Care Consulters for Osteoarthritis: Prospective Cohort Study*. Rheumatology 2014;53(3):459-464.

R Wilkie, EM Hay, P Croft and **Glenn Pransky**. *Exploring How Pain Leads to Productivity Loss in Primary Care Consulters for Osteoarthritis: A Prospective Cohort Study*. PLoS One 2015;19(4):e0120042.

R Wilkie, C Phillipson, EM Hay and **Glenn Pransky**. *Anticipated Significant Work Limitation in Primary Care Consulters with Osteoarthritis: A Prospective Cohort Study*. BMJ Open 2014;4(9):e005221.

T Pincus, P Kent, G Bronfort, P Loisel, **Glenn Pransky** and J Hartvigsen. *Twenty-Five Years with the Biopsychosocial Model of Low Back Pain: Is it Time to Celebrate? A Report from the Twelfth International Forum for Primary Care Research on Low Back Pain.* Spine 2014;38(24):2118-2123.

Tina Runyan and Khatri P. *Collaborative Family Healthcare Association Commentary on the Joint Principles: Integrating Behavioral Health Care into the Patient-Centered Medical Home*. Family Systems and Health 2014;32(2):145-146.

Linda Cabral, Heather Strother, Kathy Muhr, Laura Sefton and **Judy Savageau**. *Clarifying the Role of the Mental Health Peer Specialist in Massachusetts: Insights from Peer Specialists, Supervisors and Clients*. Health and Social Care in the Community 2014;22(1):104-112.

Barry Saver, Kathy Mazor, **Lee Hargraves** and Marcela Hayes. *Inaccurate Risk Perceptions and Individualized Risk Estimates by Patients with type 2 Diabetes.* J Am Board of Family Medicine 2014;27(4):510-519.

Barry Saver, CY Wang, SA Dobie, PK Green and LM Baldwin. *The Central Role of Comorbidity in Predicting Ambulatory Care Sensitive Hospitalizations*. Eur J Public Health 2014;24(1):66-72.

Barry Saver. *Preoperative Testing in Patients Undergoing Cataract Surgery*. NEJM 2015;373:285-286.

Barry Saver. *A Piece of My Mind: Should C be a Passing Grade for the USPSTF?* JAMA 2015;313(5):465-466.

A Attard, RW Brander and **Bill Shaw**. *Rescues Conducted by Surfers on Australian Beaches.* Accid Anal Prev 2015 – epub ahead of print.

R Carstens, **Bill Shaw**, K Boersma, SE Reme, **Glenn Pransky** and SJ Linton. *When the Wind Goes Out of the Sail – Declining Recovery Expectations in the First Weeks of Back Pain.* Eur J Pain 2014;18(2):269-278.

Bill Shaw, E Besen, **Glenn Pransky**, CR Boot, MK Nicholas, RK McLellan and TH Tveito. *Manage at Work: A Randomized, Controlled Trial of a Self-Management Group Intervention to Overcome Workplace Challenges Associated with Chronic Physical Health Conditions.* BMC Public Health 2014;14:515.

SE Reme, **Bill Shaw**, LL Boden, TH Tveito, ET O'Day, JT Dennerlein and G Sorensen. *Worker Assessments of Organizational Practices and Psychosocial Work Environment are Associated with Musculoskeletal Injuries in Hospital Patient Care Workers.* Am J Ind Med 2014;57(7):810-818.

I Arends, U Bultmann, **Bill Shaw**, W van Rhenen, C Roelen, K Nielsen and JJ van der Klink. *How to Engage Occupational Physicians in Recruitment of Research Participants: A Mixed-Methods Study of Challenges and Opportunities.* J Occup Rehabil 2014;24(1):68-78.

CJ Main, J Mitchell and **Bill Shaw**. *Return to Work in Musculoskeletal Disorders.* In IZ Schultz & R Gatchel (Eds.) Handbook of Return-to-Work: From Research to Practice. New York: Springer, 2014, in press.

VL Kristman, **Bill Shaw** and K Whitt-Williams. *Supervisors' Perspectives on Work Accommodations for the Chronically Ill*. In SD Stone, V Crooks & M Owen (Eds.) Working Bodies: Chronic Illness in the Canadian Workplace, 2014, in press.

E Besen, AE Young and **Bill Shaw**. *Returning to Work Following Low Back Pain: Towards a Model of Individual Psychosocial Factors.* J Occup Rehabil, 2014, in press.

TH Tveito, G Sembajwe, LI Boden, JT Dennerlein, GR Wagner, C Kenwood, AM Stoddard, SE Reme, K Hopcia, D Hashimoto, **Bill Shaw** and G Sorensen. *Impact of Organizational Policies and Practices on Workplace Injuries in a Hospital Setting.* J Occup Environ Med 2014;56(8):802-808.

Bill Shaw, VL Kristman, K Williams-Whitt, S Soklaridis, YH Huang, P Cote and P Loisel. *The Job Accommodation Scale (JAS): Psychometric Evaluation of a New Measure of Employer Support for Temporary Job Modifications.* J Occup Rehabil, 2014, in press.

Hugh Silk. *Emphasizing Oral Health Services in Children with Downs Syndrome*. Am Fam Physician 2015;92(1):8.

Hugh Silk. *Diseases of the Mouth*. Primary Care: Clinics in Office Practice 2014;4(1):75-90.

Herb Stevenson et al. *A Resting State Functional Magnetic Resonance Imaging Study of Concussion in Collegiate Athletes*. Brain Imaging Behav, 2014, epub ahead of print.

Herb Stevenson, **CS Beattie**, **JB Schwartz** and **BD Busconi**. Assessing the Effectiveness of Neuromuscular Training Programs in Reducing the Incidence of Anterior Cruciate Ligament Injuries in Female Athletes: A Systematic Review. Am J Sports Medicine, 2014, epub ahead of print.

Herb Stevenson et al. *A Resting State Functional Magnetic Resonance Imaging Study of Concussion in Collegiate Athletes*. Brain Imaging Behav 2015;9(2):323-32.

Stefan Topolski. *Validation of a Non-Linear Model of Health*. J Eval in Clin Pract, 2014, in press (epub ahead of print).

Carole Upshur, **Linda Weinreb**, and M Bharel. *Homeless Women and Hazardous Drinking: Screening Results in a Primary Health Care Setting.* Am J Addict 2014;23:117-122.

Carole Upshur, **Linda Weinreb**, DM Cheng, TW Kim, JH Samet and R Saitz. *Does Experiencing Homelessness Affect Women's Motivation to Change Alcohol or Drug Use?* Am J Addict 2014;23(1):76-83.

HR Marucci-Wellman, TC Lin, JL Willetts, MJ Brennan and **Santosh Verma**. *Differences in Time Use and Activity Patterns When Adding a Second Job: Implications for Health and Safety in the United States.* Am J Public Health 2014;104(8):1488-1500.

DI Swedler, **Santosh Verma**, Y Huang, DA Lombardi, WR Chang, MJ Brennan and TK Courtney. *A Structural Equation Modelling Approach Examining the Pathways Between Safety Climate, Behaviour Performance and Workplace Slipping.* Occup Environ Med 2015;72(7):476-481.

AJ Caban-Martinez, TK Courtney, WR Chang, DA Lombardi, YH Huang, MJ Brennan, MJ Perry and **Santosh Verma**. *Preventing Slips and Falls Through Leisure-time Physical Activity: Findings from a Study of Limited-service Restaurants.* PLoS One 2014;9(10):e110248.

KM Mattocks, S Frayne, CS Phibbs, EM Yano, L Zephyrin, H Shryock, S Haskell, J Katon, JC Sullivan, **Linda Weinreb**, C Ulbricht and LA Bastian. *Five-Year Trends in Women Veterans' Use of VA Maternity Benefits, 2008-2012.* Womens Health Issues 2014;24(1):e37-e42.

M Bharel, ER Santiago, SN Forgione, CK Leon and **Linda Weinreb**. *Eliminating Health Disparities: Innovative Methods to Improve Cervical Cancer Screening in a Medically Underserved Population.* AJPH 2015;105(Suppl 3):S438-S442.

E Wittenberg, M Bharel, A Saada, E Santiago, JF Bridges and **Linda Weinreb**. *Measuring the Preferences of Homeless Women for Cervical Cancer Screening Interventions: Development of a Best-Worst Scaling Survey.* Patient 2015 – epub ahead of print.

Bob Wellman, GA Contreras, EN Dugas, EK O'Loughlin and JL O'Loughlin. *Determinants of Sustained Binge Drinking in Young* Adults. Alcoholism, Clinical and Experimental Research, epub ahead of print (doi.10.1111/acer.12365), 2014.

Bob Wellman and J O'Loughlin. *Data Dilemmas and Difficult Decisions: On Dealing with Inconsistencies in Self-Reports).* J Adolescent Health 2015;56:365-366.

Bob Wellman, MO Edelen and **Joe DiFranza**. *Item Response Theory Analysis of the Autonomy over Tobacco Scale (AUTOS).* Addict Behav 2015;45:195-200.

Family Medicine & Community Health

National, Regional and Local Presentations

2010-2015

2009-10

Scientific Assembly of the American Academy of Family Practice, Boston, MA, October 14-17, 2009

- **Bob Baldor**
  Care of the Adult Patient with Intellectual Disabilities (Mental Retardation)
  Chronic Constipation: An Evidence-based Approach
- **Felix Chang**
  Methicillin-Resistant Staphylococcus Aureaus (MRSA) – An Emerging Epidemic
- **Frank Domino**
  Top Ten Things I Learned this Year 2009
  Vitamin D Deficiency in the Ambulatory Setting
  Diabetes (with co-presenters)
- **Jeremy Golding**
  Heart Failure 2009: An Evidence-based Review
- **Jill Grimes** and **Frank Domino**
  Quick and Easy Tools to Help your Patients Lose Weight and Exercise
- **Jill Grimes**
  Health Promotion/Community Health (co-author)
  Sex, Drugs and E-Cards
- **Sara Shields**
  Pap Smears in the New Millenium
- **Hugh Silk**
  Dental Urgencies and Emergencies: Phone Triage, Phone Referrals and Prevention
  Fluoride Finish: Indications, Hands-on Practice, Billing and Forms (with co-presenter)
  Oral Health in Pregnancy: Screening, Advising and Management

Society of Teachers of Family Medicine Northeast Meeting, Pittsburgh, PA, Oct. 29 – Nov. 1, 2009

- **Lucy Candib** (with colleagues)
  Models of Promoting Healthy Living: Presentations by Family Medicine and YMCA/YWCA Leaders (Workshop)
- **Sofia Chu** and **Pearl Guerzon**
  Improving Detection and Early Intervention for Young Children with Language and Communication Disorders (Poster)
- **Konstantinos Deligiannidis**
  Casting and Splinting (Workshop)
- **Konstantinos Deligiannidis, Suzanne Cashman, Stacy Potts** and **Warren Ferguson**
  Weaving Population and Public Health Principles in a Family Medicine Residency: Results from a Regional Medicine Public Health Center Grantee (Seminar)
- **Warren Ferguson, George Maxted, Beth Mazyck, Scott Early, James Ledwith** and **Fran Anthes**
  Everything You Always Wanted to Know About a Community Health Center But Were Afraid to Ask (Workshop)
- **Gerry Gleich, Carole Upahur, Pamela Grimaldi** and **Allison Hargreaves**
  Implementing a Chronic Pain Management Protocol in a Residency Practice (Seminar)
- **Joseph Gravel**
  Teaching Residents (and Faculty) "Organizational Effectiveness": An Important New Competency for the Personal Medical Home (Seminar)
- **Joseph Gravel**
  All I Really Needed to Know for FM Internship I Didn't Learn in Medical School: Assessing and Remediating at the Beginning of Residency (Seminar)
- **Erica Holland, MSII, Allison Hargreaves, Sara Shields, Linda Clark** and **Tracy Kedian**
  Group Perinatal Care: An Experiential Workshop (Workshop)

- **George Maxted**
  Uncontrolled Hypertension: Is It Resistant Hypertension, Secondary Hypertension or What? (Seminar)
- **George Maxted** and Joseph Tribuna
  Joint Injections (Workshop)
- **Stacy Potts** and **Allison Hargreaves**
  Residency as the Adolescence of Medical Training: Using Resident Portfolios to Help Chronicle Stages of Resident Development (Seminar)
- **Sara Shields, Linda Clark, Sofia Chu and Pearl Guerzon**
  Newborn Circumcision (Workshop)
- **Sara Shields, Allison Hargreaves** and **David Gilchrist**
  IUD/EMBx (Workshop)
- **Anthony Valdini,** Jean-Paul Dedam, Will Kaufman, **Carolyn Augart**, John Raser
  A Resident's Service Learning Project in Rural Nicaragua following the Bottom-Up, Outside-In and Top-Down Model (Seminar)

Society of Teachers of Family Medicine Annual Spring Conference, Vancouver, BC, April 24-28, 2010

- **Ron Adler, Dan Mullin, Jeanne McBride** and Chris Cernak
  Motivational Interviewing: A Pathway to and a Feature of the Patient-Centered Medical Home (Breakfast presentation/discussion)
- **Ron Adler, Jeanne McBride** and Chris Cernak
  Faculty and Leadership Development within a Diabetes Collaborative: Our Experiences at UMass (Peer Paper)
- **Lucy Candib**
  Growing Together: The Contribution of Very Long-term Continuity to Person Centered Care (Closing Plenary)
- **Alexander Blount, Stacy Potts, Dan Mullin** and **Carlos Cappas**
  Training Residents to Lead a Healthcare Team in PCMH: A Longitudinal, Integrated Curriculum (Poster)
- **Stephanie Carter, Suzanne Cashman, Lee Hargraves**
  Students' Perceptions of and Experiences with Primary Care During Medical Education-Influences on Specialty Choice (Peer Paper)
- **Alan Chuman, Jeanne McBride and Ron Adler**
  Who is Going to Mentor the Learners: A Quality Scholars Faculty Development Program (Peer Paper)
- **Warren Ferguson** with colleagues
  Collaborating to Create a Model Correctional Health Curriculum for Medical Schools and Residency Programs (Seminar)
- **Warren Ferguson, Beth Mazyck, James Ledwith, George Maxted, Tony Valdini**
  Everything That You Always Wanted to Know About Developing a Teaching Community Health Center (Seminar)
- **Lisa Gussak** and **Tracy Kedian**
  Another Valerie Plame Affair: Failure to De-Identify a Resident Presented at Grand Rounds (Peer Paper)
- **Tracy Kedian** and **Lisa Gussak** with colleagues
  Now What Do We Do. Remediation of Students Following a High Stakes Clinical Skills Assessment (Seminar)
- **Dan Lasser, Dennis Dimitri** and **Barbara Weinstein**
  Role of a Center for Primary Care at an Academic Health Science Center in Massachusetts (Lecture/Discussion)
- **Stacy Potts** and **James Broadhurst**
  Preparing Residents as Systems Leaders for the PCMH (Peer Paper)
- **Stacy Potts**
  Building a Foundation: More Than an Orientation, a Building Block for Success (Poster)
- **Sara Shields**, **Lucy Candib** and Marji Gold
  Language Matters: Woman-Centered Talk During Pelvic Exams (Seminar)
- **Hugh Silk**
  Sharing Our Stories: Our Department's Weekly Listserve of Clinical Success Stories (Poster)
- **Anthony Vadini**, **Carolyn Augart** and **Scott Early**
  Un Gran Exito: Five Years of Resident Spanish Language Immersion and Reinforcement in Lawrence, MA (Peer Paper)

American Public Health Association, Philadelphia, PA, November 8 – 11, 2009

- **Suzanne Cashman, Lucy Candib,** Patty Flanagan and **Matt Silva**
  Promoting Health through Physical Activity: Collaborative Leadership Between a Community Health Center and the YWCA
  Results from the Institute for Interprofessional Education
  Service-Learning as a Curricular Strategy for Achieving Public Health Core Competencies

- **Roger Luckmann** and **Judy Savageau**
  Patient Experiences with Long-term Opioids for Chronic Pain (Poster)
- **Judy Savageau** with **Linda Cragin,** Joan Pernice**, Warren Ferguson** and Donna Johnson
  Struggling to Stay Afloat with Health Care Reform: A Community Health Center Recruitment and Retention Primary Care Physician Study (Poster)
- **Hugh Silk**
  Central Massachusetts Oral Health Initiative: A Model for Comprehensive Oral Care (Poster)
- **Carole Upshur**
  Kidsteps: Primary Prevention of Early Childhood Behavior Problems (Preliminary Findings Paper)
- **Sharada Weir, Robin Clark** and **Jeffrey Baxter**
  Factors Affecting Prenatal and Postpartum Care for Medicaid Beneficiaries (Paper)

AAMC Annual Meeting, Boston, MA, November 9 –11, 2009

- **Warren Ferguson**
  Regional Medicine-Public Health Education Centers: Improving Population Health Education through the Continuum and Across Specialties (Panel)
- **Emily Ferrara**
  Expanding Diversity: strategies for Lesbian, Gay, Bisexual and Transgender (LGBT) Inclusion in Medical Education
- **Heather-Lyn Haley,** et al.
  Modern Moulage: Comparing the Use of 3-Dimensional Prosthetic Mimics of Dermatologic Lesions and Eruptions with Traditional Lecture Utilizing 2-Dimensional Images
- **Tracy Kedian**
  Now What Do We Do? Remediation After a High Stakes Clinical Skills Exam (Poster)
- **Michele Pugnaire**
  Current Issues in GME (Moderator)
  Advisor/Mentor Role in Guiding Future Primary Care Physicians
  Interprofessional Teaching and Learning: A Model for Program Outcome Evaluation
- **Susan Pasquale**
  Interprofessional Teaching and Learning: A Model for Program Outcome Evaluation (Moderator)
- **Mark Quirk**
  Teaching Reflection Through Communication (Moderator)

Fourth Annual Commonwealth Medicine Academic Conference on Correctional Health, Fort Lauderdale, FL – December 3-4, 2009

- **Laney Bruner-Canhoto**
  An Examination of Medical and Compassionate Release Programs and Recommendations for Massachusetts
- **Warren Ferguson** and David Thomas
  Growing Your Own: Correctional Health Fellowships
- **Jeremy Golding**
  The EKG as a Tool for Evaluation of Inmates with Chest Complaints
- **Heather-Lyn Haley** and Janet Fraser Hale
  You Get to See it All: Correctional Health Care Providers' Insights into Recruitment and Retention
- **Steve Martin** and Herbert Bean
  Health Effects of Mass Tobacco Cessation in Federal Prisons
- **Kenneth Fletcher,** et. al.
  Validation of the Mental Health Attitude Survey for Policy

STFM/UMass Medical School Faculty Development Workshop, Worcester, MA – December 4-5, 2009

- **Ron Adler and Dan Mullin**
  Motivational Interviewing: A Pathway to and a Feature of the Patient Centered Medical Home(PCMH)
- **Bob Baldor and Frank Domino**
  Teaching Clinical Effectiveness
- **Tracy Kedian** and **Sandy Blount**
  Teaching About the Challenging Patient Visit – Focus on Perspective
- **Stacy Potts** and **Allison Hargreaves**
  Goal Setting and Self-Assessment: Teaching Lifelong Learning Skills

- **Mark Quirk**
  Introduction to Expertise
- **Mark Quirk** and **Scott Wellman**
  Strategies for Teaching Diagnostic Reasoning and Reducing Cognitive Errors

Society of Teachers of Family Medicine Annual Pre-doctoral Education Conference, Jacksonville, FL, January 28-31, 2010

- **Jeff Baxter**
  Taking the Pain out of Pain Education: Take Home Tools for Your Institution (Workshop)
- **Mark Quirk** and **Lisa Gussak**
  More Than Just the "Challenging Learner", Using Complexity Science to Examine the Learning Environment (Workshop)
- **Hugh Silk** and Ashley Ferullo (MSIV) and **Judy Savageau**
  A National Survey of Oral health Education in US Medical and Osteopathic Schools (Poster)

Mass Academy of Family Physicians Annual Meeting, Leominster, MA, April 9-10, 2010

- **Bob Baldor**
  Chronic Constipation: An Evidence-based Approach
  Part B, Clinical Simulation, Maintenance of Certification Behavioral Health Self Assessment Module
- **Martin Devine**
  The Cruel Sun: Lesions Related to Sun Exposure
- **Dennis Dimitri**
  Atrial Fibrillation
- **Joseph Gravel**
  AR on RA: Audience Response on Rheumatoid Arthritis
- **George Maxted**
  An Evidence-based Approach to Dementia for the Busy Family Physician
- **Lana Sargent**
  Geriatric Screening and Preventive Care

AcademyHealth's Annual Research Meeting, Boston, MA – June 27-29, 2010

- **Robin Clark**
  Medicaid Funded Treatment for Opioid Addiction Treatment: Should Buprenorphine be Rationed?
- **Christine Clements**
  Achieving the Goals of Massachusetts Health Care Reform: The Contribution of a State Funded Enrollment Outreach Grant Program to Increase Enrollment in MassHealth (Massachusetts Medicaid) and Other State Subsidized Health Insurance Programs (Poster)
- **Lee Hargraves**
  Do Family Physicians Know the Health Literacy Skills of their Patients? (Poster)
- **Wen-Chieh Lin, et al.**
  The Effect of Health Coaching Services on Changes in Health Care Utilization and Expenditures for Medicaid Members with Chronic Conditions
  Improving Quality of Care for Medicaid Members with Chronic Diseases Through Health Coaching Services
- **Elaine Martin**
  NLM Update: Health Services Research and Public health Resources (Workshop Panelist)
- **Judy Savageau, et al.**
  Factors Related to the Recruitment and Retention of Primary Care Physicians at Community Health Centers: A Statewide Physician Survey (Poster)
  Self-Injurious Behavior in Prisons: A Nationwide Survey of Correctional Mental Health Disorders (Poster)
- **Barry Saver**
  The Critical Importance of Co-Morbidity in Assessing Health Disparities and Trends Using Ambulatory Care Sensitive Hospitalizations
- **Sharada Weir**
  Cervical Cancer Screening among Medicaid Managed Care Members: The Roles of Substance Use Disorders, Metal Illness and Disability Status
  Breast Cancer Screening among Medicaid Managed Care Members with a Work-Limiting Disability
  Breast Cancer Screening among Medicaid Managed Care Members with a Work-Limiting Disability (Poster)
  Breast Cancer Screening among Medicaid Managed Care Members with a Substance Use Disorder (Poster)

Other Presentations

Ron Adler
- *Optimizing the Care of Patients with Diabetes in Primary Care: A Systematic, Evidence-based Approach* (Grand Rounds at Heywood Hospital, Gardner, MA)
- *The Patient Centered Medical Home: A Model for Delivering Enhanced and Equitable Care* (Workshop, Student National Medical Association Region VII Annual Medical Education Conference, UMass)
- *Building a PCMH: Establishing Urgency and Leading Change* (Regional Meeting of the Safety Net Medical Home Initiative)

Ron Adler and Chris Stille
- *Planned Care at Every Visit* (Breakout Session, Regional Meeting of the Safety Net Medical Home Initiative)

Nicholas Apostoleris
- *Cluster B Personality Disorders* (Grand Rounds, HealthAlliance Hospital)
- *Moving Upstream: Expanding Prevention, Outreach and Community-Building Services at a Public Housing Primary Care/FQHC Organization* (Annual Public Housing Primary Care Conference)
- *Behavioral Health Issues Facing Women in Public Housing* (Public Housing Primary Care Regional Conference)
- *Public Housing 101* (Co-presenter, Public Housing Primary Care Regional Conference)

Katharine Barnard
- *Group Prenatal Care in a Small, Urban Family Practice* (Poster, Centering Healthcare Institute's National Conference)

Jeff Baxter
- *Minimizing the Abuse of Prescription Opioids: What Role for Providers, Patients and Communities* (Training session for Worcester Department of Public Health)
- *Taking the Pain Out of Pain Education: Take Home Tools for Your Home Institution* (TTT Workshop, Association for Medical Education and Research in Substance Abuse Conference, Washington, DC)
- *Medical and Mental Health Co-Morbidities of Patients Receiving Buprenorphine or Methadone Treatment for Opioid Dependence in Massachusetts Medicaid* (Research Presentation, Association for Medical Education and Research in Substance Abuse Conference, Washington, DC)
- *Buprenorphine Treatment at an Inner City Community Health Center: Patient Characteristics and Correlates of Treatment Retention* (Poster, Association for Medical Education and Research in Substance Abuse Conference, Washington, DC)
- *Minimizing Risk in the Prescription of Opioids for Chronic Pain* (American Society of Addiction Medicine Annual Medical Scientific Conference)
- *Exit Strategies from Opioid Pain Management* (Massachusetts Medical Society/DPH/Mass Hospital Assoc./Mass Board of Registration in Medicine)

Jeff Baxter, Robin Clark and Mihail Samnaliev
- *The Quality of Buprenorphine Treatment in Medicaid Beneficiaries* (Behavioral Health National Conference)

Alexander Blount
- *What a Mental Health Clinician Needs to Know to Succeed in Primary Care* (Pre-Conference Workshop Collaborative Family Healthcare Association Annual Conference)
- *Roundtable on Integration of Behavioral Health into Primary Care* (Altarum Institute and the National Council for Community Behavioral Health)
- Webinar for the Substance Abuse and Mental Health Services Administration on training mental health clinicians for work in primary care and for working with primary care providers
- Panel on Healthcare Delivery (IOM Conference, Healthcare Reform and Future Workforce Needs)

Alexandra Bonardi
- *Preventing Falls in People with Intellectual and Developmental Disabilities: S.T.O.P. Falls Pilot Study in Massachusetts* (American Association on Intellectual and Developmental Disabilities Annual Conference)
- *The Balance Between Choice and Control: Risk Management in New Zealand Intellectual Disability Services* (New Zealand Embassy, Washington, DC)

Alexandra Bonardi, Robert Baldor and colleagues

- AAIPP Healthcare Guidelines Workgroup Update (American Association on Intellectual and Developmental Disabilities Annual Conference)

James Broadhurst

- *People with Mental Illness: The Forgotten Health Disparities Group* (Mass DPH 2009 Ounce of Prevention Conference)
- *Facing Our Future: health People, Places and Policies* (Mass DPH 2009 Ounce of Prevention Conference)
- *Ronald McDonald Care Mobile's 10th Anniversary* (Featured speaker, International Webinar, Ronald McDonald House Charities)

Lucy Candib

- *Strengthening Our Writing: A Writing Workshop for Family Medicine Educators and Clinicians* (Workshop, WONCA World Conference)
- *Group Visits as a Model for Patient Empowerment (*Workshop, WONCA World Conference)
- *Effective Interventions Against Forms of Gender Violence Around the World (Symposium, WONCA World Conference)*

Suzanne Cashman

- *University of Connecticut's Provost's Commission on Public Engagement* (Spring Symposium)
- *Service-Learning: Principles, Practice and Pedagogy* (Community Campus Partnerships for Health meeting)
- *Leadership and Facilitating Change in the New Health Care System* (CDC's Experience Applied Epidemiology Fellowship Reunion and graduation)
- *Implementing the US Preventive Services Task Force Recommendations in Medical School and Residency* (Pre-conference, National AHEC Organization Meeting)

Suzanne Cashman, **Lucy Candib**, Patty Flanagan and **Matt Silva**

- *Lessons Learned from a Health Promoting Partnership (*Community Campus Partnerships for Health meeting)

Robin Clark, Mihail Samnaliev, Jeff Baxter and Greg Leung

- *Medicaid Expenditures for Buprenorphine, Methadone and Other Opioid Treatments* (Addiction Health Services Research Conference, San Francisco, CA)
- *Medicaid Funded Treatment for Opioid Addiction: Should Buprenorphine be Rationed?* (Addiction Health Services Research Conference, San Francisco, CA)

Christine Clements

- *Use of Theory of Change to Inform the Evaluation of a Geriatric Psychiatry Consultation Service for Primary Care Providers* (Annual Conference of the American Evaluation Association, Orlando, FL)
- *Evaluation of the Massachusetts Stroke Collaborative Reaching for Excellence* (Annual Conference of the American Evaluation Association, Orlando, FL)

Konstantinos Deligiannidis, Stephen Earls and **Dan Mullin:**

- *All for One, One for All: Barre Family Health Center's Approach to Improving Diabetic Care* (STFM Conference on Practice Improvement)

Frank Domino

- *Evidence-based Procedures for the Office* (Harvard Medical School's Pri-Med Boston Conference)
- *Child Abuse* (Harvard Medical School's Pri-Med Boston Conference)
- *Finding Best Evidence Answers on the Fly* (Pri-Med Baltimore Conference)
- *Evidence Based Procedures for Your Office* (Pri-Med Baltimore Conference)
- *Vitamin D Deficiency in the Ambulatory Setting* (Grand Rounds, Joslin Clinic)

Chyke Doubeni

- *Racial and Ethical Differences in Tumor Stage and Survival for Colorectal Cancer* (Workshop**,** Student National Medical Association Region VII Annual Medical Education Conference, UMass)
- *Neighborhood Socioeconomic Conditions and Use of Preventive Health Care Services in Insured Populations* (Paper, HMO Research Network Meeting)
- *Cancer Comparative Effectiveness Research* (Panelist, HMO Research Network Meeting)

- *Cancer Research* (Co-moderator, HMO Research Network Meeting)

Warren Ferguson, Tom Groblewski and **Tracy Kedian**
- *Tackling Challenging Topics with Challenging Inmates: Advanced Clinical Communication to Reduce Risk* (National Commission on Correctional Health Conference)

Emily Ferrara
- *Does Diversity Mean Us? LGBT Inclusion in the Institutional Climate of Health Professional Schools* (27th Annual Conference of the Gay & Lesbian Medical Association)
- *Does this Mean Us? LGBT Inclusion in the Institutional Climate of Health Professional Schools* (Plenary, 27th Annual Conference of the Gay & Lesbian Medical Association)
- *Innovative Strategies to Imporve Physician Screening and Referral of Substance Use Disorders in Medical/Surgical Patients* (Academy of Psychosomatic Medicine)

Warren Ferguson
- *Ensuring Safe and Effective Communication Between Limited English Proficiency Patients and their Providers* (Grand Rounds, Cambridge Health Alliance)

Warren Ferguson, Somith Peou and Sheila Och
- *The Doctor and Immigrant Patients. How, What and Why* (Grand Rounds, Lowell General Hospital)

Erik Garcia
- *Healthcare for the Homeless* (Workshop, Student National Medical Association Region VII Annual Medical Education Conference, UMass)

Jeremy Golding
- *EKG Patterns of Ischemia and Infarction* (Commonwealth Medicine, Correctional Health division, presentation)

Jasen Gundersen
- *The Hospital Medicine Program* (Dept. of Family Medicine, University of New Mexico)
- *The Hospitalist Blueprint: How to Design the Ideal Hospital Medicine Program* (Grand Rounds, University of Utah, Department of Family & Preventive Medicine)

Lee Hargraves, Daniel Lasser, **Heather-Lyn Haley** and **Linda Weinreb**
- *What Are Physicians' Perceptions of Problems in Primary Care and How Can These Problems be Solved?* (6th Annual AAMC Workforce Conference, Alexandria, VA)
- *Perceptions of Bias in Medical Care Among Patients Living with Diabetes* (Poster, Annual Research Meeting of Academy Health, Chicago, IL)

Lee Hargraves, **Barry Saver**, **Roger Luckmann**, **Heather-Lyn Haley** and Gail Sawosik)
- *Family Physicians' Judgments of Their Patients' Health Literacy Skills* (Annual Agency for Healthcare Quality and Research National Practice Based Research Network Conference)

Mick Huppert
- *Teaching Health Center Roundtable* (Medical Education Futures Study of the Department of health Policy, George Washington University)

Courtney Jarvis and **Daniel Mullin**
- *Improving Multi-Disciplinary Diabetes Care Through Collaborative Practice Re-design* (Collaborative Family Healthcare Association)

Tracy Kedian
- *Clinical Skills Remediation and Learner Assistance* (Workshop, Program Director's Retreat, Maine Medical Center)

Mary Ellen Keough
- *Marketing of Medicine* (Consumer and Prescriber Education Grant Programs)

James Ledwith

- *Hospital Pain Management in Opiate Dependent Patients: Implications of Buprenorphine Therapy* (Grand Rounds, UMass HealthAlliance Hospital)

Leonard Levin

- *Collaborative Cross-Institutional Model for Faculty and Librarians Teaching Evidence-based Practice: A Future Fusion Recipe* (North Atlantic Health Sciences Libraries Meeting)

Leonard Levin et al.

- *Developing and Testing a Grading Rubric to Assess Students' Evidence-Based Medicine Search Skills: the Experience of a Cross-Institutional Collaborative Instruction Team* (Annual Meeting of the Medical Library Association)
- *Evidence-Based Medicine Instruction in Integrative Medical School Curricula: A Tale of Two Libraries* (Poster, AAMC Northeastern Group on Educational Affairs Regional Conference)

Wen Chieh Lin, Robin Clark et al.

- *Twelve Month Diagnosed Prevalence of Behavioral Health Disorders in Medicine and Medicaid Members* (Gerontological Society of America 62nd Annual Scientific Meeting, Atlanta, GA)

Wen Chieh Lin, Laney Bruner-Canhoto et al.

- *The Impact of Group Adult Foster Care Services on Nursing Facility Admission* (Gerontological Society of America 62nd Annual Scientific Meeting, Atlanta, GA)

Mary Lindholm

- *Professional Interpretation's Effect on Length of Stay and Re-Admission* (Workshop Co-presenter, International Medical Interpreters Meeting)
- *Developing Best Practices for Interpretation in Community Health Centers* (Workshop Co-presenter, International Medical Interpreters Meeting)

Rebecca Lubelczyk

- *Basic Training – Corrections, Culture and Medicine* (2nd Annual Medical Director Boot Camp Conference for Medical Directors of Correctional Facilities)

Jeffrey Manning and **Darius Greenbacher**

- *Exertional Thigh Pain in a Cyclist* (American Medical Society of Sports Medicine Annual Meeting)

Jeffrey Manning and **Herb Stevenson**

- *Shoulder Injury in a Football Player* (American College of Sports Medicine Annual Meeting)

Steve Martin

- *The Federal Bureau of Prisons' Tobacco Ban of 2004: Opportunities for Research* (MGH's Tobacco Research & Treatment Center Research Conference)

Steve Martin, et al.

- *Check Up: A History of the Annual Preventive Examination in America and its Social Context* (Colloquium on the History of Psychiatry and Medicine, Countway Library of Medicine)
- *"The Basic Missing Ingredient": Multiphasic Screening from `949-1970* (American Association for the History of Medicine)
- *Triage Considerations* (with the nursing staff of the Federal Medical Center, Devens)

Jeanne McBride

- *The Quality Journey, Past, Present and Future* (Maine Geriatric Project Conference, Portland, ME)

Jeanne McBride and Chris Stille

- *Quality Improvement 201: Context-Relevant QI Leadership Training for the Busy Clinician* (NICHQ, Annual Forum for Improving Children's Healthcare and Childhood Obesity Congress)

Susan Pasquale

- *Using Human Patient Simulators to Enhance Pharmacology Education throughout the Undergraduate Medical Curriculum* (American Society of Pharmacology and Experimental Therapeutics and Annual Meeting of the International Association of Medical Science Education)

Susan Pasquale, et al.

- *Teaching Medical Students How to Teach: A national Survey of Students as-Teachers Programs in US Medical Schools* (AAMC Northeast Group on Educational Affairs Annual Retreat)
- *What Should a Medical Student Be Able to Teach? Deciding Upon Competencies for Programs to Train Medical Students to Be Teachers* (AAMC Northeast Group on Educational Affairs Annual Retreat)

Michele Pugnaire

- *Perspectives on Primary Care, Diversity and Life-long Learning: A Personal Reflection* (Plenary, Student National Medical Association Region VII Annual Medical Education Conference, UMass)

Mark Quirk

- *Clinical Expertise: A Conceptual Model for Evidence-Driven Medical Education* (Plenary, NYU School of Medicine)
- *Changing the Culture of Medical Education* (Distinguished Lecture, Annual Education Day, Baylor College)

Mark Quirk and **Warren Ferguson**

- *Engaging the Patient in Shared Decision Making and Self-Management*

Donna Rivera

- *Lawrence Latino Nursing Program* (National AHEC Organization Meeting)

Christine Runyan

- *Does Psychology Really Need to Embrace Integrated Care?* (National Council of the School of Professional Psychology Conference)
- *How Prepared is Behavioral Health for the Patient Centered Medical Home?* (Keynote, National Council of the School of Professional Psychology Conference)

Christine Runyan and **Hugh Silk**

- *Body Parts Uncovered: Health Care Above the Neck – Mental Health's Connection to Systemic Illness* (Massachusetts Health Council Meeting)

Judy Savageau, David Keller, et al.

- *Behavioral Health Screenings for Children on Massachusetts Medicaid* (Pediatric Academic Societies Annual Meeting)

Judy Savageau, Melissa Fischer, Susan Starr and David Hatem

- *Innovative Teaching Methods for Introducing Quality Improvement to Medical Students* (AAMC Northeast Group on Educational Affairs Annual Retreat)

Judy Savageau, Chris Stille, Elizabeth Murphy and Jeanne McBride

- *Think QuIC: Innovative Teaching Methods for Introducing Quality Improvement to Medical Students, Residents and Faculty* (Poster, AAMC QI Conference)

Sara Shields

- *Woman-Centered Maternity Care: Challenges and Strategies* (Keynote Address, AAFP Family Centered Maternity Conference)
- *Detection, Prevention and Treatment of Intimate Partner Violence and Trauma in Pregnancy* (AAFP Family Centered Maternity Conference)
- Case Studies in Woman-Centered Maternity Care (Workshop Co-Presenter, AAFP Family Centered Maternity Conference)
- Providing Appropriate and Effective Care to Women Across the Cultural Spectrum (Workshop Co-Presenter, AAFP Family Centered Maternity Conference)

Sara Shields and **Lucy Candib**

- *Women-Centered Care in Pregnancy and Childbirth* (UMMS, Humanities in Medicine Series)

Hugh Silk
- *Medicine and Dentistry Working Together* (7th Annual New Hampshire Oral Health Forum: Medicine & Dentistry: Partners in Health)
- *Connecting the Body Parts* (Keynote Address, Massachusetts Health Council)
- *Doing the Right Thing and Getting Paid for It!: A Workshop on Fluoride Varnish* (Rhode Island American Academy of Family Physicians Annual Conference)
- *Closing the Gap: An Experience from Family Medicine* (Delta Dentals' Practical Approaches for Collaborative Medical/Dental Care Conference)
- *Pregnancy and Oral Health* (35th Annual Yankee Dental Congress)
- *Primary Care Clinicians Providing Fluoride Varnish* (39th Family Medicine Refresher Course)

Hugh Silk and **Sheila Stille**
- *Oral Health and Your Patients: Oral Systemic Complications and Saving Your Patients' Life!* (Interspecialty Grand Rounds, UMass Memorial)

Sheila Stille
- *Special Needs Patients* (35th Annual Yankee Dental Congress)

Joseph Stenger
- Invited Physician, Peer Observership Program (Palliative Care Service, Dartmouth-Hithcock Medical Center)

Carole Upshur, Gerald Gleich, Michelle Matthews, **Matthew Silva, Hugh Silk, Jeff Baxter, Courtney Jarvis, Linya Lang** and **Allison Hargreaves**
- *Assessing Guideline Concordant Chronic Pain Care in Family Practice Residency Training Sites* (Paper, North American Primary Care Research Group)

Linda Weinreb
- *Invited Speaker* (Greater Worcester Community Foundation's 2010 Insights Program, Pathways to Self-Sufficiency)

2010-11

Scientific Assembly of the American Academy of Family Practice, Denver, CO, September 29 – October 2
- **Bob Baldor**
  Cardiovascular Risk Reduction: Reducing Known and Emerging CVD Risk Factors (Paper)
  Autism Spectrum Disorder (Paper)
- **Frank Domino**
  Obesity and Therapeutic Options: Words Work! Using Motivational Interviewing for Weight Loss and Exercise (Paper)
  Top 10 Things I Learned this Year: 2010 (Paper)
- **Jill Grimes**
  Obesity: Quick and Easy Tools to Help Your Patients Lose Weight and Exercise (Paper)
  Dementia and Alzheimer's Disease: Remember This (Paper)

Family Medicine Education Consortium Conference, Hershey, PA, Oct. 29 – Nov. 1, 2010
- **David Gilchrist, Allison Hargreaves, Stacy Potts**
  A Family Affair; utilizing Web-Based Case Modules of a Fictional Family as an Innovative Approach (Seminar)
- **Allison Hargreaves**
  The Hospital as an Extension of the Patient Centered Medical Home (Seminar)
  Managing Patients on Chronic Opiates: Application of a Standardized Approach to One Physician's Practice (Poster)
- **Konstantinos Deligiannidis, Suzanne Cashman, Stacy Potts** and **Warren Ferguson**
  Chart Rounds: An Interdisciplinary Method of Teaching in the Patient-Centered Medical Home: Building an Inpatient Curriculum (Seminar)
- **Sara Shields, Padma Chundru, Hana Karim, et. al.**
  Improving Gestational Diabetes Care at a Community Health Center (Poster)
- **Stefan Topolski**
  Poetry of Life Presentation: It Only Takes One (Seminar)
  The Nature of Virtue in Heath Care Reform or Applications of Complexity in Medicine (Discussion Group)

- **Jordan White** (with colleagues)
  Successful, Accessible Global Health: Using a Student-Led Medical Mission Trip to the Dominican (Paper)

Massachusetts Academy of Family Physicians Spring Refresher, Leominster, MA, April 1-2, 2011

- **Ron Adler**
  Immunization Update
- **Carolyn Augart**
  Update on Migraine Headaches
- **Jeff Baxter**
  Monitoring Patients on Chronic Opioid Therapy
- **Robert Baldor**
  Maintenance of Certification Self-Assessment Module: Coronary Artery Disease
- **Felix Chang**
  Antibiotics
- **Sara Shields**
  VBAC Update
- **Matthew Silva**
  Anticoagulation

Society of Teachers of Family Medicine Annual Spring Conference, New Orleans, LA, April 27 – May 1, 2011

- **Bob Baldor, Phil Fournier, Judy Savageau**
  Family Physicians' Care/Referral Patterns for HIV/AIDS Patients (Poster)
- **Jeff Baxter**
  Minimizing the Misuse of Opioids in Chronic Pain Treatment: A Case Based Curriculum (Lecture/Discussion)
- **Jeff Baxter, et.al.**
  Knowing When to Say When: Transitioning Chronic Pain Patients from Opioid Therapy (Seminar)
- **Lucy Candib, et. al.**
  Group on Minority and Multicultural Health Service Project – Mentoring Minority Students (Seminar)
- **Lucy Candib** (with John Frey, Gayle Stephens and David LoxterKamp)
  Reading "A Fortunate Man" (Reflection)
- **Stephanie Carter (PGY-3), Jennifer O'Reilly**
  Maternal Child Health Education: Redesigning the Resident Experience Through and Online Module-based Curriculum (Poster)
- **Suzanne Cashman, Warren Ferguson, Kosta Deligiannidis, Heather Lyn-Haley, Stacy Potts**
  Chart Rounds: An Inter-professional Approach to Teaching Population Health (Work in Progress-Resident Education)
- Laura Beth Chamberlain, Shirin Madjzoub Celebri, **Carlos Cappas, Dean Cleghorn, Kiame Mahaniah,** Sarah Diaz, **Christine Rooney** (Greater Lawrence Family Medicine Residency)
  Teaching Residents and Family Health Center Staff Quality Improvement Using a Multi-disciplinary Clinical Team Model (Lecture/Discussion)
- **Kosta Deligiannidis, Warren Ferguson, Suzanne Cashman, Stacy Potts**: *Chart Rounds: An Interdisciplinary Method of Teaching in the Patient-centered Medical Home* (Roundtable Presentation)
- **Anna Doubeni, Mick Godkin, Warren Ferguson, Jim Ledwith and Stacy Potts**
  An Innovative Approach to Global Health Education: The Integration of Public Health and Clinical Medicine (Work in Progress-Global Health)
- **Jeffrey Geller** (Greater Lawrence Family Medicine Residency) et. al.
  Establishing and Maintaining Group Medical Visits in Underserved Communities (Seminar)
- **Joseph Gravel, Anthony Valdini, and Stacy Potts**: *Teaching Health Centers: Opportunity is Knocking* (Roundtable Presentation)
- **Lisa Gussak, Stacy Potts, Tracy Kedian, Mark Quirk**
  Teaching Experiential Learning, Time Management and Study Strategies Within a Foundations Month (Lecture/Discussion)
- **Tracy Kedian**
  Did We Get it Right? Evaluating the Effectiveness of Remedial Teaching (Work in Progress-Resident Education)
- **Jim Ledwith, Beth Mazyck, Nic Apostoleris, Raj Hazarika**
  Resident Training in Opiate Addiction Therapy: Strategies for Success (Lecture/Discussion)
- **Mary Lindholm and Warren Ferguson**
  Can We Create a Medical Home for Limited-English-proficiency Patients? (Lecture/Discussion)
- **Stacy Potts**

Implementation and Development of Learner Portfolios: The Next Important Step in the ACGME Outcomes Project (Lecture/Discussion)

- **Christine Runyan, et. al.**
  A Wiki in the Works: Organizing the Basics of Behavioral Science Resources on the STFM Resource Library (Roundtable Presentation)
- **Sara Shields, Allison Hargreaves, Linda Clark, Stephanie Carter, Katharine Barnard, Jennifer O'Reilly, Margo Kaplan-Gill,** Erica Holland, **Tracy Kedian**
  Group Care Facilitation: An Experiential Seminar (Seminar)
- **Awais Siddiki** (PGY-3), Minh Nguyen, Ayach Mouhanad, Katherine Fitzgerald
  Resident Training in Opiate Addiction Therapy: A Residency Practice QI Project (Poster)
- **Hugh Silk, et, al.**
  From Concept to Conclusion: Bringing Your Project to Fruition through Effective Fundraising and Project Management (Seminar)
- **Hugh Silk, et. al.**
  New STFM Smiles for Life Third Edition: How to implement it in Your Program (Seminar)
- **Joe Stenger**
  Lessons from Palliative Care: Recognizing and Treating Hypoactive and Hyperactive Delirium (Lecture/Discussion)
- **Jordan White, Sara Shields, et.al.**
  Teaching Prenatal Care through Group Visits: Learning From Experience (Work in Progress)

American Public Health Association, Denver, CO, November 6 – 10, 2010

- **Teresa Anderson**
  Promoting Safe Medication Administration in Massachusetts Nursing Homes
- **Suzanne Cashman, Lucy Candib, Matt Silva, et al.**
  If You Build it, They Will Come: A Partnership Between a Community Health Center and a Local YWCA/YMCA
- **Celeste Lemay and Suzanne Cashman**
  Results of Focused Group Interviews with People Living with HIV/AIDS Receiving Dental Case Management (Poster)
- **Linda Long-Belil**
  Impact of Unmet Need for Health and Mental Health Care on Employment for Persons with Disabilities
- **Monika Mitra, with colleagues**
  Physical Abuse Among Pregnant Women with Disabilities in Massachusetts
  Health Inequities and Disability: Addressing an Injustice through Advocacy and Research
- **Judy Savageau**
  Recruitment and Retention of Primary Care Providers at Community Health Centers: Consequences of Health Care Reform (Poster)
- **Judy Savageau, A. Ferullo and Hugh Silk**
  A National Survey of Oral Health Education in US Allopathic and Osteopathic Schools (Poster)
- **Judy Savageau, with colleagues**
  Self-injurious Behaviors in Prisons: A Nationwide Survey of Correctional Mental Health Directors
  Visual Impairment and Chronic Disease: A Community Approach to Self-Management for a Population Disproportionately Affected by Diabetes and Eye Disease (Poster)
- **Michael Tutty**
  Health Reform Challenges Understanding Low-income Massachusetts Residents who Remain Uninsured
- **Michael Tutty, Warren Ferguson, Mary Lindholm, Lee Hargraves**
  Language Services Improvement Collaborative (Poster)
- **Santosh Verma, with colleagues**
  Workers' Experience of Slipping in US Limited-service Restaurants (Round Table)
  Risk Factors for Slipping in US Limited-service Restaurant Workers

Fourth Annual Commonwealth Medicine Academic Conference on Correctional Health, Quincy, MA – March 10-11, 2011

- Tom Lincoln, **Rebecca Lubelczyk**, Katherine Hsu
  Managing STDs in the Correctional Setting: The New Guidelines and a Handbook for Clinicians
- **Tom Groblewski** with colleagues
  Telemedicine's Potential: Enhancing Access and Efficiency of Quality Inmate Care: LSH/UMCH Experience
- P. Kirby, **Warren Ferguson, Ann Lawthers**
  Post-release Use of MassHealth Services

- **Tom Groblewski** and Janet Fraser Hale
  Corrections/Academic Partnership: Innovations for Workforce Development and Quality Outcomes

Society of Teachers in Family Medicine Annual Medical Student Education Conference, Houston, TX, January 20-23, 2011

- **Frank Domino, Mary Lindholm, Mark Quirk and Robert Baldor**
  Pivotal Events: The Good and Bad Role Models in Our Practices
- **Tracy Kedian**
  Another Valerie Plume Affair: Failure to De-identify a Resident Prevented Presented at Grand Rounds
- **Tracy Kedian, Judy Savageau and Mark Quirk**
  Did We Get it Right? Evaluating the Effectiveness of Remedial Teaching
- **Jordan White, Ciaran DellaFera (MSIII), Vincent Miccio (MSIII)**
  Accessible, Educational, High Quality Global Health Care: Lessons Learned from a Medical Mission Trip

Mass Academy of Family Physicians Annual Meeting, Leominster, MA, April 9-10, 2010

- **Alan Ehrlich**
  Dealing with the Disability Seeking Patient

Other Presentations:

Ron Adler

- *Diabetes Treatment and Interventions* (AAFP Live!, Orlando, FL)
- *Diabetes: Special Situations and Complications* (AAFP Live!, Orlando, FL)

Ron Adler and Sandy Blount

- *Integrating Behavioral Health Services into Primary Care: Considerations for the Patient-Centered Medical Home* (IHI Annual International Summit on Improving Patient Care in the Office Practice and the Community, Dallas, TX)

Nicholas Apostoleris

- *Co-Occurring Disorders: Toward Better Understanding and Treatment* (Workshop, National Health Care for the Homeless, Waltham, MA)
- *Workplace Environments and Morale* (Workshop, Health Care for Residents of Public Housing National Training Conference, Washington, DC)

Bob Baldor

- *EBM for the Practicing Clinician* (New Hampshire Academy of Family Physicians Annual Meeting, Whitefield, NH))
- *Addressing Traditional and Emerging Cardiovascular Risk Factors* (New Hampshire Academy of Family Physicians Annual Meeting, Whitefield, NH))
- *Skin Cancers: Preventing, Screening and Treating* (AAFP Scientific Assembly Conference, Orlando, FL)
- *Evidence-based Medicine/Interpretation of Research and Test Results: For the Practicing Clinician* (AAFP Scientific Assembly Conference, Orlando, FL)

Jeff Baxter

- *Minimizing Opioid Misuse in Primary Care* (Los Angeles Veteran's Administration Health System)
- *Grand Rounds* (Department of Family Medicine, Santa Monica Hospital)
- *How to Integrate the Use of Medications to Support Addiction Recovery into Drug Court Proceedings* (Panel, Substance Abuse and Mental Health Services Assistance joint Drug Court Enhanced Program)
- *Prescription Drug Abuse in Youth* (Surgeon General's Expert Panel, Washington, DC)
- *Safety in Opioid Prescribing Course* (Mass Board of Registration and the Department of Public Health) Course is available online through Boston University CME at http://www.opioidprescribing.com/overview
- *Buprenorphine Education* (SAMHSA's Expert Panelist)

Alexander Blount

- *Integrating Behavioral Health and Primary Care for People Coping with Serious Mental illness: How the Patient-Centered Medical Home Can Bring it Together* (Collaborative Family Healthcare Association Annual Conference)
- *Integrated Primary Care* (New Hampshire Integrated Care Learning Community)

- *Certificate Program in Primary Care Behavioral Health* (SAMHSA/HRSA Conference on Workforce Issues for Integration of Substance Use Services into Primary Care, Washington, DC)

Alexander Blount and Ron Adler
- *Orientation to Collaborative Care for Mental Health Specialists* (Pre-Conference Workshop Collaborative Family Healthcare Association Annual Conference)

Alexander Blount and Miguel Olmedo
- *Integrated Primary Care* (Webinar, SAMHSA/HRSA's Center for Integrated Health Solutions)

Alexander Blount, Tina Runyan and David Gilchrist
- *Integrating Behavioral Health Into Primary Care for Improved Patient Care* (Mass School of Professional Psychology, Mass League of CHCs and MassPro, Boston)

Brad Bley (Sports Medicine Fellow)
- *An Unusual Case of Shoulder Pain in an Ice Hockey Player, A Rare Case of a First Rib Fracture* (Annual Northeast American College of Sports Medicine Meeting, Providence, RI)

Alexandra Bonardi
- *Risk Management in AT: Failure Modes and Effects Analysis to Manage and Anticipate Risks in the Delivery of AT* (NSF Conference, Yeditepe University, Istanbul, Turkey)

Alexandra Bonardi and E. Lauer
- *Operational Definition of Intellectual Disability.* (Health Frontier in Intellectual Disability Conference, Bethesda, MD)

Lucy Candib (co-authors Suzanne Cashman and Matt Silva)
- *Paying for Exercise after Getting it For Free: Impact of Membership Fee on Patient Usage of the YMCA* (Paper, North American Primary Care Research Group)

Suzanne Cashman
- *Developing Learner Assessment Instruments: Why, What and How?* (AAMC Patients and Populations Conference)
- *Facilitator, Annual Paul Ambrose Symposium* (Washington, DC)
- *Optimizing Reflection as a Teaching and Learning Tool in Community-University Partnerships* (Community Campus Partnerships for Health's Annual Meeting, Toronto)

Matilde Castiel et al.
- *Hector Reyes House* (Poster, National Hispanic Medical Association)

Felix Chang
- *Nei Dan Qi Gong, The Internal Elixir Qi Gong* (Complementary and Alternative Medicine Academic Interest Group Meeting)
- *The Standard of Diabetes Care 2011. What's the Evidence?* (Grand Rounds, UMass Memorial HealthAlliance)
- *Energetic Embryology and Anatomy of the Qi: The Root of Acupuncture* (Poster, UMMS 3rd Annual Complementary and Alternative Medicine Expo)

Christine Clements
- *A Community Response: Addressing Suicide and Depression Among Men on Cape Cod* (Panel, MA Department of Public Health Annual Suicide Prevention Conference)

Joe DiFranza
- *Children's Loss of Autonomy Over Smoking: The Global Youth Tobacco Survey* (First Pan Hellenic Conference on Tobacco Control)
- *Preventing Smoking Among Youth* (First Pan Hellenic Conference on Tobacco Control)

Konstantinos Deligiannidis:
- *Weaving Population and Public Health Principles in a Family Medicine Residency via Senior Projects: Results from a Regional Medicine Public Health Center Grantee* (AAMC Patients and Populations Conference)
- *Training Health Professionals for Accountability in Prevention and Population Health* (Association for Prevention Teaching and Research Conference, Washington, DC)

Frank Domino:
- *Using Motivational Interviewing for Weight Loss and Exercise* (Keynote, UMMS/Beth Israel Deaconess Conference, Boston)
- *Substance Abuse and Prevention: Dealing with Drug Seeking Patients* (AAFP Scientific Assembly Conference, Orlando, FL)
- *Top Ten Things I Learned in 2011: Update* (AAFP Scientific Assembly Conference, Orlando, FL)

Chyke Doubeni
- *Citywide Colon Cancer Control Coalition Summit (New York City)*
- *Getting Evidence-Based Practices into Primary Care on the Community Level* (Panelist, Dialogue for Action™ on Colorectal Cancer Screening, Baltimore, MD)
- *Mock NIH Scientific Review Group* (Professional Development Workshop, Cancer Health Disparities Program meeting, Bethesda, MD)
- *A Career in Cancer Research in the HMO, CRN* (47th Regular Meeting of the NCI Board of Scientific Advisors)

Chyke Doubeni with Ann Zauber
- *Focused Clinical Update Session on Colorectal Cancer Screening and Surveillance* (Digestive Disease Week 2011, Chicago)

Michael Ennis
- *The Challenges of Providing Training, Accommodations and Career Guidance to Students with Disabilities* (2011 AAMC Professional Development Conference for Student Affairs and Careers in Medicine, Miami, FL)

Warren Ferguson
- Panelist, National Health Service Corps Community Connections Event

David Gilchrist
- *Fathers Supporting Expectant and New Mothers* (Task Force, Worcester Healthy Start Initiative Community Consortium)

Jill Grimes
- *Dementia and Alzheimer's Disease: Remember This: Practical Tips for Your Dementia Patients* (AAFP Scientific Assembly Conference, Orlando, FL)

Leonard Levin, Suzanne Cashman, Heather-Lyn Haley, Kosta Deligiannidis, Stacy Potts, Judy Nordberg **and Warren Ferguson**
- *Multi-Disciplinary Experts Supporting Graduate Medical Education through Participation in COMPLETE Chart Rounds* (Poster AAMC Patients and Populations Conference)

Leonard Levin with Judy Nordberg and **Heather-Lyn Haley:**
- *Being There, There and There: Using Research Methodology to Evaluate the Effectiveness of Librarians Embedded in Chart Rounds within a Multi-Center Family Medicine Residency Program* (Paper, Medical Library Association Conference, Minneapolis, MN)

Mary Lindholm
- *Panelist at the Robert Wood Johnson Foundation Aligning Forces for Quality, Equity and Language Improvement Collaborative Keystone Meeting*

Rebecca Lubelczyk
- *Pain Management Workshop* (National Commission on Correctional Health Care)
- *Management of Chronic Pain* (Annual Society of Correctional Physicians)

Mary Costanza, **Roger Luckmann** et al.
- *A Mammography outreach Effort Affecting Women at Risk, Providers and Health Plan* (National Cancer Institute's Conference on Multilevel Interventions in Health Care, Las Vegas, NV)

Roger Luckmann with colleagues
- *Learning from a Model of Multilevel Interactions and Interventions in an Implementation Study* (National Cancer Institute's Conference on Multilevel Interventions in Health Care, Las Vegas, NV)

Gabe Lurvey (Sports Medicine Fellow)
- *A Field Hockey Player with Pelvic Pain, An Unusual Case of a Pelvic Rami Stress Fracture* (Annual Northeast

American College of Sports Medicine Meeting, Providence, RI)

Dan Mullin
- *Road Map to Success as a New Behavioral Scientist in a Family Medicine Residency Program (Panel Discussion,* Forum for Behavioral Science in Family Medicine)
- *Motivating Healthy Habits for Parents of Children and Teens with Diabetes* (UMass Memorial Family Diabetes Day)

Dan Mullin and Courtney Jarvis
- *Informing Practice Redesign with the Patient Assessment of Chronic Illness Care in a Diabetes Collaborative*

Dan Mullin, Tina Runyan and Stacy Potts
- *What New Family Physicians Want: Results of a Behavioral Science Survey of Attitudes and Skills* (Forum for Behavioral Science in Family Medicine)

Dan Mullin, Ron Adler
- *A Behavioral Health Clinician's Guide to Helping Practices Prepare for PCMH Recognition* (Collaborative Family Healthcare Association Annual Conference)

Joanne Nicholson, Linda Weinreb, Christine Runyan and Katie Biebel
- *Creating Opportunities for Success: Working with Trauma Survivors in the Shelter Setting* (Family Provider Enrichment Day, Central Mass Housing Alliance, Worcester)

Diana Robillard, Laura Spring, **Susan Pasquale** and **Judy Savageau**
- *Identifying Characteristics of Effective Small Group Learning Valued by Medical Students and Facilitators* (Paper, AAMC New England Group on Educational Affairs, Washington, DC)

Susan Pasquale, et al.
- *Educational Quality Assurance (EQA) in the Simulation Center* (Expert Panelist, International Meeting on Simulation in Healthcare)
- *Don't Stop Now! PMPC: A Collaborative Model for Moving Presentations into Publications?* (AAMC Northeast Group on Educational Affairs Annual Retreat)

Michele Pugnaire, Mark Quirk, Melissa Fischer, Janet Hale, Deb DeMarco
- *Critical Thinking* (Millennium Conference, Shapiro Institute/Harvard Medical School)

Jennifer Reidy
- *Anorexia-cachexia Syndrome and the Use of Artificial Nutrition and Hydration at End of Life* (Palliative Medicine's Intensive Board Review Course)
- *Palliative Wound Care* (Palliative Medicine's Intensive Board Review Course)
- Urgent Conditions: Bowel Obstruction, Spinal Cord Compression, Seizures and Hypercalcemia (Palliative Medicine's Intensive Board Review Course)
- *Palliative Care and Survival* (UMass Memorial, Grand Rounds, Department of Oncology)
- *Communication Skills* (American Academy of Hospice and Palliative Medicine)

Christine Runyan
- *The Elephant in the Exam Room: Evidence-Based Assessment and Treatment of Trauma and Posttraumatic Stress Disorder in Primary Care* (Collaborative Family Healthcare Association Annual Conference)
- *Chronic Pain and Post-Traumatic Stress Disorder in Primary Care* (Final Project, UMass, OFA, Junior Faculty Development Program
- *Home from War: Providing Post-Combat Support for Returning Combat Veterans and Their Families* (Pri-Med Atlantic 2011 Conference, Baltimore, MD)

Barry Saver (co-authors were **Lee Hargraves** and Kathleen Mazor)
- *Predicting Diabetic Complications for Patients: Do We Feel Lucky?* (Distinguished Paper, North American Primary Care Research Group)

Hugh Silk

- *Integrating Children's Oral Assessment and Fluoride Varnish in Your Practice* (Keynote Speaker, May 2011)
- *Putting Prevention into Practice: Future Directions* (Forsyth Institute, May 2011)
- *Practical Approaches to Oral Health/Fluoride Varnish Promotion in the Primary Care Setting* (Mass League of Community Health Centers, Medical Directors)
- *Practical Oral Health Tools for Primary Care Practitioners* (New England Rural Oral Health Conference, Nashua, NH)

Hugh Silk, **Judy Savageau**, A Ferullo

- *A National Survey of Oral Health Education in US Medical and Osteopathic Schools* (Poster at National Oral Health Conference. American Public Health Annual Meeting and Massachusetts Medical Society 5th Annual Research Poster Symposium for Medical Students and Residents)

MK Boucher, **Hugh Silk**, **Judy Savageau**, **Katharine Barnard**, M Flynn

- *Improving Prenatal Education in Health Center: A Pilot Study* (Poster, UMMS Senior Scholars)

D Loxterkamp and **Hugh Silk**

- *The Hidden Cost of Caring for Others. After Shock – Humanities Perspective in Trauma* (Maine Humanities Council, Washington, DC)

M Deutchman and **Hugh Silk**

- *Smiles for Life: A National Oral Health Curriculum for Medical Professionals* (National Oral Health Conference)

Sheila Stille

- *Treating Special Needs Patients in Your General Dental Practice* (36th Annual Yankee Dental Congress)

Herb Stevenson

- *Platelet Rich Plasma and Regenerative Therapies in Sports Medicine* (Harvard's Sports Medicine Symposium 2010)
- *Point-Counterpoint, Role of Platelet Rich Plasma in Sports Medicine* (Annual Northeast American College of Sports Medicine Meeting, Providence, RI)

Stefan Topolski

- *Alternative Approaches to ADHD Diagnosis and Treatment Workshops* (Mary Lyon Foundation's 21st Annual Special Education Conference)
- *Understanding Health from a Complex Systems Perspective* (8th International North American Complexity Conference, Boston)
- *The Nature of Virtue in Health Care Reform* (8th International North American Complexity Conference, Boston)
- *Improving the Medical Home through and Understanding of Complex Systems* (8th International North American Complexity Conference, Boston)
- *An Ethnographic Landscape of Clinicians' Understanding of Complex System Principles* (8th International North American Complexity Conference, Boston)
- *Epidemiologic Validation of a Complex Systems Health Model* (8th International North American Complexity Conference, Boston)
- *Pre-existing Complex Systems Concepts Among Complexity Naïve Physician Peers* (8th International North American Complexity Conference, Boston)

Suryadutt Venakat

- *Presence of Proteinuria and 36-Year All-Cause Mortality: The Honolulu Heart Program* (2011 American Geriatrics Society Annual Conference, Maryland)

Linda Weinreb and Debra Rog

- *Exiting Shelter: An Epidemiological Analysis of Barriers and Facilitators for Families* (NYC Department of Homeless Services; Results of the Massachusetts Study)

Linda Weinreb and Carole Upshur

- *Health Care as an Opportunity to Address Multiple Concerns that Affect Housing Stability Among Homeless Families: Summary of Research and Interventions* (Grand Rounds, Center for Homelessness Prevention Studies, Columbia University, NYC)

- *Developing a Brief Alcohol Intervention for Homeless Women in an HCH Clinic: Population Risk and Challenges* (Workshop, 2011 National Healthcare for the Homeless Conference, Washington, DC)

Anthony Valdini
- *Long Term Follow-up of Cancer and Dysplasia After Positive Initial Evaluation of AGC Pap Smears in a Minority Population* (North American Primary Care Research Group)

Anthony Valdini and **Carolyn Augart**
- *Cancer Diagnosis After Negative AGC Diagnosis: Does Age Matter* (North American Primary Care Research Group)

2011-12

Scientific Assembly of the American Academy of Family Practice, September 14-17, 2011
- **Alan Ehrlich**
  Dealing with Disability Seeking Patients
- **Jill Grimes**
  Health Promotion/Community Health

Family Medicine Education Consortium Conference, Danvers, MA, Oct. 20 – 23, 2011
- **Carolyn Augart, Anthony Valdini,** et al.
  Preparing for an International Service Trip (Workshop)
  Doctors without PowerPoint: lasting Impact through Education of Local Health Workers (Seminar)
  Off the Map: Medical Tools and Techniques for Remote, Resource poor Locations (Seminar)
- **Lucy Candib**
  Continuity of Care: Antique Tradition or Advanced Practice? (Plenary)
- **Lucy Candib** and David Gunther
  Refugees and Asylum Applicants: Family Doctors Making a Big Difference (Seminar)
- **Lori DiLorenzo**
  Balancing Work and Family: Practical Tips and Strategies to Manage Both Work and Family (Breakfast Discussion)
- **Dennis Dimitri, et al.**
  Becoming a Leader: Discussion with a Panel of Family Physician Leaders (Seminar)
- **Jeffery Geller, et al.**
  Establishing and Maintaining a Group Medical Visit Program for Pediatric Obesity Using an Empowerment Model: a Self-Sustaining Model for Health for the Underserved (Seminar)
  Pediatric Obesity Empowerment Model for Group Medical Visits (POEM-GMV): Retrospective Study of the Efficacy of Empowerment-Based Group Medical Visits on Pediatric Obesity at the Greater Lawrence Family Health Center (Research Presentation)
- **David Gilchrist, Stacy Potts, Allison Hargreaves, Sara Shields et al.**
  ProcedureFest 2011 (Workshop)
- **David Gilchrist, Stacy Potts, Allison Hargreaves**
  Utilizing High Fidelity Simulators with Residents to Increase Comfort and Skill with Neonatal Resuscitation Protocols (Paper)
- **David Gilchrist and Stacy Potts**
  Keeping Up with Emerging ACGME Requirements: Creating a Competency Based Training with Adequate Supervision (Seminar)
- **James Ledwith**
  Caring for the Newly Insured (Seminar)
- **Peter McConarty and Mick Huppert**
  CHCs and ACOs: Opportunities in Massachusetts Health Care Reform (Breakfast Discussion)
- **Peter McConarty and Nic Apostoleris**
  Decisions and Change in Caring for People (Workshop)
- **Mary K. Nordling, et al.**
  Shifting Perspective: Clinical and Precepting Strategies to Help Orient New First Year Residents to Clinic (Seminar)
- **Stacy Potts, et al.**
  Increasing the Number of Family Physician Graduates by Creating Partnerships Between a Community Health Center/FQHC and a Family Medicine Residency Program (Panel Presentation)
- **Hugh Silk, Stacy Potts, Megan Weeks (MS IV), Allison Hargreaves**

Clinical Success Stories: A Strategy to Renew and Strengthen the Healing Community (Seminar)

- **Hugh Silk, Kathryn Wilson, Sara Shields, Marco Cornelio, et al.**
  Medical Humanities: Varied teaching Approaches and Exercises (Workshop)
- **Joseph Stenger** and **Jennifer Reidy**
  Navigating the Crisis: Family Meetings at Key Decision Points in Medical Care (Seminar)
- **Stefan Topolski**
  A Radical Reform of Medical Education – Achieving Competence in Engel's BioPsychoSocial Family Practice (Paper)
- **Suryadutt Venkat**
  Hazards of Hospitalization of Geriatric Patients (Lecture/Discussion)

American Public Health Association, Washington, DC, October 29 – November 2, 2011

- **Suzanne Cashman**
  Service-Learning Models: Increasing our Capacity to Eliminate Disparities (Pre-Conference)
- **Suzanne Cashman, Matt Silva, Lucy Candib** and Parag Kunte
  Paying for Exercise After Getting it for Free: Impact of a Membership Fee on YMCA Usage by Low Income Patients (Poster)
- **Linda Long-Bellil, Monika Mitra**, Alexis Henry, John Gettens, Jianying Zhang
  Employment and Unmet Needs for Home and Community-Based Services for Working-Age Adults with Disabilities (Presentation)
- **Monika Mitra**, Vera Mouradian, Marci Diamond.
  Sexual Violence Victimization against Men with Disabilities
- **Monika Mitra**, Holly Hackman. *Unintentional Falls and Fall Injuries among Persons with Disabilities and Mobility Difficulties* (Presentation)
- Dennis Heaphy, **Monika Mitra**.
  Race, Disability and the Promotion of Health Equity
- Dennis Heaphy, **Monika Mitra**
  Instituting Public Health Policy and Practice that Reflects Contemporary Models of Disability
- John Gettens, Monika Mitra, Alexis Henry, Jay Himmelstein. *Working-Age Persons with Disabilities Share in the Gains of Massachusetts Health Reform*
- Alexis Henry, Aniko Laszlo, **Monika Mitra**
  Creating Employment Opportunities for People with Disabilities in Healthcare: The Bristol Employment Collaborative (BEC) (Poster)
- **Judy Savageau**
  Understanding Mental Health Recovery and Peer Support among Latinos and People who are Deaf and Hard of Hearing
- **Carole Upshur**
  Project RENEWAL: Research and Evaluation of a NEW Model of Alcohol Treatment for Homeless Women (Poster)
- **Santosh Verma**
  Rushing, Distraction, Walking on Contaminated Floors and Risk of Slipping in Limited-service Restaurants - A Case Crossover Study (Poster)

Society of Teachers in Family Medicine Annual Medical Student Education Conference, Long Beach, CA, February 2-5, 2012

- **Frank Domino, Mary Lindholm, Mark Quirk, Robert Baldor and Karen Rayla**
  Motivational Interviewing and PCMH: Diet, Exercise, Smoking Cessation in the Third Year Clerkship (Lecture-Discussion)
- **Tracy Kedian**
  Forward Feeding or Confidentiality Versus Transparency: Which Promotes Better Learning? (Special Topic Breakfast)
- **Tracy Kedian, Lisa Gussak**
  The Challenging Learner: Using the Learning History to Assist Students and Improve Performance (Lecture-Discussion)
- **Lisa Gussak**
  Transforming PowerPoint: Visual Storytelling for Medical Education (Seminar)

Fifth Annual Commonwealth Medicine Academic Conference on Correctional Health, Atlanta, GA – March 22-23, 2012

- **Warren Ferguson, Ann Lawthers** (with Paul Kirby, MassHealth Office of Clinical Affairs)
  Post-Release MassHealth Utilization: An Evaluation of the MassHealth/DOC Prison Reintegration Pilot
- **Warren Ferguson** (with Anne Spaulding, Emory University)
  A New Framework for Hepatitis C Treatment in Corrections
- **Steve Martin** (with Jennifer Clarke, Brown University)
  WISE: Working Inside for Smoking Elimination
- **Steve Martin** (with Newton Kendig, Federal Bureau of Prisons)

Correctional and Academic Research: Focus on Mutual Benefit

- **Tom Groblewski and Helene Murphy** (with Ken Freedman, Paul Romery and Patricia Herald, Lemuel Shattuck)
  Hospital: Evolution of Telemedicine: Expansion and Quality Improvement

Mass Academy of Family Physicians Spring CME Refresher Meeting, Boston, MA, March 30-31, 2012

- **Robert Baldor**
  Skin Cancers: Preventing, Screening and Treating (Plenary)
- **Jeremy Golding**
  Heart Failure and Atrial Fibrillation Updates (Plenary)
- **Robert Baldor** and **Frank Domino**
  Maintenance of Certification Self-Assessment Module, Preventive Medicine, Review and Part A Assessment
- **Frank Domino**
  Top Ten Things that Changed My Practice This Year
- **Alan Ehrlich**
  Update on Vitamins and Nutritional Supplements
- **Kiame Mahaniah**
  Money, Family Medicine and You
- **Valerie Pietry**
  ADHD and the Underserved: Clinical Pearls for Working with ADHD in the Real World

Society of Teachers of Family Medicine Annual Spring Conference, Seattle, WA, April 25-29, 2012

- **Nicholas Apostoleris**
  Determinism and Free Will: Exploring the Implications of Our Explanatory Paradigms (Roundtable Discussion)
- **Lucy Candib** and Cynthia Charmichael
  Our Fathers Ourselves: Family Medicine in Our Families of Origin (Lecture-Discussion)
- **Stephanie Carter-Henry, James Anderson, Juan Ramos, Daniel Mullin**
  Introduction of a Teaching Video to Model Collaborative Care in Family Medicine Training (Lecture-Discussion)
- **Suzanne Cashman, Lucy Candib, Matthew Silva**
  Paying for YMCA Access after Getting it for Free: Impact of Fee on Low-income Patients (Completed Project)
- **Marco Cornelio (PGY3), Daniel Mullin**
  A Rural Health Center's Community Garden: Educating Patients and Engaging Team Members (Poster)
- **Warren Ferguson, Konstantinos Deligiannidis**
  Moving the Mountain: Transforming Care to Welcome the GLBT Community (Lecture-Discussion)
- **Philip Fournier, Judith Savageau**
  Medical Students Curricula Experiences and Residency Match in Family Medicine (Completed Project)
- **Tracy Kedian, Lisa Gussak, Judith Savageau, et al**
  An Ounce of Prevention: How Are We Managing the Early Assessment of Residents' Clinical Skills? (Works In Progress)
- **James Ledwith, Beth Mazyck**
  Residency Practice as a Teaching Community Health Center: Collaboration for Success Over 10 Years (Lecture-Discussion)
- **Linda Long-Bellil**
  The Importance of Being Authentic: Utilizing Persons with Disabilities as Standardized Patients (Lecture-Discussion)
- **Peter McConarty, Nicholas Apostoleris**
  Team Collaboration and Experiential Learning (Roundtable Discussion)
- **Stacy Potts, David Gilchrist, Allison Hargreaves**
  Demonstrating Competence: Using a Lifelong Learning Model to Teach and Document Procedural Competence (Lecture-Discussion)
- **Christine Runyan, Stephanie Carter-Henry, et al**
  Ethical and Practical Considerations for Managing Multiple-role Relationships in Family Medicine Education (Seminar)
- **Sara Shields, Barry Saver, et al**
  IUD Use, Discontinuation and Failure in a Community Health Center (Completed Project)
- **Hugh Silk, et al**
  Something to Smile About! How to Introduce Oral Health Education into Your Medical School Curriculum (Lecture-Discussion)
  Smiles for Life: A New Asynchronous, Online Course for Health Professionals (Poster)
- **Hugh Silk, Judy Savageau and Medical Student, Ronelle King**
  Assessing Oral Health Curriculum in US Family Medicine Residency Programs: A National Survey (Works in Progress)

Other Presentations:

Ronald Adler
- *Addressing the Challenges of Practice Transformation* (Keynote Address, Rhode Island Beacon Community Program)
- *Diabetes Care and the Patient Centered Medical Home* (CT AHEC, University of CT School of Medicine and CT DPH)

Ronald Adler and Beth Murphy
- *Think QuiC!: using Mr. Potato head to Teach Quality improvement* (Academic Pediatric Association Region I Meeting)

Terri Anderson and Judy Savageau
- *Building Standards for Health Policy Evaluation in an Academic Medical Setting* (Workshop, American Evaluation Association Annual Conference, Anaheim, CA)

Terri Anderson
- *Measuring Collaborative Integration to Inform Needs Assessment: The Massachusetts Medication Safety Alliance Promotes Responsive Regulation in Nursing Homes* (Workshop, American Evaluation Association Annual Conference, Anaheim, CA)

Robert Baldor
- *How Evidence-based Medicine Affects You – from PSA Testing to Mammograms* (Westboro Rotary Club)

Jeff Baxter
- Featured Speaker, Louis A. Cottle Lecture, Worcester District Medical Society and Worcester Department of Public Health
- *Prudent Prescribing of Opioids* (13th Annual Primary Care Days, Shrewsbury, MA)
- *Safe Use of Opioid Medications* (Pain Center of Arizona and the Arizona Academy of Family Physicians)
- *The Use of the Massachusetts State Prescription Drug Monitoring Program to Enhance Medication Monitoring in Methadone Treatment Programs* (American Association of the Treatment of Opioid Dependence National Conference, Phoenix, AZ)

Chad Beattie (Sports Medicine Fellow)
- *Shoulder Pain and Weakness in a Collegiate Lacrosse Player* (New England American College of Sports Medicine Annual Meeting, Providence, RI)

Chad Beattie, **Jennifer Schwartz** (Sports Medicine Fellow) and **Herb Stevenson**
- *A Systematic Review on Neuromuscular ACL Prevention Programs for Female Athletes* (UMass/UConn Sports Medicine Symposium, Hartford, CT)

Alexander Blount and **Alexa Connell**
- *The Expanding and Transforming Role of Care Managers in Integrated Primary Care and the PCMH* (Paper, 2011 Collaborative Family Healthcare Association Conference, Philadelphia, PA)

Alexander Blount, Alexa Connell and Daniel Mullin
- *Developing a Care Advisors Program with Behaviorally Enhanced Care Managers* (Pre-Workshop, World Congress Annual Leadership Summit, Orlando, FL)

Alexander Blount, et al
- *Publish and Flourish: Meet the Editors of Families, Systems and Health* (Paper, 2011 Collaborative Family Healthcare Association Conference, Philadelphia, PA)

Alexander Blount
- *Successful Cultural Integration: Strategies to Address the Most Serious Barrier to Integration Between Primary Care and Behavioral Health* (World Congress Annual Leadership Summit, Orlando, FL)
- *Plenary Address* (Conference on Behavioral Health and Primary Care Integration Conference, MI)
- *The Behavioral Health Workforce Implications of Healthcare Reform* (Webinar, Carter Center, Georgia Association of Community Service Boards
- *Orientation to Collaborative Care for Mental Health Specialists* (Collaborative Family Healthcare Association Annual Conference)
- *Behavioral Health in the Patient Centered Medical Home* (Behavioral Health Network)

James Broadhurst (with Ellen Venditti)
- *No Harm Intended: When Healthcare Workers Make Mistakes (Co-presenter, UMass Interspecialty Grand Rounds)*

Stephanie Carter-Henry, Juan Ramos and James Anderson
- *Dual Interviews: Moving Beyond Didactics to Train Primary Care Providers in the Biopsychosocial Model* (Paper, 2011 Collaborative Family Healthcare Association Conference, Philadelphia, PA)

Suzanne Cashman
- *Making Us accountable: Date in the Service of Communities* (Plenary Panelist, Mass Department of Public Health)
- *Optimizing Reflection as a teaching and Learning Tool in Community-University Partnerships)* (New Hampshire Campus Compact)
- *Service-Learning: Principles, Practice and Pedagogy* (Co-Led Workshop, Community Campus Partnerships for Health Annual Meeting, Houston, TX)
- *Project Planning* (Presenter and facilitator, Paul Ambrose Symposium)
- *Professional Development for Community Engaged Learning: Increasing Capacity to Eliminate Health Disparities* (Workshop, University of Arizona, Zuckerman College of Public Health)

Suzanne Cashman (with co-authors Marie Caggiano, Lisa Carter, Kosta Deligiannidis, Heather-Lyn Haley, Stacy Potts, Warren Ferguson)
- *Missed Opportunities for Prevention and Population Health Integration: Finding Opportunities through faculty Development* (Association for Prevention and Teaching Annual Meeting)

Robin Clark and **Mihail Samnaliev**
- *Does Counseling or Psychotherapy Reduce Relapse Rates for Buprenorphine Patients?* (Addiction Health Services Research Conference)

Konstantinos Deligiannidis
- *Chart Rounds: An Interdisciplinary Method of Teaching in the Patient-Centered Medical Home* (Association for Prevention Teaching and Research)

Joseph DiFranza, Robert Wellman, Judy Savageau and Sanouri Ursprung
- *What Aspect of Dependence Does the Fagerstrom Test for Nicotine Dependence Measure?* (Poster, Annual Meeting of the Society of Tobacco Research, Houston, TX)

Frank Domino
- *Vitamin D Update* (13th Annual Primary Care Days, Shrewsbury, MA)

Anna Doubeni
- *A Roadmap for Developing a Global Health Track: Lessons Learned from the UMass Global Health Track* (AAFP Global Health Workshop)

David Gilchrist
- *Stress, Chronic Illness and Marital Discord: More than a Frustrating Situation* (Family Builders Ministries, New Hampshire)
- *Developmental-Behavioral Pediatrics: Increasing Resident Confidence and Competence through Experiential Learning* (AAFP Program Directors Workshop, Kansas City)

Jay Himmelstein
- *Re-Usability of Information technology Components to Support Health Reform* (CMS Center for Consumer Information and Insurance Oversight, Bethesda, MD)
- *Health Insurance Exchanges and "Reusability" of IT Components: Early Lessons from The New England States Collaborative for Insurance Exchange Systems (NESCIES)* (Center for Consumer Information and Insurance Oversight (CCIIO) Interstate Mini-Conference)
- *Information Technology in Support of Health Insurance Exchanges and Integrated Eligibility Systems: Update from the Early Innovator States* (CCIIO Health Insurance Exchange System Wide Meeting)
- *How are the States Progressing in Setting Up State-Based Exchanges?* (Annual Princeton Conference: States' Role in Health Care: Options for Improving Access, Quality and Lowering the Cost of Care)

- *Comparing Health Benefits Exchange Models: Governance, Implementation and Data Considerations* (State Healthcare IT Connect Summit)

Mick Huppert, et al.
- *Prevention in an Era of Health Care Reform – Beliefs, Perceptions, Realities and Possibilities* (Plenary Panelist, Annual DPH Conference, Boston)

Tracy Kedian with **Judy Savageau** and **Lisa Gussak**
- *An Ounce of Prevention: How are We Managing the Early Assessment of Residents' Clinical Skills* (National Primary Care Research Group, Banff, Alberta)

Wen-Chieh Lin, Robin Clark, Jianying Zhang and **Gary Leung**
- *Chronic Physical Conditions in Elderly People with Behavioral Health Disorders"* (Gerontological Society of America 63rd Annual Scientific Meeting)
- *The Impact of Substance Use Disorders on Medicare and Medicaid Expenditures for Elders with Behavioral Health Disorders"* (Gerontological Society of America 63rd Annual Scientific Meeting)

Mary Lindholm and Lee Hargraves
- *Professional Language Interpretation and Inpatient Length of Stay and Readmission Rates* (Paper, Racial & Ethnic Disparities: Keeping Current Seminar Series, Boston)

Rebecca Lubelczyck
- *Basic Training: Corrections, Culture and Medicine* (Correctional Health Care Leadership Institute, Chicago, IL)

Stephen Martin
- *Biomarker Profile in Smokers without Chronic Obstructive Pulmonary Disease who are FEV, Decliners vs. Non-Decliners* (Poster, American Thoracic Society International Conference)
- *The Federal Bureau of Prisons' Tobacco Ban of 2004: Research Update* (Massachusetts General Hospital, Tobacco Research and Treatment Center)

Monika Mitra, Emily Lu and Hafsatou Diop
- *Smoking Around the Time of Pregnancy Among Women with Disabilities* (American Psychological Association)

Monika Mitra (with Vera Mouradian)
- *Intimate Partner Violence in the relationships of Men with Disabilities in the United States: Relative Prevalence and Health Correlates* (Paper, WHO Roundtable on Violence and Disability, Lancaster University Disability Studies Conference)

Daniel Mullin, Tina Runyan, et al.
- *Who Receives Collaborative Care?: Findings from the Collaborative Care Research Network's First Card Study* (Paper, 2011 Collaborative Family Healthcare Association Conference, Philadelphia, PA)

Daniel Mullin and Courtney Jarvis
- *Informing Practice Redesign with the Patient Assessment of Chronic Illness Care in a Diabetes Collaborative* (STFM Conference on Practice Improvement)

Dee O'Connor
- *Talking with Dolores* (Video, American Society on Aging, Washington, DC)
- *Using Drama to Talk About Elder Suicide* (Annual Conference on Alzheimer's Disease & Psychiatric Disorders in the Elderly, Branch, Mississippi)
- *The Power of PASRR* (Annual Conference on Alzheimer's Disease & Psychiatric Disorders in the Elderly, Branch, Mississippi)

Stacy Potts
- *Updates from the Cardiology Literature, Just Say No: Communication Skills for Appropriate Antibiotic Use* (Current Clinical Issues in Primary Care Conference, Fort Lauderdale, FL)
- *Motivational Interviewing for Weight Loss and Exercise* (Current Clinical Issues in Primary Care Conference, Fort Lauderdale, FL)

Mark Quirk
- *Shifting the Medical Education Paradigm from Knowledge to Critical Thinking* (Keynote, 10th Annual Education Day, Harvard Medical School)
- *Changing the Culture of Medical Education – Focus on Expertise* (Keynote, Stanford Medical School)
- *Teaching Critical Thinking* (Workshop, Stanford Medical School)
- *Pathways to Expertise* (Keynote Grand Rounds, Baystate Medical Center)
- *Mentoring Residents to be Self-Directed Learners* (Workshop, Baystate Medical Center)

Juan Ramos, et al.
- *Lessons Learned from Implementing and Integrated Behavioral Health Model in the Provision of Services for People Living with HIV/AIDS in Puerto Rico* (Paper, 2011 Collaborative Family Healthcare Association Conference, Philadelphia, PA)

Jennifer Reidy
- *Palliative Wound Care* (New England Hospice and Palliative Care Fall Education Conference, Norwood, MA)
- *Can We Prevent Delirium in Palliative Care? Lessons from Geriatrics, Oncology and Surgery* (American Academy of Hospice and Palliative Care, Denver, CO)

Tina Runyan, et al.
- *Ethical Dilemmas for the Behavioral Health Clinician in a Patient Centered Medical Home: Evolving Roles Bring Unanticipated Challenges* (Paper, 2011 Collaborative Family Healthcare Association Conference, Philadelphia, PA)

Tina Runyan
- *Trauma, Post-Traumatic Stress Disorder and Trauma Informed Care* (Grand Rounds, Walden Behavioral Health, MA)
- *Managing Substance Use Disorders as a Chronic Disease* (Webinar, HRSA's Region VIII Behavioral Health Learning Series for Rural Primary Care Providers)

Judy Savageau (with Ken Appelbaum, et al)
- *Self-Injurious Behaviors in Prisons: A Nationwide Survey of Correctional Mental Health Directors* (American Academy of Psychiatry and the Law, Boston)

Judy Savageau, et al.
- *Understanding Mental Health Recovery and Peer Support Among Latinos and People who are Deaf and Hard of Hearing* (American Evaluation Association Annual Conference, Anaheim, CA)
- *Evaluating the Role of Peer Specialists in the Massachusetts Mental Health System*(American Evaluation Association Annual Conference, Anaheim, CA)

Barry Saver
- *The Mismeasure if Diabetes Management – A Role for Predictive Models?* (North American Primary Care Research Group, Banff, Alberta)

Jennifer Schwartz (Sports Medicine Fellow)
- *Softball Player with Ulnar Nerve Neuropathy* ((New England American College of Sports Medicine Annual Meeting, Providence, RI)

Saurabh Sharma
- *Elderly Female Headache, Vision Changes and Negative Biopsy* (Poster, Society of Hospital Medicine Annual Meeting, San Diego, CA)

Sara Shields
- *Woman-Centered Care* (Plenary, AAFP Family Centered Maternity Care, Portland, OR)
- *Quality Improvement in Maternity Care* (Workshop, AAFP Family Centered Maternity Care, Portland, OR)
- *Risk Management and Malpractice Issues in Maternity Care* (Workshop, AAFP Family Centered Maternity Care, Portland, OR)

Hugh Silk
- *Stepping Up to Leadership: Why Oral Health?* (Pre-conference Workshop, Physician Assistant Education Association Annual Meeting)
- *Oral Health and Primary Care* (National Interprofessional Initiative on Oral Health Symposium, Rensselaerville, NY)

- *Pregnancy and Oral Health* (Greater Lawrence Family Health Center)
- *Making Medical-Dental Collaboration Work – Lessons from Across the Country* (Idaho Oral Health Alliance Meeting, Boise, ID)
- *Supplements, Water, Varnish – A Fluoride Update for Pediatricians in Massachusetts* (Annual Massachusetts Chapter of the American Academy of Pediatrics, Waltham)
- *Oral Disease Prevention and Recognition in Non-Dental Care Settings* (Oral and Overall Health Care: On the Road to Inter-professional Education and Practice conference)
- *Fluoride Treatment in Children – Case Studies* (Oral and Overall Health Care: On the Road to Inter-professional Education and Practice conference)

J. Herbert Stevenson

- *Screening EKGs as Part of the Pre-participation Exam, a Pro Argument* (New England American College of Sports Medicine Annual Meeting, Providence, RI)
- *Platelet Rich Plasma and Regenerative Therapies in Sports Medicine* (Harvard/Cambridge Health Alliance Sports Medicine Symposium, Boston, MA)
- *Understanding Health from a Complex Systems Perspective* (North American Complexity Conference)
- *Musculoskeletal Ultrasound Technique of the Shoulder* (American Medical Society of Sports Medicine Ultrasound Guided Injections, Portland, ME)

Stefan Topolski

- *The Ethnographic Landscape of Chaos and Complexity in Family Medicine (How family Physicians Understand Complexity* (Paper, Society for Chaos Theory in Psychology and Life Sciences, Spain)
- *The Epidemiologic Validation of a Complex Systems Model of Health* (Paper, Society for Chaos Theory in Psychology and Life Sciences, Spain)

2012-13

Society of Teachers of Family Medicine Annual Spring Conference, Baltimore, MD, May 1-5, 2013

- **Bob Baldor**, **Stacy Potts**, **Jim Ledwith**, **Joe Gravel**, **N Shokar**, **Judy Savageau** and **Kim Eisenstock**:
  Hospitalist Involvement in Family Medicine Training (CERA Survey Results)
- **Alexander Blount**, **Rod Adler**, **Steve Earls**, **Dan Mullin**, **Alice LaBlanc** and **Marco Cornelia**:
  Behavioral Health Integration and Care Management: A Cross-sectional View
- **Alexander Blount**, **Frank Domino**, **Ben Miller**, **Dan Mullin** and **Carlos Cappas**
  Five Minutes to Change: Practical Counseling Skills for the Primary Care Provider
- **Jay Broadhurst**
  Marijuana as Medicine: You be the Statewide Ballot Question Committee Chair
- **Lucy Candib** and **Dan Lasser**
  Winding Up, Winding Down: Late Career Choices in Family Medicine
- **Suzanne Cashman**, **Stephanie Carter-Henry** and **Lee Hargraves**
  Graduating Medical Students' Views of Primary Care: The Good, the Bad, and the Promising" (Poster)
- **Jeffrey Geller**
  Establishing and Maintaining Group Medical Visits in Underserved Communities
- **Jim Ledwith**, **Nicholas Apostoleris**, **Peter McConarty**, **Stefan Topolski** and **Kristen McCarthy**:
  Residency Training in Opiate Dependence
- **Jim Ledwith** and **Nicholas Apostoleris**:
  Residency Training in Geriatrics: Overview of Curriculum Focused on the Vulnerable Elderly
- **Stacy Potts**, **Tina Runyan** and **Courtney Jarvis**:
  Providing Competency in the Patient-centered Medical Home Through an Interprofessional Learning Environment
- **Stacy Potts** and **Jay Broadhurst**:
  Building a Foundation in Patient-centered Care: Community Practice Visits at the Start of Residency
- **Judy Savageau** and Kimberly Foley:
  The Institutional Review Board: Everything You Wanted to Know but Were Afraid to Ask
  When Does Scholarly Work Require an IRB Application?
- **Ted Shoemaker** and **Judy Savageau**:
  Increasing the Accuracy of Preventive Health Documentation in an Ambulatory EMR Using Formal Quality Science
- **Virginia Van Dyne**, **Sarah Shields** and **Dan Roder**:
  Resident Education: Integrating Interconception Care into the Family Health Center of Worcester's Early Well-Child Visits

Massachusetts Academy of Family Medicine Annual Spring Refresher, Leominster, MA, April 12-13, 2013

- **Bob Baldor**
  Mental Health in the Community, Review and Part A Assessment
  Autism
- **Phil Bolduc**
  HIV Update
- **Felix Chang**
  Community-Acquired Pneumonia: An EBM Antibiotic Update
- **Frank Domino**:
  Top Ten Things that Changed My Practice This Year
- **Alan Ehrlich**
  Medical Marijuana
- **Jeffrey Geller**
  Pediatric Obesity: Treatment Using a Group Empowerment Model
- **Gerry Gleich**:
  A Geriatric Update
- **Marcia Tanur**:
  Out in London and Boston: Teaching Medical Care for the Homeless, Motel Families
- **Jennifer Weyler**:
  Medical Aesthetics and Primary Care

American Academy of Family Medicine Scientific Assembly

- **Bob Baldor**
  Adult and Pediatric Constipation
  Autism
- **Felix Chang**
  Acupuncture for Pain Management
- **Linda Cragin**
  *Fostering Consumer Engagement: A Toolkit for Practices on the Journey to Patient-Centered Medical Homes (*Conference on Practice Improvement/STFM and AAFP)
- **Frank Domino**
  Top 10 Things I Learned in 2012
  Motivational Interviewing for Weight Loss
- **Jill Grimes**
  Diets/Weight Loss Options
  Human Papillomavirus, Pap Smears and Cervical Cancer Screening
  Reproductive Female Blast
- **Dan Mullin**, **Sara Shields**, **Stacy Potts**, **Marie Caggiano**, and **Kosta Deligiannidis**:
  The ABC's of Doing and Teaching Quality Improvement: Beyond PDSA
- **Judy Steinberg**, Megan Burns, Michael Balit, Alexander Blount:
  Integrating Behavioral Health Care into the Patient-Centered Medical Home
- **Judy Steinberg** and Jeanne Cohen:
  Innovations in Primary Care: Implementing Clinical Management in Primary Car Practices

American Public Health Association Annual Meeting, October 27-31, San Francisco, CA

- **Suzanne Cashman** et al:
  Promoting Prevention and Wellness: The Case of Tick Borne Illness in an Endemic Area
  Lessons from Cuba: Tailoring Public Health for Integrated Care
  Primary Prevention for Refugees: Discovering the Burden of Choice
  Eat, Walk, Sleep Discuss: Building Participatory Research Using Many Small Steps
- **Monika Mitra**, Jianying Zhang and Bruce Barton:
  Pregnancy Complications, Maternal Stressors and Birth Outcomes among Women with Disabilities
- **Jack Gettens**, Alexis Henry and **Monika Mitra**:
  Low Employment Rates: A Look at the Supply Side
- **Judy Savageau**, **Terri Anderson** and Bruce Barton:
  Assessing Transformation Toward Medical Homeness: The Massachusetts Patient-Centered Medical Home Initiative Demonstration

- Megan Weeks, **Hugh Silk** and **Judy Savageau**:
  Prenatal Oral Health Education in U.S. OB/GYN Residency Programs and Dental Schools (Poster)
- Ronnelle King, **Hugh Silk** and **Judy Savageau**:
  Teaching Oral Health in the U.S. Family Medicine Residency Training Programs: A National Survey (Poster)

6th Annual Academic and Health Policy Conference on Correctional Health, Dates, City

- **Warren Ferguson**, Stephanie Collins, Rose Tedesco and Amanda Garrison:
  The Academic Consortium on Criminal Justice Health: Helping to Fuel a Movement Through Social Networking
- **Warren Ferguson**, Carol Bova, Emily Wang, Jenerius Aminawung, Robert Trestman and Ed Wagner:
  Experiences of Primary Care Among Inmates on an Ontario Detention Center
- **Warren Ferguson** and Erik Hamil:
  Drug Utilization and the Pharmaceutical Pipeline: Correctional Health Care Formulary Considerations
- **Warren Ferguson** and Judy Kenary:
  New Employee Orientation: A Multidisciplinary Approach
- Kenneth Freedman, Paul Romary, Patricia Herald, Helene Murphy and **Thomas Groblewski**:
  Providing Continuity of Care: The Shared Massachusetts DOC/University of Massachusetts and Lemuel Shattuck Hospital Experience
- **Steve Martin**
  Natural History of Nicotine Addiction During a Complete Tobacco Ban

Other Presentations:

Ron Adler

- *Cancer Screening and Shared Decision-Making: Controversies, Challenges and Opportunities* (Massachusetts Academy of Family Medicine annual meeting)
- *The Patient-Centered Medical Home: A Model for Delivering Enhanced and Equitable Care* (Student National Medical Association Regional Annual Medical Education Conference)

Nicholas Apostoleris

- *Self Care Basics in Health Care for the Homeless Settings* (National Health Care for the Homeless Council)
- *Behavioral Health for Community Health Workers in Health Care for the Homeless Programs* (webinar presented at the National Healthcare for the Homeless Council)

Joseph Bernard:

- *Thoracic Outlet Syndrome in a Collegiate Swimmer* (American College of Sports Medicine annual conference)
- *Determining Appropriate Weight for Competition in Wrestlers* (UMass/UConn Sports Medicine Fellowship Conference)
- *Shoulder Instability* (New England American College of Sports Medicine conference)

Phil Bolduc:

- *Moving Toward a Primary Care Model for HIV Care* (National HIV Over Fifty Conference)

Alexandra Bonardi et al:

- *A Systematic Review of Oral Health Interventions to Reduce Health Disparities in People with Intellectual Disability* (American Academy of Developmental Medicine and Dentistry)
- *Definition and Case Finding for Health Surveillance in the US Population with Intellectual Disability* (2012 International Association for the Scientific Study of Intellectual Disability World Congress)
- *Massachusetts Department of Developmental Services Medication Review* (National Association of State Directors of Developmental Disabilities Services Reinventing Quality Conference)
- *An Intervention to Monitor and Reduce Fall Rates Among Adults with Intellectual Disability* (2012 International Association for the Scientific Study of Intellectual Disability World Congress)

Suzanne Cashman:

- *Improving National Health while Enhancing Medical Professions Education: Results from the Paul Ambrose Symposium* (Poster; Association for Prevention Teaching and Research annual meeting)
- *Learning from and with the Community: Teaching the Toolkit* (CU Expo 2103)
- *Optimizing Reflection as a Teaching and Learning Tool in Community-University Partnerships* (International Conference on Service-Learning and Community Engagement)

- *Towards a Taxonomy of Reflection –Promoting 21st Century Competencies, Skills and Thinking through Reflection in Service-Learning* (poster; Northeast Group on Educational Affairs)
- *A System-Wide Working Group on Civic Engagement and Service-Learning: How, Why and So What?* (International Conference on Service-Learning and Community Engagement)

Felix Chang:
- *Acupuncture and Aging* (25th American Medical Acupuncture Symposium)

Robin Clark, **Jeff Baxter** et al**:**
- *The Impact of Prior Authorization on Buprenorphine Dosage, Relapse and Cost Relapse Rates for Massachusetts Medicaid Beneficiaries with Opioid Dependence* (Behavioral Health Interest Group Meeting, AcademyHealth annual meeting
- *The Impact of Prior Authorization on Buprenorphine Dosage, Relapse and Cost* (Addiction Health Services Research Conference)

Robin Clark:
- *Evaluating the Impact of NEAIC Interventions on Healthcare Costs* (Asthma Regional Council of New England Annual Meeting)

Linda Cragin:
- *MassAHEC Network Promoting an Equitable Health Care System in MA Through the PCMHI* (National AHEC Organization)
- *Strategies to Make Money and Improve Language Access* (National AHEC Organization)

Joe DiFranza:
- *How Nicotine Addiction Begins* (National Conference: Hospitality and Tourism Industry in Cyprus)
- *Health and Economic Impact of Tobacco Control Policies* (National Conference: Hospitality and Tourism Industry in Cyprus)
- *Increasing Severity of Physical Dependence Corresponds to Progressive Changes in Neural Structure* (Society for Research on Nicotine and Tobacco annual meeting)

Kylee Eagles:
- *Shoulder Pain in a Football Player* (American Medical Society of Sports Medicine annual meeting)
- *Arm Pain in a Hockey Player* (American College of Sports Medicine annual meeting)

Laura Fralich:
- *Blurry Vision in a High School Football Player* (American Medical Society of Sports Medicine annual meeting)
- *Chest Pain in a College Softball Player* (American College of Sports Medicine annual meeting)

Gerry Gleich, **Carole Upshur**, **Pam Grimaldi** and **Allison Hargreaves**:
- *Implementing a Chronic Pain Management Protocol in a Residency Practice* (STFM Northeast Regional Conference)

Jay Himmelstein:
- *Multistate Health Insurance Exchanges: Possibilities, Myths and Realities* (HIX Congress)
- *Information Technology in Support of Health Exchanges and Integrated Eligibility Systems: Initial Findings from the Early Innovator States* (Medicaid Enterprise Systems Conference)

Jay Himmelstein and **Michael Tutty**:
- *Information Technology in Support of Health Insurance Exchanges and Integrated Eligibility Systems: Initial Findings from the Early Innovator States* (National Medicaid Enterprise Systems Conference)
- *Leap Forward in Eligibility and Enrollment/Health Insurance Exchange Implementation: Lessons Learns and Tips from the Technologists* (National Medicaid Enterprise Systems Conference)

Tracy Kedian and **Lisa Gussak**:
- *The Learner in Difficulty: A Rational Approach to Identification and Support* (STFM 39th Annual Conference on Medical Student Education)

Mary Lindholm, **Frank Domino**, **Bob Baldor** and **Karen Rayla**:
- *Can I Have a Scooter? Teaching Medical Students How to Evaluate ad Treat Gait Disorders* (STFM 39th Annual Conference on Medical Student Education)

Steve Martin:
- *Longitudinal Serum Biomarker Profile and Verified Smoking Cessation* (Poster; American Thoracic Society International Conference)

Monika Mitra:
- *Health Needs and Disparities Among Women with Disabilities: Overview of Current Research Knowledge* (Forum on Women with Disabilities)
- *Results from a Statewide Health Needs Assessment of People with Disabilities in Massachusetts* (Disability and Health Partners Meeting: Building Healthy Communities for Everyone; Center for Disease Control and Prevention)

Monika Mitra and V Mouradian:
- *Intimate Partner Violence in the Relationships of Men with Disabilities in the United States: Relative Prevalence and Health Correlates* (WHO Roundtable on Violence and Disability. Lancaster University Disability Studies Conference)

Dan Mullin and **Tina Runyan**:
- *Preparing Primary Care Clinicians and Educators for the DSM-5* (33rd Forum for Behavioral Science in Family Medicine)

Dan Mullin, **Sara Shields**, **Stacy Potts**, **Marie Caggiano**, and **Kosta Deligiannidis**:
- *The ABC's of Doing and Teaching Quality Improvement: Beyond PDSA* (STFM Conference on Practice Improvement

Stacy Potts:
- *A Standardized Approach to Faculty Development* (Family Medicine Program Director's annual meeting).

Mark Quirk, **Mary Lindholm** and **Frank Domino**:
- *Teacher Identity: An Essential Ingredient in Recruitment, Developing and Retaining our Clinical Faculty* (STFM 39th Annual Conference on Medical Student Education)

Jennifer Reidy and **Joe Stenger**:
- *Navigating the Crisis: Family Meetings at Key Decision Points in Medical Care* (Northeast Regional STFM Education Consortium)

Christine Runyan:
- *Behavioral Health and the Future of Team-Based Primary Care* (St. Michael's College)
- *Home from War: Providing Post-Combat Support for Returning Combat Veterans and Their Families* (PriMed East: Current Clinical Issues in Primary Care Annual Conference)

Judy Steinberg, Megan Burns, Michael Balit, Alexander Blount:
- *Integrating Behavioral Health Care into the Patient-Centered Medical Home* (STFM Conference on Practice Improvement)

Judy Steinberg and Jeanne Cohen:
- *Innovations in Primary Care: Implementing Clinical Management in Primary Car Practices* (STFM Conference on Practice Improvement

Herb Stevenson:
- *Ultrasound Advanced Techniques for Tendon Percutaneous Tenotomy and Hydrodissection* (New England American College of Sports Medicine Annual Meeting)
- *Platelet Rich Plasma and Regenerative Therapies in Sports Medicine* (Sports Medicine Symposium)

Michael Tutty:
- *Leap Forward in Eligibility and Enrollment/Health Insurance Exchange Implementation: Lessons Learned & Tips from the Technologists* (Medicaid Enterprise Systems Conference)

Anthony Valdini:
- *Effect of International Rotations on Family Medicine Residents' Empathy and Perception: A Pilot Education Study* (Poster; Northeast Regional STFM Education Consortium)

Linda Weinreb:
- *Behavioral Health Integration: Best Practices and Challenges – From Theory to Practice* (National Health Care for the Homeless Conference)

Linda Weinreb and Wayne Centrone:
- *Pulling the Pieces Together – Behavioral Health Integration Realities: Models of Integration and Scalable Integration* (National Health Care for the Homeless Conference)

2013-14

STFM Annual Spring Conference, San Antonio, TX, May 3-7, 2014
- **Monika Aggarwal**, **Olga Valdman**, **Noah Rosenberg**, and **Stephanie Muriglan**:
  Breastfeeding Practices in Rural Nicaragua" (Poster)
- **Jeff Baxter**
  Managing Opioid Dependence with Buprenorphine Essentials for Patient Care
- **Alexander Blount**
  The Patient-Centered Care Plan as a Clinical and Training Intervention in a Residency Practice
- **Marcy Boucher**, **Tracy Kedian** and **Virginia Van Duyne**
  Promoting Emerging Faculty Skills: A Novel "Tiered Teaching" Program for Senior Residents
- **Lucy Candib** et al:
  The Wisdom, Wit, and Well-Being of Senior Faculty: Strategies for Senior Medical Educators
- **Warren Ferguson**:
  Facing the Worst Health Disparity: The Role for Academic Family Medicine in Criminal Justice Health
- **Phil Fournier** and **Lisa Gussak**:
  Mentoring the Mentors: Adapting the Case Conference to Foster Mentoring Excellence
- **Joe Gravel** et al:
  A Multi-Site Validation Study of Prenatal Ultrasound Training for Family Medicine Residents
  The Great Debate in Family Medicine: Should Our Residencies Require 3 Years or 4?
  An Innovative, Cloud-Based, Clinical Tool for the Promotion of Resident-Specific Education
- **Lisa Gussak** et al:
  Overflowing Your Teaching Toolbox: From Preparation to Performance for Learning Retention
  Forward Feeding and Educational Malpractice: Practicing One, Preventing the Other
- **Dan Lasser**, **Dan Mullin**, **Jennifer Reidy**, **Linda Weinreb** et al:
  Establishing a Formal Faculty Mentorship Program: A Guide to Successful Implementation
- **Jim Ledwith** and **Peter McConarty**:
  Managing Opioid Dependence with Buprenorphine: Integration into Resident Education
- **Peter McConarty**, **Luisa Hiendlmayr** and **Ryan Montoya**:
  Improving Influenza Immunization Rates Among Diabetic Patients" (Poster)
- **Stephanie Muriglan**, **Christopher Chang**, **Monika Aggarwal** and **Serena Hon**:
  Adolescence in Rural Nicaragua: A Study of Identity Through Photojournalism" (Poster)
- **Keith Nokes**:
  Training Students to Care for Underserved Populations: Aligning Mission, Values, and Vocation
- **Tina Runyan**, **Stacy Potts** et al:
  Building and Sustaining Inter-Professional Training in a FM Residency
- **Tina Runyan**, **Stephanie Carter-Henry** and **Stacy Potts**:
  Physicians as Leaders: Mapping the IHI Triple Aim to a New Curriculum
- **Tina Runyan**:
  Promoting Mindfulness and Resiliency in Residency
- **Sara Shields** and **Kayla Mahoney**:
  Improving Fluoride Varnishes with Patient-Centered Medical Home Approaches (Poster)
- **Hugh Silk**:
  Teaching Clinical Inter-Professional PCMH to Learners: Using Oral Health as an Example
- **Anthony Valdini** and **Joe Gravel**:
  Managing Opioid Dependence with Buprenorphine: Integration into Resident Education
- **Anthony Valdini**:

Learning Spanish in Residency: Yes it is Possible (It Can Be Done!)
An 8-Year Evaluation of a Resident's Second Language Instruction Program: Yes, It's Possible

American Public Health Association Annual Meeting, November 2-6, Boston, MA

- **Heather Alker** and **Suzanne Cashman**:
  Development of an Evaluation Tool for Providers of Maternal Child Health Nursing Visits
- **Terri Anderson** et al:
  Early Findings from the Massachusetts Patient-centered Medical Home Initiative
- **Derek Brindisi**, **Monica Lowell**, **Clara Savage**, **Suzanne Cashman**, et al:
  Implementing Mobilizing for Action Through Partnerships and Participation (MAPP) to Achieve a 21st Century City Health Department
- **Robin Clark**, **Judith Steinberg**, **Ann Lawthers** et al:
  Adoption of Medical Home Characteristics: Interim Results from the Massachusetts Patient-centered Medical Home Initiative (MA PCMHI)
- **Robin Clark**
  Does Prior Authorization of Buprenorphine/Naloxone Save Money or Reduce Diversion
- **Carol Curtain**:
  Physical Activity Correlates Among Adolescents With and Without Intellectual Disabilities (Poster)
- **Kosta Deligiannidis**:
  Adolescent Obesity: Identifying Readiness and Opportunities for Change in a Rural Community (Poster)
- **Warren Ferguson** et al:
  Assessing Chronic Disease Care in Corrections" (Poster)
- **Jack Gettens et al:**
  Identifying Persons with Disabilities to Improve Access and Coverage Under the Affordable Care Act
  Economic Well-being and Life Satisfaction Among Working and Non-working Adults with Disabilities" (Poster)
  An Update on the Effects of Tobacco Cessation Services on Smoking Rates Among Massachusetts Medicaid Recipients (Poster)
- **Jay Himmelstein**
  Implementation of the Affordable Care Act (ACA): New Developments
- **Wen-Chieh Lin, Robin Clark** et al:
  Factors Associated with Frequent Emergency Department Visits and Hospitalizations Among Homeless People with Medicaid: Implications for Health Care Reform
- **Linda Long-Belil** et al:
  Impact of Individual Characteristics, Family Structure and Family Process on Employment Among Youth with a History of Receiving Supplemental Security Income (SSI) Benefits" (Poster)
- **Elaine Martin**:
  Digital Access to the World's Literature: A Blueprint to Integrate Evidence with Practice
- **Monika Mitra**:
  Disparities in Adverse Preconception Risk Factors Between Women With and Without Disabilities (Poster)
  Intersection of Race, Ethnicity and Disability: The Merits of a Fully Inclusive and Informed Public Health Discourse" (Poster)
  Impact of the Independent Living Philosophy and the Recovery Model on Health Care" (Poster)
  *Participatory Research Findings on Measuring the Quality of Health Care Delivery for Persons with Disabilities (P*oster)
- **Glenn Pransky** et al:
  Impact of Safe Resident Handling Programs in Nursing Homes on Outcomes after Work Injury
- **Carole Upshur** et al:
  Patient Engagement and Barriers to Health Care in the Patient-centered Medical Home
- **Santosh Verma** et al:
  Preventing Slips and Falls Through Leisure-time Physical Activity: Findings from the Limited-service Restaurant Study" (Round table discussion)
  Are Multiple Job Holders at Increased Risk of Injury? Findings from the National Health Interview Survey
  Perceptions of Slipperiness and Prospective Risk of Slipping
  Internet and IVR Survey: Choice, Engagement, Data Equivalence
- **Linda Weinreb**, **Carole Upshur**, **Melody Wenz-Gross**, et al:
  Screening for PTSD in Prenatal Care in High Risk Populations: Importance for Identification and Service Provision to Promote Health Pregnancy Outcomes

Other Presentations:

Ron Adler:
- *Communication Strategies to Reduce Overdiagnosis Through a Rational Approach to Cancer Screening: A Focus on PCPs* (Dartmouth Conference: Preventing Overdiagnosis)

Monika Aggarwal, **Christopher Chang**, **Serena Hon**, **Stephanie Murigian** and **Olga Valdman**:
- *Adolescence in Rural Nicaragua: A Study of Identity Through Photojournalism* (AAFP Global Health Conference)

Nicholas Apostoleris:
- *Encouraging Residents to Continue Participating in Balint and Schwartz Rounds After Graduation* (STFM Forum on Behavioral Science in Family Medicine)
- *Training Resident Physicians in the Public Health and Safety Aspects of Prescribing Controlled Substances* (New England Behavioral Science Conference)

Bob Baldor:
- *Primary Care and American Medicine* (4th Annual National Conference on Family Medicine and Community Health; West China Hospital/School of Medicine)
- *The UMass Medical Home Project: A Multidisciplinary Collaborative Care Model* (National Associate for the Dually Diagnosed Conference)

Jeff Baxter:
- *Associations Between Proposed Quality Benchmarks in Buprenorphine Treatment* (Association for Medical Education and Research in Substance Abuse)
- *A New Tool for Difficult Times: Using Prescription Monitoring Programs to Support Safer Prescribing and Minimize Abuse and Diversion* (workshop; Association for Medical Education and Research in Substance Abuse)
- *Using Administrative Data to Evaluate Quality in Buprenorphine Treatment* (Addictional Health Services Research meeting)

Alexander Blount:
- *Update on the Integration of Behavioral Health and Primary Care* (Center for Medicare and Medicaid Innovation, and the Centers for Disease Control and Prevention)
- *Patient-centered Care Plan* (STFM Conference on Practice Improvement)
- *The Power of the Patient-centered Care Plan to Transform Primary Care Practice* (Collaborative Family Healthcare Association annual conference)
- *Overview of the Integration of Behavioral Health and Primary Care* (National Association of Community Health Centers annual meeting)

Phil Bolduc:
- *Transitioning HIV to a Primary Care Model* (Massachusetts Statewide HIV Quality Improvement Group)
- *HIV Quality Improvement at the Family Health Center of Worcester* (Massachusetts Statewide HIV Quality Improvement Group)

Alexandra Bonardi et al:
- *Systematic Review of Oral Health and People with IDD* (American Academy of Developmental Medicine and Dentistry)

Suzanne Cashman:
- *Collaborative Interprofessional Teams Improving the Health of Urban Poor* (All Together Better Health VII conference)
- *"Evidence-base for Service-Learning in the Health Professions* (Association for Prevention Teaching and Research)
- *Achieving Interprofessional Competencies through Clinical Prevention and Population Health Education* (Association for Prevention Teaching and Research)
- *Redesigning an Existing or Creating a New Course with Service-learning as Foundational Pedagogy* (Appalachian Summit on Service-learning Pedagogy and Practice)
- *Principles of Community/Academic Partnerships for Service-learning* (Appalachian Summit on Service-learning Pedagogy and Practice)

Suzanne Cashman and **Linda Cragin**:
- *Teaching Social Determinants of Health through Community-based Interprofessional Education: Opportunities for AHECs* (National AHEC Organization annual meeting)

Suzanne Cashman et al:
- *Community-based Participatory Research: What is It and How Can All AHECs get Involved?* (National AHEC organization annual meeting)
- *Service-learning in the Health Professions: Current State of the Evidence and Opportunities for Future Educational Scholarship* (Community-Campus Partnerships for Health annual conference)

Michael Chin:
- *Tracking Rates of Health Insurance Coverage Using data from State Tax Filings in Massachusetts: 2008-2011* (Poster; AcademyHealth Annual Research Meeting)
- *Understanding and Analyzing the New Federal Reporting Requirements: Performance Indicators of State Medicaid & CHIP Programs (*22nd Annual Medicaid Managed Care Congress)

Robin Clark et al:
- *Gender Differences in Psychiatric Comorbidity and Treatment Outcomes in a Medicaid-Insured, Opioid Dependent Population* (AcademyHealth Annual Research Meeting)

Robin Clark, **Wen-Chieh Lin** et al:
- *High Cost Medicaid Patients: Who are They? Whose Care is Managed? Whose Isn't?* (AcademyHealth Annual Research Meeting)

Robin Clark, **Jeff Baxter** et al**:**
- *Limiting the Duration of Medication-Assisted Treatment for Opioid Addiction: Will New State Policies Help or Hurt?* (AcademyHealth Annual Research Meeting)

Robin Clark:
- *Evaluating the Impact of NEAIC Interventions on Healthcare Costs* (Asthma Regional Council of New England Annual Meeting)

Ali Connell:
- *Health Behavior Change for Chronic Illness Care Management* (Annual Case Management Society of America Conference)
- *New Partnerships for Systems Change: Integrating Behavioral Health and Primary Care* (Ounce of Prevention conference/MA DPH)

Linda Cragin:
- *Core Competency Measurement for Youth Programming* (National AHEC Organization annual meeting)

Linda Cragin et al:
- *Resources and Tools to Engage Consumers in the Transformation Process to Become a Patient-centered Medical Home* (Association for Clinicians for the Underserved)

Frank Domino:
- *Weight Loss and Exercise* (New Jersey Academy of Family Medicine conference)
- *Top 10 EBN Changes to My Practice* (New Jersey Academy of Family Medicine conference)
- *Healthy Living* (Medysis Annual Meeting)
- *Obesity* (AAFP Annual Scientific Assembly)
- *Top 10 Things I Learned in 2013* (AAFP Annual Scientific Assembly)

Frank Domino, **Mary Lindholm**, **Bob Baldor**, **Judy Savageau** and **Karen Rayla**:
- *Interdisciplinary Teaching Within the Family Medicine Clerkship to Address Obesity, Substance Abuse, and Disabilities* (STFM Medical Education Conference)

Jack Gettens et al:
- *The Employment-Related Health Insurance and Service Delivery Needs of Persons with Disabilities* (AcademyHealth Annual Research Meeting)

- *Assessing Health Care Reform: Changes to Reduce the Complexity of the Application Process for Individuals with Disabilities* (AcademyHealth Annual Research Meeting)

Lisa Gussak et al:
- *Forward Feeding and Educational Malpractice: Practicing One, Preventing the Other* (STFM Medical Education conference)
- *Inoculating Against Burnout: Potential Effects on Behavior and Wellness in Medical Students* (STFM Medical Education Conference)

Lisa Gussak and **Phil Fournier**:
- *Using Students' Medical School Admission Essays to Reflect on Career Choice and the Hidden Curriculum* (STFM Medical Education Conference)

Heather Lyn Haley et al:
- *Aligning Individual and System Advocacy for Special Populations* (Medical-Legal Partnership Summit in the Era of Healthcare Reform)
- *Understanding the Legal Needs of Refugees in Worcester, MA* (poster; Medical-Legal Partnership Summit in the Era of Healthcare Reform)

Jay Himmelstein:
- *Technology and the ACA: Early Lessons from New England* (AcademyHealth Annual Research Meeting)

Ann Lawthers, **Christine Johnson**, **Judy Steinberg** et al:
- *Staff Resilience at Mid-Point in a Three-Year Medical Home Demonstration* (Poster; AcademyHealth Annual Research Meeting)

Jim Ledwith, **Nicholas Apostoleris**, **Peter McConarty**, **Stefan Topolski** and **Kristen McCarthy**:
- *Residency Training in Opiate Dependence Therapy* (Family Medicine Education Consortium conference)

Mary Lindholm et al:
- *The Feedback Loop in Multiple Institutions: Using Data for Preceptors' Self-Calibration of Student Grades* (STFM Medical Education Conference)

Steve Martin:
- *Promising Practices to Promote Tobacco-Free Active Living and Healthy Eating in Low Socioeconomic Status Communities* (Innovation in New England Corrections: Smoking Cessation and Tobacco Relapse Prevention in State and Federal Facilities)
- *Technology in Practice: A Clinician's Guide* (American College of Physicians National Conference)

Monika Mitra et al:
- *Using Longitudinal Data to Examine Pregnancy Outcomes Among Women with and without Intellectual and Developmental Disabilities* (European Regional Congress for the International Association for the Scientific Study of Intellectual and Developmental Disabilities)

Monika Mitra, **Alixe Bonardi**, et al:
- *A National Profile of Deliveries by US Women with Intellectual and Developmental Disabilities: Maternal Characteristics and Pregnancy Outcomes* (ATINER: Athens Institute for Education and Research conference)

Dan Mullin:
- *Motivational Interviewing: What Primary Care Providers and Organizations Need to Know for Successful Implementation* (STFM Conference on Practice Improvement)

Dan Mullin and **Tina Runyan**:
- *Using a Same/Next Day Appointment Schedule System to Reduce No-Shows in a PCMH Behavioral Health Service* (Collaborative Family Healthcare Association annual conference)

Erika Oleson, **Catherine DuBeau** et al:
- *Development of a Structured Home Care Curriculum for Internal Medicine Residents* (Poster; American Geriatrics Society Annual Scientific Meeting)
- *The Advanced Nursing Geriatrics Fellows Program: A Novel Interprofessional Faculty Collaboration* (Poster; American Geriatrics Society Annual Scientific Meeting)
- *Image Atlas of Aging: Age-Related Structural and Functional Changes in the Liver* (Poster; American Geriatrics Society Annual Scientific Meeting)
- *Ambulatory Care Block* (educational product showcase; American Geriatrics Society Annual Scientific Meeting)

Darlene O'Connor:
- Talking with Dolores (Association for the Behavioral Sciences and Medical Education annual meeting; video)

Valerie Pietry:
- *Pediatric Attention Deficit Hyperactivity Disorder (ADHD)* (AAFP Annual Scientific Assembly)

Tina Runyan and **Phil Bolduc:**
- *Implementing Chronic Pain Groups in Two Diverse Family Medicine Residency Clinics: Challenges, Lessons Learned and Opportunities* (Collaborative Family Healthcare Association annual conference)

Tina Runyan:
- *If I Knew Then What I Know Now: What You Should Know Before Making the Leap to Primary Care Psychology* (California Psychological Association annual conference)
- *The Four Box Approach to Resolving Ethical Dilemmas in Primary Care Behavioral Practice* (Collaborative Family Healthcare Association annual conference)

Judy Savageau, **David Keller** et al:
- *Universal Behavioral Health Screening in Massachusetts Children on Medicaid* (Poster; AcademyHealth Annual Research Meeting)
- *Universal Behavioral Health Screening in Massachusetts Children on Medicaid* (Poster; Pediatric Academic Societies annual meeting)
- *Universal Behavioral Health Screening in Massachusetts Children on Medicaid: Preliminary Assessment* (27th Annual Children's Mental Health Research and Policy Conference)

Judy Savageau, **Linda Cragin**, **Warren Ferguson** et al:
- *Take II: Factors Related to Recruitment and Retention of Primary Care Physicians at Community Health Centers Post Massachusetts Health Care Reform: Results from 2008 and 2013 Statewide Physician Surveys* (Poster; AcademyHealth Annual Research Meeting)
- *Take II: Factors Related to Recruitment and Retention of Primary Care Physicians at Community Health Centers post MA Health Care Reform: Results from 2008 and 2013 Statewide Physician Surveys* (American Association of Medical Colleges Workforce Research Conference)

Barry Saver:
- *Helping Patients Reach a Balanced Understanding of Controversial Cancer Screening Recommendations: The Impossible Dream?* (NAPCRG annual meeting)

Patricia Seymour:
- *Writing for Patients and Participating in Peer Review During the Family Medicine Sub-Internship* (STFM Medical Education Conference)

Hugh Silk:
- *An Overview of Smiles for Life and How You Can Use It* (Maine Oral Health Coalition conference: All One Body – Creating Optimal Health Outcomes)

Judy Steinberg, **Sai Cherala**, **Christine Johnson** and **Ann Lawthers**:
- *Massachusetts Patient-Centered Medical Home Initiative (MA PCMHI): Impact on Clinical Quality at 30 Months* (AcademyHealth Annual Research Meeting)

Judy Steinberg, **Christine Johnson**, **David Polakoff** et al:
- *Lessons Learned from Implementing the Massachusetts Patient-Centered Medical Home (PMCH) Initiative* (Poster; AcademyHealth Annual Research Meeting)

Linda Weinreb, **Carole Upshur** et al:
- *Integrated Care Model for Homeless Mothers with Depression – The Healthy Moms Project* (National Health Care for the Homeless Council Annual Meeting)

Linda Weinreb et al:
- *What Happens to Mental Health Treatment During Pregnancy? Women's Experience with Providers* (American Psychiatric Association 167th annual meeting)

Linda Weinreb, **Jennifer Moffitt**, **Carole Upshur** and **Melodie Wenz Gross**:
- *Screening for PTSD in Prenatal Care in High Risk Populations: Importance for Identification and Service Provision to Promote Healthy Pregnancy Outcomes* (American Psychiatric Association 167th annual meeting)

2014-15

STFM Annual Spring Conference, Orlando, FL, April 25-29, 2015

- **Jeff Baxter**
  Empowering Family Medicine Faculty and Resident to Address prescription Opioid Abuse with Office-based Buprenorphine Treatment
  Training for Some or All? Successful Strategies to Overcome Obstacles for Buprenorphine Education and Practice
- **Phil Bolduc**, **Tracy Kedian**
  HIV+ Prenatal Care in the Family Medicine PCMH: Sharing Lessons from the Field?
- **Lucy Candib**, **Dan Lasser**, **Jennifer Reidy**
  Wit and Wisdom of Senior Faculty, Part 2: What is Mentoring and Why Do We Love It?
- **Stephanie Carter-Henry**, Mary Puttmann-Kostecka, **Virginia Van Duyne**, **Christine Runyan**
  Exposure to Traumatic Experiences on Labor and Delivery During Residency: An Opportunity for Curriculum Development on Resiliency to Secondary Trauma
- **Dennis Dimitri**:
  It's Not a Sprint, But a Marathon: Lessons from the Field on the Many Ways One Can Advocate for Family Medicine
- **Stephen Earls**, **Susan Begley**, **Judy Savageau**, **Barry Saver**, **Kate Sullivan**, **Alan Chuman**, Nick Comeau, Barbara Fisher:
  Scribes in an Academic Family Medicine Practice: Improving Physician Satisfaction" (2015 STFM Annual Spring Meeting)
- **Warren Ferguson**, **Judy Savageau**, **Linda Cragin**, Laura Sefton, Joan Pernice:
  Take 2: Recruitment and Retention of Primary Care Physicians at Community Health Centers in Massachusetts: Results from 2008 and 2013 Physician Surveys
- **Joe Gravel** et al:
  The Great Debate in Family Medicine: Should Our Residencies Require 3 Years or 4?
- **Tracy Kedian**
  Creating Successful Submissions to the STFM Annual Spring Conference
  Speed Mentoring: Get Answers from the Experts on Leadership in Teaching
  Systematic Early Identification of Students in Difficulty: An Innovative Process
  Identifying and Supporting Your Struggling Learners: A Practical Approach
- **Robert Luby**, **Wendy Barr**, **Joseph Gravel**
  A Practical Guide to Developing Areas of Concentration: Experience at a Community-based Residency
- **Cara Marshall**, **Wendy Barr**, **Joseph Gravel**, **Sebastian Tong**
  Building a Family Doctor for the Next 40 years: Using the Program Evaluation Committee (PEC) for Curricular Evaluation as a Visioning Process
- **Walter Mills**, **Joseph Gravel**, **Lisa Maxwell**
  The AFMRD Residency Performance Index: How Faculty and Staff Can Use It to Improve
- **Stacy Potts**
  Addressing Requirements, Milestones, NAS, and Other Accreditation Issues: A Workshop with the RC-FM
- **Noah Rosenberg**, **Vaishali Patel**, **Daniel Mullin**, **Stephen Earls** and **Stephen Martin**:
  A Replicable, Residency-based Program for Treating Opioid Dependence in the Primary Care Setting
- **Tina Runyan**

The Roles of Behavioral Science Faculty within Family Medicine Residencies on Impatient Medicine Teaching Service

- Meghan Veno, **Judy Savageau**, **Hugh Silk**, **Kate Sullivan**:
  A Department-wide Reflective Writing Listserv: Evaluating One Strategy for Incorporating Reflection into Medical Education and Practice
- **Virginia Van Duyne** and **Stephanie Carter-Henry**:
  Innovations in Maternity Care Resident Education While Modeling Change Practices
- **Olga Valdman**
  Educating Millennials: What Works, What Doesn't, and Why?
- **Robyn Stewart**, **Elise LaFlamme**, **Wendy Barr**, **Eloise Edgings-Pryce**:
  Advance/Surgical Obstetrics Training During Residency: An Area of Concentration Model
- **Hugh Silk**
  Best Practices in Medical Humanities Education

American Public Health Association Annual Meeting, New Orleans, LA, November 15-19, 2014

- C Clifford, **Alexandra Bonardi** and M Holder:
  Year 2: Systematically Review Evidence of Interventions Addressing Disparities in Oral Health for Adults with Intellectual Disability versus the General Population (Poster)
- **Sai Cherala**, J Johnston, J Vallejos, **Judy Steinberg** and **Christine Johnson**:
  Using Quantitative Date to Focus Medical Home Facilitation Interventions in the Massachusetts Patient-Centered Medical Home Initiative
- **Robin Clark**
  Duration of Medication-Assisted Treatment for Opioid Addiction: Are New State Policies Helping or Hurting Medicaid Members?
  Does Prior Authorization of Buprenorphine/Naloxone Save Money or Reduce Diversion
- H Hackman, G Simpson-May, **Monika Mitra**, HJ Kang, J Piana, R Ficks and W Li
  Characteristics and Outcomes of Trauma in Patients with Developmental Disabilities in Massachusetts: 2008-2011 (Poster)
- B Behl-Chadha, M Gagnon, PP Lie, M Bharel, C Hillerns, **Judy Savageau** and **Ann Lawthers**:
  Comparison of Patient Experience Between a Practice for the Homeless and Other Practices Engaged in a Patient-Centered Medical Home Initiative
- **Judy Savageau**, **Linda Cragin**, J Pernice, **Warren Ferguson**, L Bailey and L Sefton:
  Take II: Factors Related to Recruitment and Retention of Primary Care Physicians at Community Health Centers post Massachusetts Health Care Reform: Results from a 2013 and 2008 Statewide Physician Survey

AAFP Annual Scientific Assembly 2014

- **Bob Baldor**
  TIA and Stroke
  Parkinson's Disease
- **Frank Domino**
  Applying Evidence-Based Medicine
  Top 10 – Updates from the Medical Literature
- **Dan Mullin**
  Motivational Interviewing Track: Making the Most of your Time
- **Hugh Silk**
  Oral Health Across the Life Span: What You Can Do for Your Patients

Massachusetts Academy of Family Physicians Spring Refresher, Boston, MA, March 20-21, 2015

- **Bob Baldor**
  Genetic Testing: Is It in the Genes?
- **Jay Broadhurst**
  Contract Negotiations
- **Dennis Dimitri**:
  Health Care Reform: Past and Present"
- **Frank Domino**
  The 10 Changes: 2014
- **David Gilchrist**, **Amanda Vitko** and **Ron Adler**:
  Transitions of Care: Mind the Gap and Reap the Rewards
- **Trish Seymour**

Hospital Medicine Updates

- **Hugh Silk**
  Fluoride Varnish Workshop: Transforming Your Office

Individual Presentations:

Ron Adler and **Steve Martin**:

- *Think Before You 'Pink': Launching a Social Movement to Re-design Cancer Screening Campaigns (*Preventing Overdiagnosis Conference / NCI)

Monica Agarwal, **Stephanie Murigian**, **Christopher Chang**, **Serena Hon**, **Noah Rosenberg**, Magda Castrillo, Andres Herrera and **Olga Valdman**:

- *Community-based Assessment of Breastfeeding Practices in Rural Nicaragua"* (Poster; AAFP Global Health Conference)

Nicholas Apostoleris:

- *Current Topics in Health Care for Persons Experiencing Homelessness* (Saffron Strand Homeless Workforce Conference)

Katherine Barnard, **Mary Flynn** et al:

- *Safe Narcotic Prescribing in a Small Urban Family Practice* (STFM annual Conference on Practice Improvement)

Katherine Barnard and Chantal Dewey:

- *Innovations in Population Health Teaching for Residents* (Family Medicine Education Consortium conference)

Alexander Blount, **Judy Steinberg**, and **Christine Johnson**:

- *Massachusetts Primary Care Payment Reform: Progress Report on a Transformation"* (Collaborative Family Healthcare Association conference)

Alexander Blount:

- *Integrated Primary Care: Partnership, Team or Scrum* (Integrated Behavioral Healthcare Conference)
- *Turning Information to Action: Gathering User Perspective for Design of the Interactive AHRQ Academy Web Portal* (Collaborative Family Healthcare Association conference)
- *The Workforce for Integrating Behavioral Health in Primary Care* (National Association of Social Workers annual conference)

Phil Bolduc:

- *Care Retention Strategies for HIV Patients at the Family Health Center of Worcester* (New England AIDS Education Training Center Annual Faculty Development Conference)

Jennifer Bradford:

- *Evaluating the Referral Process after a Positive Screen Using the Refugee health Screener in Massachusetts: A Quality Improvement Project* (North American Refugee Health Conference)

Nathan Cardoos:

- *Atypical Scapula Winging* (24th Annual American Medical Society of Sports Medicine Annual Meeting)

Suzanne Cashman:

- *Interprofessional Collaboration Improving the Health of Urban Poor* (Association for Prevention Teaching and Research annual meeting)
- *Filling the Gap in Service-learning Evaluation: The Voice of the Community, Citizenship, and Institutional Transformation* (Community-Campus Partnerships for Health)
- *Collaborative Interprofessional Teams Improving the Health of Urban Poor* (All Together Better Health VII conference)

Suzanne Cashman and **Linda Cragin**:

- *Teaching Social Determinants of Health through Community-based Interprofessional Education: Opportunities for AHECs* (National AHEC Organization annual meeting)

Suzanne Cashman et al:
- *Community-based Participatory Research: What is It and How Can All AHECs get Involved?* (National AHEC organization annual meeting)
- *Service-learning in the Health Professions: Current State of the Evidence and Opportunities for Future Educational Scholarship* (Community-Campus Partnerships for Health annual conference)

Sai Cherala, **Sandy Blount**, **Judy Steinberg** and Joan Johnston:
- *Behavioral Health Screening in Primary Care Practices* (Poster; IHI 16th Annual International Summit)

Sai Cherala et al:
- *Role of Clinical Quality Data in the Patient-Centered Medical Home* (STFM annual Conference on Practice Improvement)

Michael Chin:
- *Tracking Rates of Health Insurance Coverage Using data from State Tax Filings in Massachusetts: 2008-2011* (Poster; AcademyHealth Annual Research Meeting)
- *Understanding and Analyzing the New Federal Reporting Requirements: Performance Indicators of State Medicaid & CHIP Programs* (22nd Annual Medicaid Managed Care Congress)

Robin Clark:
- *Evaluating the Impact of NEAIC Interventions on Healthcare Costs"* (Asthma Regional Council of New England Annual Meeting)

Robin Clark et al:
- *Gender Differences in Psychiatric Comorbidity and Treatment Outcomes in a Medicaid-Insured, Opioid Dependent Population* (AcademyHealth Annual Research Meeting)

Robin Clark, **Wen-Chieh Lin** et al:
- *High Cost Medicaid Patients: Who are They? Whose Care is Managed? Whose Isn't?* (AcademyHealth Annual Research Meeting)

Robin Clark, **Jeff Baxter** et al**:**
- *Factors Associated with Arrest and Incarceration during Opioid Addiction Treatment* (Addiction Health Services Research conference)
- *Limiting the Duration of Medication-Assisted Treatment for Opioid Addiction: Will New State Policies Help or Hurt?* (AcademyHealth Annual Research Meeting)

Robin Clark, **Deborah Gurewich** et al**:**
- *Integrating Primary Care: Experiences at Three Community-based Centers* (Addiction Health Services Research conference)

Ali Connell:
- *Health Behavior Change for Chronic Illness Care Management* (Annual Case Management Society of America Conference)
- *New Partnerships for Systems Change: Integrating Behavioral Health and Primary Care* (Ounce of Prevention conference/MA DPH)

Linda Cragin and **Judy Savageau**
- *Take II: Factors Related to Recruitment and Retention of Primary Care Physicians in Massachusetts After Health Reform* (Association of Clinicians for the Underserved)

Linda Cragin
- *Core Competency Measurement for Youth Programming* (National AHEC Organization annual meeting)

Linda Cragin et al:
- *Resources and Tools to Engage Consumers in the Transformation Process to Become a Patient-centered Medical Home* (Association for Clinicians for the Underserved)

Joe DiFranza
- *Electronic Cigarettes and Adolescents* (FDA Symposium on Electronic Cigarettes)

Frank Domino
- *Weight Loss and Exercise* (New Jersey Academy of Family Medicine conference)
- *Top 10 EBM Changes to My Practice* (New Jersey Academy of Family Medicine conference)

Alan Ehrlich
- *Medical Marijuana: What the Evidence Says* (2015 Primary Care Summit)

Mike Ennis
- *Faculty Turnover in Learning Communities* (Poster; Annual Learning Communities Institute meeting)

Warren Ferguson
- *Facing Our Worst health Disparity: Impact of Health Services Research in Criminal Justice Health* (Commonwealth Medical College Research Forum)

Warren Ferguson and **Judy Savageau**:
- *"An Evaluation of the Impact of the Academic and Health Policy Conference on Correctional Health"* (8th Academic and Health Policy Conference on Correctional Health)

William Foley:
- *An Osteopathic Approach to Pregnant Women* (Maine Osteopathic Associations' Annual Winter Meeting)

Phil Fournier:
- *Clinical Skills Teaching Within a Learning Community: A Model for Vertical Integration* (Learning Community Institute annual meeting)

Tara Futrell:
- *Persistent Knee pain in a 12 Year Old dancer* (24th Annual American Medical Society of Sports Medicine Annual Meeting)

Elaine Gabovitch:
- *The Road to Early Identification: A Capacity Building Journey* (The Power of Partnerships Summit – Early Access Autism Project)
- *Will You Be the Key That Unlocks the Door? Sharing Concerns with Families"* (The Power of Partnerships Summit – Early Access Autism Project)

Elaine Gabovitch, **Emily Lauer** and Courtney Dutra:
- *Healthy People 2020 Roadmap for Massachusetts Children and Youth with ASD/DD: Understanding the Needs and Measuring Outcomes* (Autism CARES annual grantee meeting)

Eric Garcia
- *Intimate Partner Violence and Homelessness: The Dilemma of Providing Services to the Couple in Conflict* (National Healthcare for the Homeless Conference)

Jack Gettens et al:
- *The Employment-Related Health Insurance and Service Delivery Needs of Persons with Disabilities* (AcademyHealth Annual Research Meeting)
- *Assessing Health Care Reform: Changes to Reduce the Complexity of the Application Process for Individuals with Disabilities* (AcademyHealth Annual Research Meeting)

Joe Gravel et al:
- *The Great Debate: Should Our Residencies Require Three Years or Four?* (Family Medicine Education Consortium conference)

Jay Himmelstein:
- *Deciphering the Affordable Care Act: Implications for Physicians and Patients* (American College of Physicians)

- *Deciphering the Affordable Care Act: What's Working and What's Next?* (American College of Physicians)
- *Technology and the ACA: Early Lessons from New England* (AcademyHealth Annual Research Meeting)

Wen-Chieh Lin, **Robin Clark** et al
- *High Deductible Health Plans Adoption in Massachusetts: Implications for the Affordable Care Act* (AcademyHealth Annual Research Meeting)

Mary Lindholm
- *Flipping the Classroom-Home Visit Requirements at Nine Schools"* (STFM Conference on Medical Student Education)

Lauren Linken, **Kostas Deligiannidis**, **Stephen Martin** and **Dan Mullin**:
- *Primary Care Interventions in the Treatment of Hepatitis C: Screening and Project ECHO in a Rural Primary Care Practice"* (STFM annual Conference on Practice Improvement)

Steve Martin:
- *Growing a Student-Led Advocacy Community"* (8th Academic and Health Policy Conference on Correctional Health)
- *The Medical Symposium on Mass Incarceration: Building an Interprofessional Community of Advocates"* (8th Academic and Health Policy Conference on Correctional Health)
- *No Practitioner of Medicine Should be without a Sphygmomanometer: One Hundred Years of Hypertension"* (Preventing Overdiagnosis Conference)

David Trotter, **Dan Mullin**, **Tina Runyan**, James Anderson, and **Jeanna Spanning**:
- *Successes and Challenges with the Expansion of Open Access Scheduling for Behavioral Health Across Integrated Care Settings* (Collaborative Family Healthcare Association conference)

Dan Mullin
- *Evaluation of a Motivational Interviewing Course for Healthcare Providers* (Collaborative Family Healthcare Association conference)
- *Measuring Integration: An Empirical, Lexicon-based Approach* (Collaborative Family Healthcare Association conference)

Noah Rosenberg
- *Ideas Worth Sharing: Cost-Benefit Analysis - A Helpful Tool to be Used in Global Health* (AAFP Global Health Conference)

Noah Rosenberg and **Olga Valdman**:
- *Comparative Cost-Benefit Analysis of Medical Equipment Sterilization Methods in a Rural Nicaraguan Clinic* (Poster; AAFP Global Health Conference)

Tina Runyan
- *Resolving Ambiguity: Tools for the PCMH Team to Use in Addressing Privacy and Other Ethical Issues* (Collaborative Family Healthcare Association conference)
- *Roles and Responsibilities of Behavioral Science Faculty within Family Medicine Residencies on Inpatient Medicine Teaching Service* (Collaborative Family Healthcare Association conference)
- *Improving Primary Care Access and Coordination through SBIRT and Mental Health Screening in the Emergency Department* (Collaborative Family Healthcare Association conference)
- *Taking Care of Our Own: Building Resiliency through Residency Wellness Programs* (Behavioral Science in Family Medicine annual forum)
- *Career Journeys: Charting a Good Course, Smooth Sailing, Sudden Squalls, and Unexpected Destinations* (Behavioral Science in Family Medicine annual forum)
- *Preparing Practitioners for the Future of Primary Care: Living Laboratories for Interdisciplinary Training* (Behavioral Science in Family Medicine annual forum)

Barry Saver
- *Developing Persuasive Interventions for Controversial, Evidence-based Cancer Screening Recommendations – a Role for 'Medicine Avenue' Marketing* (AcademyHealth annual research meeting)
- *The CONDUIT Study to Improve Control of Hypertension with Uploading of Home Monitoring Data to the EHR and Nurse-based Protocols – Implementation and Outcomes* (AcademyHealth annual research meeting)

Trish Seymour:
- *Patient Satisfaction and Inpatient Teaching Services: Are These Mutually Exclusive?* (Family Medicine Education Consortium conference)

Sara Shields:
- *Group Prenatal Care and Labor Dystocia Case Studies* (AAFP Family Centered Maternity Conference)
- *Miscarriage Management* (AAFP Family Centered Maternity Conference)
- *Prevention of the First Cesarean: Labor Dystocia* (AAFP Family Centered Maternity Conference)
- *Induction of Labor* (AAFP Family Centered Maternity Conference)

Hugh Silk:
- *Collaboration and Integration in Adult Oral Health Care: Sharing Lessons* (Canadian Association of Public Health Dentistry 2015 conference)
- *Expanding and Improving Medical Procedures On-site* (8th Academic and Health Policy Conference on Correctional Health)
- *Evolving Interprofessional Education and Practice: National and Local Efforts* (Medicaid-CHIP State Dental Association National Oral Health Symposium)
- *Statewide Fluoride Varnish Medical Training Programs – Continuing the Conversation* (National Oral Health Conference)
- *Putting the Mouth Back in the Body: How Residency Programs are Teaching Oral Health* (Family Medicine Education Consortium conference)
- *Oral Health Across the Life Span: Providing Care for the Whole Person* (Oral Health Kansas Conference)
- *Making the Medical-Dental Connection in Your Practice* (5th Annual Symposium on Oral Health and Primary Care; also presented at the American Dental Association annual conference)
- *Oral Health – Where Does it Fit into Overall Health"?* (New England Rural Health Round Table Oral Health Conference)

Joan Johnston, **Judy Steinberg** and **Sai Cherala**:
- *How Can Care Management Improve Patient Outcomes?* (Poster; IHI 16th Annual International Summit)

Judy Steinberg, **Sai Cherala**, **Christine Johnson** and **Ann Lawthers**
- *Massachusetts Patient-Centered Medical Home Initiative (MA PCMHI): Impact on Clinical Quality at 30 Months* (AcademyHealth Annual Research Meeting)

Judy Steinberg, **Christine Johnson**, **David Polakoff** et al
- *Lessons Learned from Implementing the Massachusetts Patient-Centered Medical Home (PMCH) Initiative"* (poster; AcademyHealth Annual Research Meeting)

Herb Stevenson
- *Fundamentals of Sports Ultrasound* (24th Annual American Medical Society of Sports Medicine Annual Meeting)
- *Prevention of Ski Injuries* (American College of Sports Medicine NE Annual Meeting)
- *Fundamentals of Musculoskeletal Ultrasound"* (American Medical Society of Sports Medicine Musculoskeletal Conference)

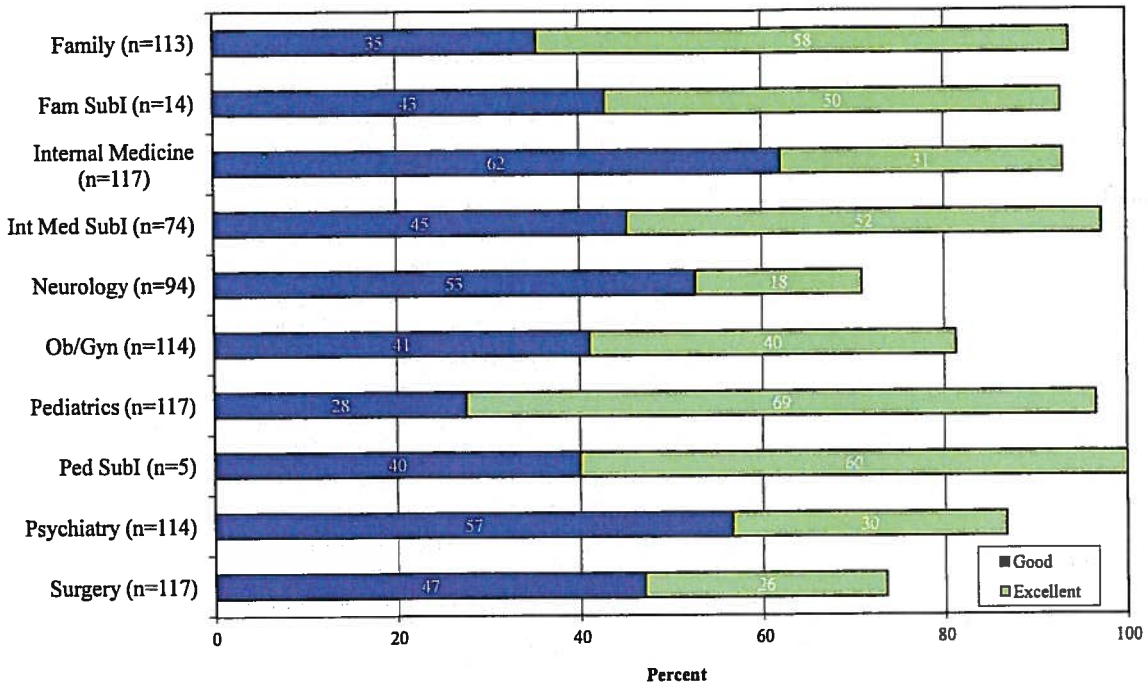
Olga Valdman:
- *Spanish Language Training During Family Medicine Residency* (AAFP Global Health Conference)
- *Family Medicine Place in the Broader Global Health Conversation: A Collaborative SWOT Analysis* (AAFP Global Health Conference)

Amanda Vitko, **Serena Hon**, **Bency Louidor-Paulynice** et al:
- *Transitional Care Management at a Residency Site* (STFM annual Conference on Practice Improvement)

Linda Weinreb, **Carole Upshur** et al:
- *Integrated Care Model for Homeless Mothers with Depression – The Healthy Moms Project* (National Health Care for the Homeless Council Annual Meeting; also presented at the NAPCRG annual meeting)

Susan Wolf-Fordham:
- *Ukrainian, Israeli and American Perspectives Regarding Changing Educational Opportunities and Methods for Ukrainian Children with Disabilities* (Education for the 21st Century: Multiculturalism, Children's Rights and Global Citizenship)
- *Emergency Planning For and With Individuals with Disabilities* (Beit Issie Shapiro 6th International Conference on Disabilities)

Overall, how would you rate this clerkship?
Cross-Clerkship Comparisons - AY10/11



Graphs produced by the Office of Institutional Research, Evaluation, and Assessment - OEA (last updated 11/23/11).

Preceptor Ratings
by Role

Outpatient Residents

This preceptor...	Strongly Disagree	Disagree	Agree	Strongly Agree	Total
was appropriately available to me		3%	27%	70%	
		1	8	21	30
addressed my specific learning needs		7%	27%	67%	
		2	8	20	30
offered constructive feedback		7%	30%	63%	
		2	9	19	30
gave me the appropriate level of responsibility with patients		3%	27%	70%	
		1	8	21	30
observed me with patients (interviewing, counseling, PE)		10%	27%	63%	
		3	8	19	30
helped me improve my patient examination skills pertinent to this clerkship (e.g., focused physical exam)		7%	34%	59%	
		2	10	17	29
helped me develop technical skills appropriate to this clerkship (e.g., pap smear, immunizations)		21%	34%	45%	
		6	10	13	29
helped me improve my interviewing skills		3%	41%	55%	
		1	12	16	29
helped me improve my problem solving skills		3%	34%	62%	
		1	10	18	29
treated me with respect			21%	79%	
			6	23	29
treated patients with dignity and respect		3%	17%	80%	
		1	5	24	30
was a professional role model for me	3%	3%	17%	77%	
	1	1	5	23	30
I would recommend this preceptor to other students	3%	3%	20%	73%	
	1	1	6	22	30

Preceptor Ratings by Role

Outpatient Preceptors

This preceptor...	Strongly Disagree	Disagree	Agree	Strongly Agree	Total
was appropriately available to me		3%	25%	72%	
		5	47	134	186
addressed my specific learning needs	1%	5%	24%	70%	
	1	9	45	131	186
offered constructive feedback	1%	5%	24%	70%	
	2	9	44	131	186
gave me the appropriate level of responsibility with patients		3%	24%	74%	
		5	44	137	186
observed me with patients (interviewing, counseling, PE)	1%	12%	33%	54%	
	2	22	61	98	183
helped me improve my patient examination skills pertinent to this clerkship (e.g., focused physical exam)	1%	6%	34%	59%	
	1	12	63	110	186
helped me develop technical skills appropriate to this clerkship (e.g., pap smear, immunizations)		12%	36%	52%	
		22	67	97	186
helped me improve my interviewing skills	1%	6%	35%	59%	
	1	11	65	109	186
helped me improve my problem solving skills		3%	29%	68%	
		6	54	126	186
treated me with respect		1%	17%	82%	
		2	31	153	186
treated patients with dignity and respect		1%	18%	81%	
		2	33	151	186
was a professional role model for me	1%	3%	18%	78%	
	1	6	34	145	186
I would recommend this preceptor to other students	2%	3%	20%	76%	
	3	5	37	139	184

Blocks 1A-4B, AY1011. Response rate=100% (113/113).
Prepared by Gina DeCarolis (8/3/11).

Site Evaluations
by Individual Site

Site: Hahnemann Family Health Center

	Strongly Disagree	Disagree	Agree	Strongly Agree	Total
This site provided adequate facilities for learning			13%	87%	
			2	13	15
This site provided an adequate variety of patients			20%	80%	
			3	12	15
This site provided an appropriate number of patients			13%	87%	
			2	13	15
Overall, faculty at this site were professional role models for me			13%	87%	
			2	13	15
Overall, residents at this site were professional role models for me		7%	20%	73%	
		1	3	11	15
Overall, I was treated with respect as a student			13%	87%	
			2	13	15
I would recommend this site to other students			13%	87%	
			2	13	15

Site Evaluations
by Individual Site

Site: Family Medicine University Practice (Benedict)

	Strongly Disagree	Disagree	Agree	Strongly Agree	Total
This site provided adequate facilities for learning			33%	67%	
			3	6	9
This site provided an adequate variety of patients			56%	44%	
			5	4	9
This site provided an appropriate number of patients			33%	67%	
			3	6	9
Overall, faculty at this site were professional role models for me			44%	56%	
			4	5	9
Overall, residents at this site were professional role models for me			25%	75%	
			1	3	4
Overall, I was treated with respect as a student			22%	78%	
			2	7	9
I would recommend this site to other students			33%	67%	
			3	6	9

Site Evaluations
by Individual Site

Site: Fitchburg Family Practice

	Strongly Disagree	Disagree	Agree	Strongly Agree	Total
This site provided adequate facilities for learning			75%	25%	
			9	3	12
This site provided an adequate variety of patients			42%	58%	
			5	7	12
This site provided an appropriate number of patients			42%	58%	
			5	7	12
Overall, faculty at this site were professional role models for me			50%	50%	
			6	6	12
Overall, residents at this site were professional role models for me			58%	42%	
			7	5	12
Overall, I was treated with respect as a student			50%	50%	
			6	6	12
I would recommend this site to other students		17%	33%	50%	
		2	4	6	12

Site Evaluations
by Individual Site

Site: Barre Family Health Center

	Strongly Disagree	Disagree	Agree	Strongly Agree	Total
This site provided adequate facilities for learning			23%	77%	
			3	10	13
This site provided an adequate variety of patients			31%	69%	
			4	9	13
This site provided an appropriate number of patients			23%	77%	
			3	10	13
Overall, faculty at this site were professional role models for me			23%	77%	
			3	10	13
Overall, residents at this site were professional role models for me		8%	31%	62%	
		1	4	8	13
Overall, I was treated with respect as a student			15%	85%	
			2	11	13
I would recommend this site to other students			17%	83%	
			2	10	12

Site Evaluations
by Individual Site

Site: Family Health Center

	Strongly Disagree	Disagree	Agree	Strongly Agree	Total
This site provided adequate facilities for learning		7%	57%	36%	
		1	8	5	14
This site provided an adequate variety of patients		14%	50%	36%	
		2	7	5	14
This site provided an appropriate number of patients	7%		64%	29%	
	1		9	4	14
Overall, faculty at this site were professional role models for me		7%	57%	36%	
		1	8	5	14
Overall, residents at this site were professional role models for me		7%	43%	50%	
		1	6	7	14
Overall, I was treated with respect as a student			57%	43%	
			8	6	14
I would recommend this site to other students	8%	31%	46%	15%	
	1	4	6	2	13

Blocks 1A-4B, AY1011. Response rate=100% (113/113).
Prepared by Gina DeCarolis (8/3/11).

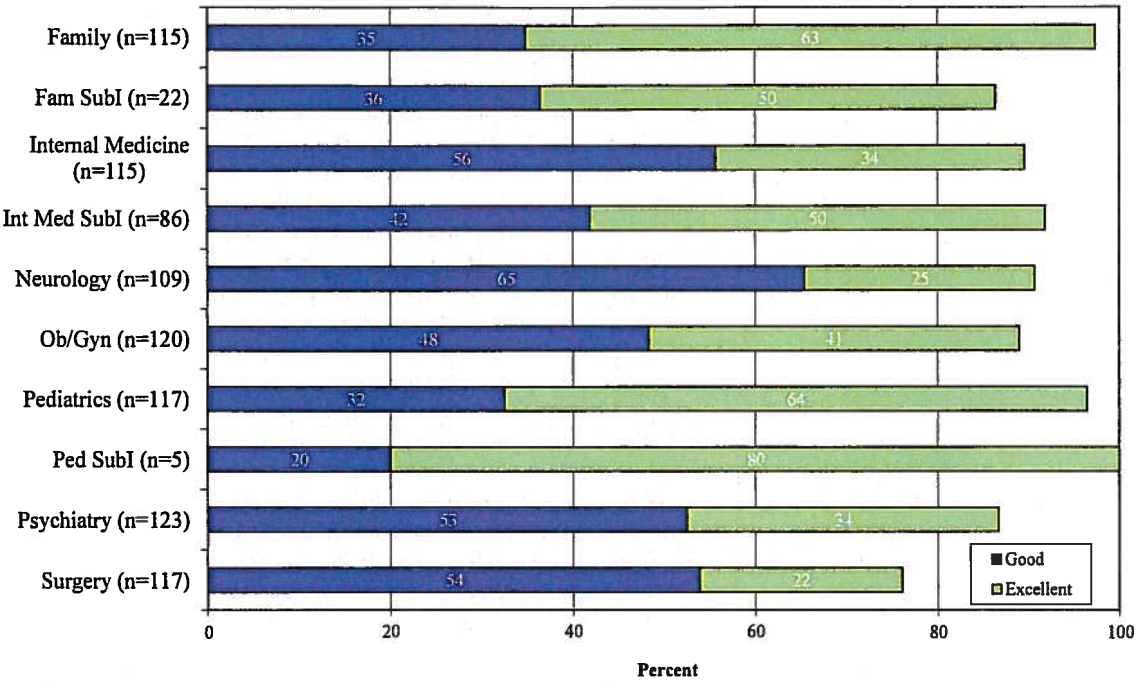
Small Group Leader Evaluations

Small Group Leader Not Specified

My small group leader...	Strongly Disagree	Disagree	Agree	Strongly Agree	Total
demonstrated preparedness and knowledge of material		7%	36%	57%	
		1	5	8	14
was reliable and punctual in attendance			43%	57%	
			6	8	14
was appropriately available to me			43%	57%	
			6	8	14
offered constructive feedback		7%	50%	43%	
		1	7	6	14
was an effective small group leader (e.g., met objectives, encouraged participation)			43%	57%	
			6	8	14
treated me with dignity and respect			36%	64%	
			5	9	14
was a professional role model for me			43%	57%	
			6	8	14
I would recommend this Small Group Leader to other students			50%	50%	
			7	7	14

Blocks 1A-4B, AY1011. Response rate=100% (113/113).
Prepared by Gina DeCarolis (8/3/11).

Overall, how would you rate this clerkship?
Cross-Clerkship Comparisons - AY11/12



Graphs produced by the Office of Institutional Research, Evaluation, and Assessment - OEA (last updated 3/6/13).

Small Group Leader Evaluations

My small group leader...	Strongly Disagree	Disagree	Agree	Strongly Agree	Total
demonstrated preparedness and knowledge of material		1%	25%	74%	
		1	29	86	116
was reliable and punctual in attendance			24%	76%	
			28	88	116
was appropriately available to me			24%	76%	
			28	88	116
offered constructive feedback		3%	31%	66%	
		3	36	77	116
was an effective small group leader (e.g., met objectives, encouraged participation)		3%	25%	72%	
		3	29	84	116
treated me with dignity and respect		1%	19%	80%	
		1	22	93	116
was a professional role model for me		1%	19%	80%	
		1	22	93	116
I would recommend this Small Group Leader to other students		2%	25%	73%	
		2	29	85	116

Blocks 1A-4B, AY1112. Response rate = 100% (115/115).
Prepared by Gina DeCarolis (9/10/12).

Site Evaluations
by Individual Site

Site: Barre Family Health Center

	Strongly Disagree	Disagree	Agree	Strongly Agree	Total
This site provided adequate facilities for learning			23%	77%	
			3	10	13
This site provided an adequate variety of patients			23%	77%	
			3	10	13
This site provided an appropriate number of patients			15%	85%	
			2	11	13
Overall, faculty at this site were professional role models for me			23%	77%	
			3	10	13
Overall, residents at this site were professional role models for me			23%	77%	
			3	10	13
Overall, I was treated with respect as a student			8%	92%	
			1	12	13
I would recommend this site to other students			8%	92%	
			1	12	13

Family Medicine Clerkship

Site Evaluations
by Individual Site

Site: Family Health Center

	Strongly Disagree	Disagree	Agree	Strongly Agree	Total
This site provided adequate facilities for learning			42%	58%	
			5	7	12
This site provided an adequate variety of patients			17%	83%	
			2	10	12
This site provided an appropriate number of patients			17%	83%	
			2	10	12
Overall, faculty at this site were professional role models for me			17%	83%	
			2	10	12
Overall, residents at this site were professional role models for me		8%	25%	67%	
		1	3	8	12
Overall, I was treated with respect as a student			25%	75%	
			3	9	12
I would recommend this site to other students			25%	75%	
			3	9	12

Site Evaluations
by Individual Site

Site: University Family Medicine - Benedict Building

	Strongly Disagree	Disagree	Agree	Strongly Agree	Total
This site provided adequate facilities for learning			12%	88%	
			1	7	8
This site provided an adequate variety of patients			25%	75%	
			2	6	8
This site provided an appropriate number of patients			12%	88%	
			1	7	8
Overall, faculty at this site were professional role models for me			12%	88%	
			1	7	8
Overall, residents at this site were professional role models for me				100%	
				2	2
Overall, I was treated with respect as a student			25%	75%	
			2	6	8
I would recommend this site to other students		12%	12%	75%	
		1	1	6	8

Blocks 1A-4B, AY1112. Response rate = 100% (115/115).
Prepared by Gina DeCarolis (9/10/12).

Family Medicine Clerkship

Site Evaluations
by Individual Site

Site: Fitchburg Family Practice

	Strongly Disagree	Disagree	Agree	Strongly Agree	Total
This site provided adequate facilities for learning			60%	40%	
			3	2	5
This site provided an adequate variety of patients			40%	60%	
			2	3	5
This site provided an appropriate number of patients			20%	80%	
			1	4	5
Overall, faculty at this site were professional role models for me			20%	80%	
			1	4	5
Overall, residents at this site were professional role models for me			20%	80%	
			1	4	5
Overall, I was treated with respect as a student			20%	80%	
			1	4	5
I would recommend this site to other students			40%	60%	
			2	3	5

Family Medicine Clerkship

Site Evaluations by Individual Site

Site: Hahnemann Family Health Center

	Strongly Disagree	Disagree	Agree	Strongly Agree	Total
This site provided adequate facilities for learning			6%	94%	
			1	15	16
This site provided an adequate variety of patients			12%	88%	
			2	14	16
This site provided an appropriate number of patients			7%	93%	
			1	14	15
Overall, faculty at this site were professional role models for me			6%	94%	
			1	15	16
Overall, residents at this site were professional role models for me			6%	94%	
			1	15	16
Overall, I was treated with respect as a student			6%	94%	
			1	15	16
I would recommend this site to other students		6%	6%	88%	
		1	1	14	16

Blocks 1A-4B, AY1112. Response rate = 100% (115/115).
Prepared by Gina DeCarolis (9/10/12).

Preceptor Ratings by Role

Outpatient Preceptors

This preceptor...	Strongly Disagree	Disagree	Agree	Strongly Agree	Total
was appropriately available to me		1%	24%	75%	
		2	41	128	171
addressed my specific learning needs		2%	27%	71%	
		3	47	121	171
offered constructive feedback		2%	28%	70%	
		3	48	120	171
gave me the appropriate level of responsibility with patients		2%	22%	76%	
		3	38	130	171
observed me with patients (interviewing, counseling, PE)		12%	34%	54%	
		20	58	93	171
helped me improve my patient examination skills pertinent to this clerkship (e.g., focused physical exam)		2%	32%	67%	
		3	54	114	171
helped me develop technical skills appropriate to this clerkship (e.g., pap smear, immunizations)		6%	31%	63%	
		11	53	107	171
helped me improve my interviewing skills		2%	35%	63%	
		4	59	108	171
helped me improve my problem solving skills		1%	33%	66%	
		2	56	113	171
treated me with respect		1%	15%	84%	
		2	26	143	171
treated patients with dignity and respect		2%	12%	86%	
		3	21	147	171
was a professional role model for me	1%	2%	14%	83%	
	1	4	24	142	171
I would recommend this preceptor to other students	1%	4%	18%	78%	
	1	6	30	133	170

Blocks 1A-4B, AY1112. Response rate = 100% (115/115).
Prepared by Gina DeCarolis (9/10/12).

Preceptor Ratings by Role

Outpatient Residents

This preceptor...	Strongly Disagree	Disagree	Agree	Strongly Agree	Total
was appropriately available to me			46%	54%	
			6	7	13
addressed my specific learning needs			46%	54%	
			6	7	13
offered constructive feedback			54%	46%	
			7	6	13
gave me the appropriate level of responsibility with patients			31%	69%	
			4	9	13
observed me with patients (interviewing, counseling, PE)		8%	54%	38%	
		1	7	5	13
helped me improve my patient examination skills pertinent to this clerkship (e.g., focused physical exam)			62%	38%	
			8	5	13
helped me develop technical skills appropriate to this clerkship (e.g., pap smear, immunizations)			69%	31%	
			9	4	13
helped me improve my interviewing skills			69%	31%	
			9	4	13
helped me improve my problem solving skills			46%	54%	
			6	7	13
treated me with respect			15%	85%	
			2	11	13
treated patients with dignity and respect			23%	77%	
			3	10	13
was a professional role model for me			23%	77%	
			3	10	13
I would recommend this preceptor to other students			15%	85%	
			2	11	13

UMass Worcester
SOM - Family Medicine Clerkship

Analysis of Site Performance

Site: Barre Family Health
Course: SOM - Family Medicine Clerkship FC 300: Clerkship in Family Medicine
Evaluation Type: Student Evaluation of Site
Time Period: 05/11/2012 to 08/28/2012
Time Period Type: Time Frame Start
Report Date: 02/03/2016

Question ID	Question	Zero Count	Applicable Answers	Mean	Scale	Std
1691487	This site provided adequate facilities for learning	0	7	3.71	1 to 4	0.49
1777655	This site provided an adequate variety of patients	0	7	3.57	1 to 4	0.53
1777656	This site provided an appropriate number of patients	0	7	4.00	1 to 4	0.00
1777657	Overall, faculty at this site were professional role models for me	0	7	3.86	1 to 4	0.38
1777658	Overall, residents at this site were professional role models for me (If no residents at this site, skip to next item)	0	7	3.86	1 to 4	0.38
1777659	Overall, I was treated with respect as a student	0	7	3.86	1 to 4	0.38
1777660	I would recommend this site to other students	0	7	3.71	1 to 4	0.49
1691495	I was allowed to access electronic medical records (EMR) at this site	0	7	2.00	1 to 2	0.00
1691496	If no, were you able to access patient information through another mechanism	4	0		1 to 2	

UMass Worcester
SOM - Family Medicine Clerkship

Analysis of Site Performance

Site: Family Health Center of Worcester
Course: SOM - Family Medicine Clerkship FC 300: Clerkship in Family Medicine
Evaluation Type: Student Evaluation of Site
Time Period: 05/11/2012 to 08/28/2012
Time Period Type: Time Frame Start
Report Date: 02/03/2016

Question ID	Question	Zero Count	Applicable Answers	Mean	Scale	Std
1691487	This site provided adequate facilities for learning	0	6	3.67	1 to 4	0.52
1777655	This site provided an adequate variety of patients	0	6	4.00	1 to 4	0.00
1777656	This site provided an appropriate number of patients	0	6	4.00	1 to 4	0.00
1777657	Overall, faculty at this site were professional role models for me	0	6	4.00	1 to 4	0.00
1777658	Overall, residents at this site were professional role models for me (If no residents at this site, skip to next item)	0	5	3.60	1 to 4	0.55
1777659	Overall, I was treated with respect as a student	0	6	4.00	1 to 4	0.00
1777660	I would recommend this site to other students	0	6	3.83	1 to 4	0.41
1691495	I was allowed to access electronic medical records (EMR) at this site	0	6	2.00	1 to 2	0.00
1691496	If no, were you able to access patient information through another mechanism	1	2	2.00	1 to 2	0.00

UMass Worcester
SOM - Family Medicine Clerkship

Analysis of Site Performance

Site: Fitchburg Family Practice
Course: SOM - Family Medicine Clerkship FC 300: Clerkship in Family Medicine
Evaluation Type: Student Evaluation of Site
Time Period: 05/11/2012 to 08/28/2012
Time Period Type: Time Frame Start
Report Date: 02/03/2016

Question ID	Question	Zero Count	Applicable Answers	Mean	Scale	Std
1691487	This site provided adequate facilities for learning	0	3	4.00	1 to 4	0.00
1777655	This site provided an adequate variety of patients	0	3	4.00	1 to 4	0.00
1777656	This site provided an appropriate number of patients	0	3	4.00	1 to 4	0.00
1777657	Overall, faculty at this site were professional role models for me	0	3	4.00	1 to 4	0.00
1777658	Overall, residents at this site were professional role models for me (If no residents at this site, skip to next item)	0	3	4.00	1 to 4	0.00
1777659	Overall, I was treated with respect as a student	0	3	4.00	1 to 4	0.00
1777660	I would recommend this site to other students	0	3	4.00	1 to 4	0.00
1691495	I was allowed to access electronic medical records (EMR) at this site	0	3	2.00	1 to 2	0.00
1691496	If no, were you able to access patient information through another mechanism	2	1	2.00	1 to 2	0.00

UMass Worcester
SOM - Family Medicine Clerkship

Analysis of Site Performance

Site: Hahnemann Family Health Center
Course: SOM - Family Medicine Clerkship FC 300: Clerkship in Family Medicine
Evaluation Type: Student Evaluation of Site
Time Period: 05/11/2012 to 08/28/2012
Time Period Type: Time Frame Start
Report Date: 02/03/2016

Question ID	Question	Zero Count	Applicable Answers	Mean	Scale	Std
1691487	This site provided adequate facilities for learning	0	6	3.83	1 to 4	0.41
1777655	This site provided an adequate variety of patients	0	6	3.83	1 to 4	0.41
1777656	This site provided an appropriate number of patients	0	6	3.83	1 to 4	0.41
1777657	Overall, faculty at this site were professional role models for me	0	6	3.83	1 to 4	0.41
1777658	Overall, residents at this site were professional role models for me (If no residents at this site, skip to next item)	0	6	3.83	1 to 4	0.41
1777659	Overall, I was treated with respect as a student	0	6	3.83	1 to 4	0.41
1777660	I would recommend this site to other students	0	6	3.83	1 to 4	0.41
1691495	I was allowed to access electronic medical records (EMR) at this site	0	6	2.00	1 to 2	0.00
1691496	If no, were you able to access patient information through another mechanism	4	0		1 to 2	

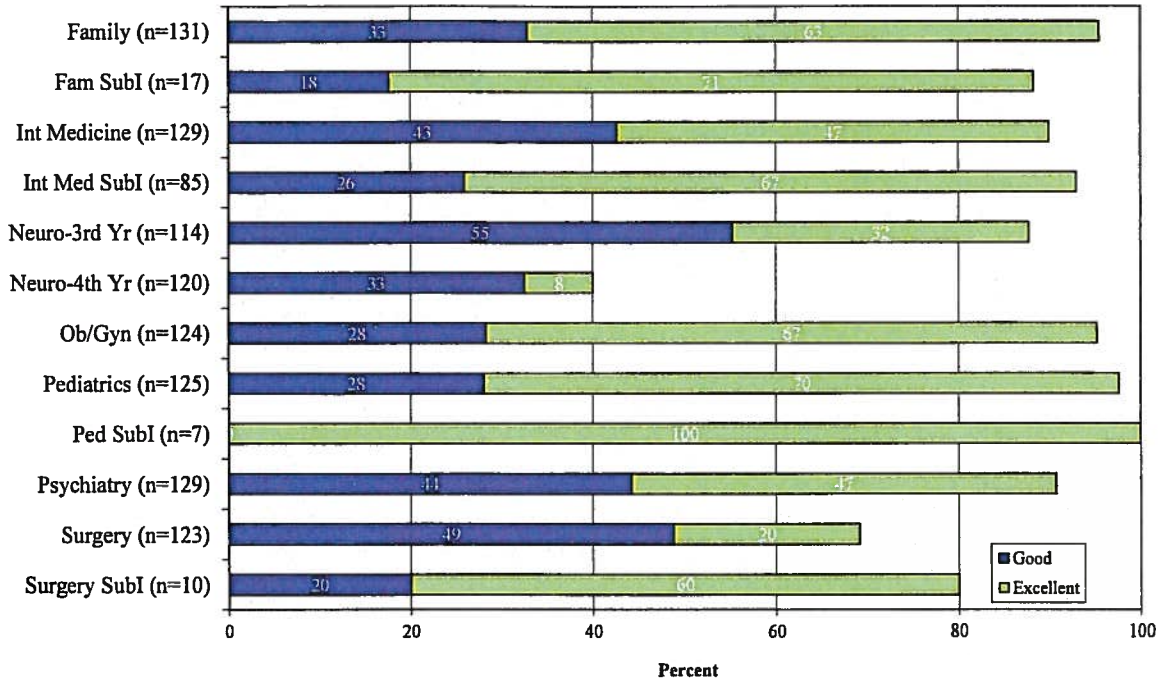
UMass Worcester
SOM - Family Medicine Clerkship

Analysis of Site Performance

Site: University Family Medicine - Benedict Building
Course: SOM - Family Medicine Clerkship FC 300: Clerkship in Family Medicine
Evaluation Type: Student Evaluation of Site
Time Period: 05/11/2012 to 08/28/2012
Time Period Type: Time Frame Start
Report Date: 02/03/2016

Question ID	Question	Zero Count	Applicable Answers	Mean	Scale	Std
1691487	This site provided adequate facilities for learning	0	4	3.50	1 to 4	0.58
1777655	This site provided an adequate variety of patients	0	4	2.75	1 to 4	0.50
1777656	This site provided an appropriate number of patients	0	4	3.75	1 to 4	0.50
1777657	Overall, faculty at this site were professional role models for me	0	4	3.50	1 to 4	0.58
1777659	Overall, I was treated with respect as a student	0	4	3.75	1 to 4	0.50
1777660	I would recommend this site to other students	0	4	3.50	1 to 4	0.58
1691495	I was allowed to access electronic medical records (EMR) at this site	0	4	2.00	1 to 2	0.00
1691496	If no, were you able to access patient information through another mechanism	2	1	2.00	1 to 2	0.00

Overall, how would you rate this rotation?
Cross-Clerkship Comparisons - AY12/13



Graphs produced by the Office of Institutional Research, Evaluation, and Assessment - OEA (last updated 1/15/14).

UMass Worcester
SOM - Family Medicine Clerkship

Analysis of Site Performance

Site: Barre Family Health
Course: SOM - Family Medicine Clerkship FC 300: Clerkship in Family Medicine
Evaluation Type: Student Evaluation of Site
Time Period: 10/02/2012 to 03/25/2013
Time Period Type: Time Frame Start
Report Date: 02/03/2016

Question ID	Question	Zero Count	Applicable Answers	Mean	Scale	Std
1907732	**This site provided adequate facilities for learning** This site provided adequate facilities for learning	0	7	3.71	1 to 4	0.49
1777655	**This site provided an adequate variety of patients**	0	7	3.57	1 to 4	0.53
1777656	**This site provided an appropriate number of patients**	0	7	3.71	1 to 4	0.49
1907731	**I had an opportunity to work with an interprofessional team (e.g., nurses, physicians)** I had an opportunity to work with an interprofessional team (e.g., nurses, physicians)	0	7	4.00	1 to 4	0.00
1777657	**Overall, faculty at this site were professional role models for me**	0	7	3.86	1 to 4	0.38
1777658	**Overall, residents at this site were professional role models for me** **(If no residents at this site, skip to next item)**	0	7	4.00	1 to 4	0.00
1777659	**Overall, I was treated with respect as a student**	0	7	3.86	1 to 4	0.38
1777660	**I would recommend this site to other students**	0	7	3.86	1 to 4	0.38

Question ID	Question	Option	N
1780280	**I was allowed to access electronic medical records (EMR) at this site**	No	0
		Yes	7
		N/A	0
1782058	**If no, were you able to access patient information through another mechanism**	No	0
		Yes	2
		N/A	2

UMass Worcester
SOM - Family Medicine Clerkship

Analysis of Site Performance

Site: Family Health Center of Worcester
Course: SOM - Family Medicine Clerkship FC 300: Clerkship in Family Medicine
Evaluation Type: Student Evaluation of Site
Time Period: 10/02/2012 to 03/25/2013
Time Period Type: Time Frame Start
Report Date: 02/03/2016

Question ID	Question	Zero Count	Applicable Answers	Mean	Scale	Std
1907732	**This site provided adequate facilities for learning** This site provided adequate facilities for learning	0	11	3.55	1 to 4	0.69
1777655	**This site provided an adequate variety of patients**	0	11	3.64	1 to 4	0.50
1777656	**This site provided an appropriate number of patients**	0	11	3.45	1 to 4	0.69
1907731	**I had an opportunity to work with an interprofessional team (e.g., nurses, physicians)** I had an opportunity to work with an interprofessional team (e.g., nurses, physicians)	0	11	3.09	1 to 4	0.70
1777657	**Overall, faculty at this site were professional role models for me**	0	11	3.55	1 to 4	0.52
1777658	**Overall, residents at this site were professional role models for me** **(If no residents at this site, skip to next item)**	0	11	3.55	1 to 4	0.52
1777659	**Overall, I was treated with respect as a student**	0	11	3.64	1 to 4	0.50
1777660	**I would recommend this site to other students**	0	11	3.36	1 to 4	0.67

Question ID	Question	Option	N
1780280	**I was allowed to access electronic medical records (EMR) at this site**	No	0
		Yes	11
		N/A	0
1782058	**If no, were you able to access patient information through another mechanism**	No	0
		Yes	0
		N/A	6

UMass Worcester
SOM - Family Medicine Clerkship

Analysis of Site Performance

Site: Fitchburg Family Practice
Course: SOM - Family Medicine Clerkship FC 300: Clerkship in Family Medicine
Evaluation Type: Student Evaluation of Site
Time Period: 10/02/2012 to 03/25/2013
Time Period Type: Time Frame Start
Report Date: 02/03/2016

Question ID	Question	Zero Count	Applicable Answers	Mean	Scale	Std
1907732	**This site provided adequate facilities for learning** This site provided adequate facilities for learning	0	5	3.40	1 to 4	0.55
1777655	**This site provided an adequate variety of patients**	0	5	3.40	1 to 4	0.55
1777656	**This site provided an appropriate number of patients**	0	5	3.80	1 to 4	0.45
1907731	**I had an opportunity to work with an interprofessional team (e.g., nurses, physicians)** I had an opportunity to work with an interprofessional team (e.g., nurses, physicians)	0	5	3.40	1 to 4	0.55
1777657	**Overall, faculty at this site were professional role models for me**	0	5	3.60	1 to 4	0.55
1777658	**Overall, residents at this site were professional role models for me** **(If no residents at this site, skip to next item)**	0	5	3.40	1 to 4	0.55
1777659	**Overall, I was treated with respect as a student**	0	5	3.60	1 to 4	0.55
1777660	**I would recommend this site to other students**	0	5	3.40	1 to 4	0.55

Question ID	Question	Option	N
1780280	**I was allowed to access electronic medical records (EMR) at this site**	No	0
		Yes	5
		N/A	0
1782058	**If no, were you able to access patient information through another mechanism**	No	0
		Yes	0
		N/A	2

UMass Worcester
SOM - Family Medicine Clerkship

Analysis of Site Performance

Site: Hahnemann Family Health Center
Course: SOM - Family Medicine Clerkship FC 300: Clerkship in Family Medicine
Evaluation Type: Student Evaluation of Site
Time Period: 10/02/2012 to 03/25/2013
Time Period Type: Time Frame Start
Report Date: 02/03/2016

Question ID	Question	Zero Count	Applicable Answers	Mean	Scale	Std
1907732	**This site provided adequate facilities for learning** This site provided adequate facilities for learning	0	7	3.86	1 to 4	0.38
1777655	**This site provided an adequate variety of patients**	0	7	3.86	1 to 4	0.38
1777656	**This site provided an appropriate number of patients**	0	7	3.86	1 to 4	0.38
1907731	**I had an opportunity to work with an interprofessional team (e.g., nurses, physicians)** I had an opportunity to work with an interprofessional team (e.g., nurses, physicians)	0	7	3.71	1 to 4	0.49
1777657	**Overall, faculty at this site were professional role models for me**	0	7	3.86	1 to 4	0.38
1777658	**Overall, residents at this site were professional role models for me** **(If no residents at this site, skip to next item)**	0	7	3.86	1 to 4	0.38
1777659	**Overall, I was treated with respect as a student**	0	7	3.86	1 to 4	0.38
1777660	**I would recommend this site to other students**	0	7	3.86	1 to 4	0.38

Question ID	Question	Option	N
1780280	**I was allowed to access electronic medical records (EMR) at this site**	No	0
		Yes	7
		N/A	0
1782058	**If no, were you able to access patient information through another mechanism**	No	0
		Yes	1
		N/A	3

UMass Worcester
SOM - Family Medicine Clerkship

Analysis of Site Performance

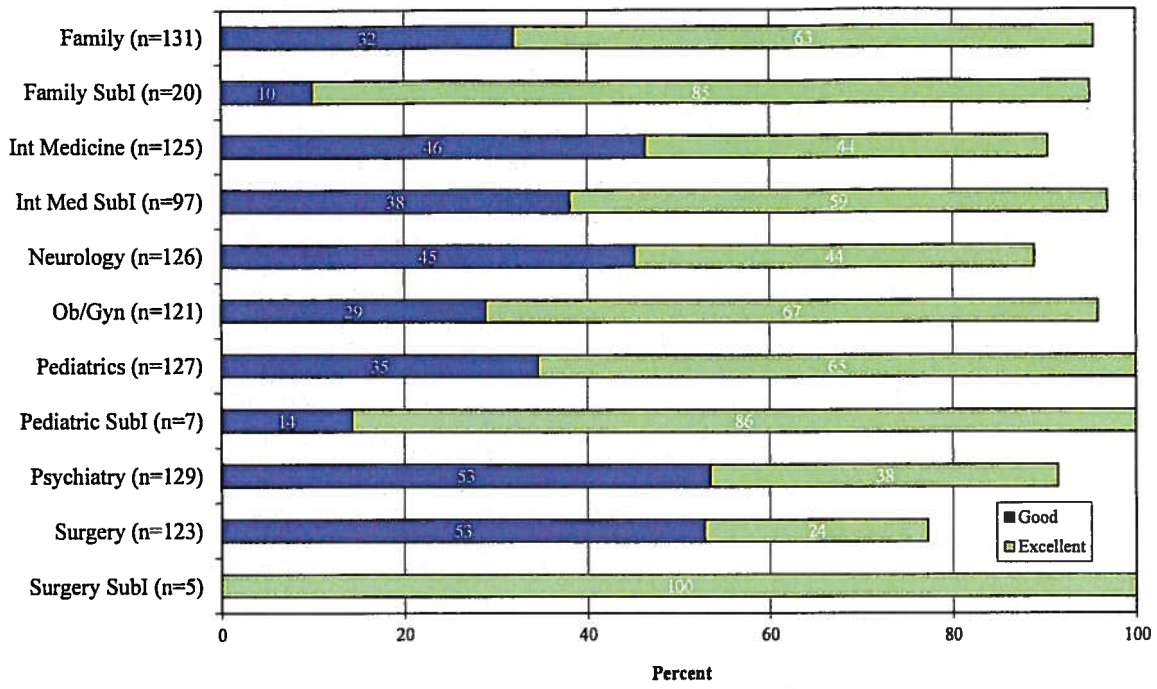
Site: University Family Medicine - Benedict Building
Course: SOM - Family Medicine Clerkship FC 300: Clerkship in Family Medicine
Evaluation Type: Student Evaluation of Site
Time Period: 10/02/2012 to 03/25/2013
Time Period Type: Time Frame Start
Report Date: 02/03/2016

Question ID	Question	Zero Count	Applicable Answers	Mean	Scale	Std
1907732	**This site provided adequate facilities for learning** This site provided adequate facilities for learning	0	5	3.40	1 to 4	0.55
1777655	**This site provided an adequate variety of patients**	0	5	2.80	1 to 4	0.84
1777656	**This site provided an appropriate number of patients**	0	5	3.60	1 to 4	0.55
1907731	**I had an opportunity to work with an interprofessional team (e.g., nurses, physicians)** I had an opportunity to work with an interprofessional team (e.g., nurses, physicians)	0	5	3.40	1 to 4	0.55
1777657	**Overall, faculty at this site were professional role models for me**	0	5	3.60	1 to 4	0.55
1777658	**Overall, residents at this site were professional role models for me** **(If no residents at this site, skip to next item)**	0	1	4.00	1 to 4	0.00
1777659	**Overall, I was treated with respect as a student**	0	5	3.60	1 to 4	0.55
1777660	**I would recommend this site to other students**	0	5	3.40	1 to 4	0.55

Question ID	Question	Option	N
1780280	**I was allowed to access electronic medical records (EMR) at this site**	No	0
		Yes	5
		N/A	0
1782058	**If no, were you able to access patient information through another mechanism**	No	0
		Yes	0
		N/A	3

Overall, how would you rate this rotation?

Cross-Clerkship Comparisons - AY13/14



Graphs produced by the Office of Institutional Research, Evaluation, and Assessment - OEA (last updated 7/23/14).

UMass Worcester
SOM - Family Medicine Clerkship

Analysis of Educator Performance

People Group: SOM - Family Medicine Clerkship AY1314 - residents
Course: SOM - Family Medicine Clerkship FC 300: Clerkship In Family Medicine
Evaluation Type: Student Evaluation of Preceptor
Time Period: 05/15/2013 to 03/24/2014
Time Period Type: Time Frame Start
Report Date: 06/24/2014

Question ID	Question	Zero Count	Applicable Answers	Mean	Scale	Std
1691524	**Was appropriately available to me**	0	15	3.80	1 to 4	0.41
1691525	**Addressed my specific learning needs** Addressed my specific learning needs	0	15	3.87	1 to 4	0.35
2069247	**Provided formative feedback during the rotation**	0	15	3.87	1 to 4	0.35
1780807	**Gave me the appropriate level of responsibility with patients** Gave me the appropriate level of responsibility with patients	0	15	3.80	1 to 4	0.56
1691528	**Observed me with patients (interviewing, counseling, PE)** Observed me with patients (interviewing, counseling, PE)	0	15	3.67	1 to 4	0.72
1907848	**Helped me improve my patient examination skills pertinent to this rotation** Helped me improve my patient examination skills pertinent to this rotation	0	15	3.80	1 to 4	0.41
1780811	**Helped me improve my interviewing skills** Helped me improve my interviewing skills	0	15	3.87	1 to 4	0.35
1779962	**Helped me improve my problem solving skills** Helped me improve my problem solving skills	0	15	3.87	1 to 4	0.35
1779963	**Treated me with respect** Treated me with respect	0	15	4.00	1 to 4	0.00
1779218	**Treated patients with dignity and respect** Treated **patients** with dignity and respect	0	15	4.00	1 to 4	0.00
2069248	**Was a professional role model**	0	15	3.93	1 to 4	0.26
2069246	**I would recommend this preceptor**	0	15	4.00	1 to 4	0.00
1907850	**Observing this preceptor conducting the patient evaluation** Observing this preceptor conducting the patient evaluation	0	15	2.07	1 to 3	0.26
1907851	**Being observed conducting the patient evaluation** Being observed conducting the patient evaluation	0	15	2.00	1 to 3	0.00
1907852	**Receiving feedback on my patient evaluation** Receiving feedback on my patient evaluation	0	15	2.00	1 to 3	0.00
1907853	**Conducting the patient evaluation alone** Conducting the patient evaluation alone	0	15	2.00	1 to 3	0.00

Question ID	Question	Option	N
1907854	**On average, how many hours per week did you work with *this preceptor*?**	5 or less	7
		6 to 10	3
		11 to 20	2
		21 to 30	3
		More than 30	0
1907855	**How many weeks total did you work with *this preceptor*?**	Less than 1	1
		1	1

UMass Worcester
SOM - Family Medicine Clerkship

Analysis of Educator Performance

Course: SOM - Family Medicine Clerkship FC 300: Clerkship In Family Medicine
Evaluation Type: Student Evaluation of Preceptor
Time Period: 05/15/2013 to 03/24/2014
Time Period Type: Time Frame Start
Report Date: 06/24/2014

Question ID	Question	Zero Count	Applicable Answers	Mean	Scale	Std
1691524	**Was appropriately available to me**	0	209	3.78	1 to 4	0.46
1691525	**Addressed my specific learning needs** Addressed my specific learning needs	0	209	3.73	1 to 4	0.55
2069247	**Provided formative feedback during the rotation**	0	209	3.69	1 to 4	0.63
1780807	**Gave me the appropriate level of responsibility with patients** Gave me the appropriate level of responsibility with patients	0	209	3.83	1 to 4	0.40
1691528	**Observed me with patients (interviewing, counseling, PE)** Observed me with patients (interviewing, counseling, PE)	0	209	3.56	1 to 4	0.66
1907848	**Helped me improve my patient examination skills pertinent to this rotation** Helped me improve my patient examination skills pertinent to this rotation	0	209	3.65	1 to 4	0.56
1780811	**Helped me improve my interviewing skills** Helped me improve my interviewing skills	0	209	3.69	1 to 4	0.54
1779962	**Helped me improve my problem solving skills** Helped me improve my problem solving skills	0	209	3.76	1 to 4	0.53
1779963	**Treated me with respect** Treated me with respect	0	209	3.90	1 to 4	0.35
1779218	**Treated patients with dignity and respect** Treated **patients** with dignity and respect	0	208	3.91	1 to 4	0.31
2069248	**Was a professional role model**	0	209	3.86	1 to 4	0.45
2069246	**I would recommend this preceptor**	0	209	3.80	1 to 4	0.56
1907850	**Observing this preceptor conducting the patient evaluation** Observing this preceptor conducting the patient evaluation	0	208	2.02	1 to 3	0.20
1907851	**Being observed conducting the patient evaluation** Being observed conducting the patient evaluation	0	208	1.91	1 to 3	0.30
1907852	**Receiving feedback on my patient evaluation** Receiving feedback on my patient evaluation	0	208	1.92	1 to 3	0.27
1907853	**Conducting the patient evaluation alone** Conducting the patient evaluation alone	0	208	1.98	1 to 3	0.15

Question ID	Question	Option	N
1907854	**On average, how many hours per week did you work with *this preceptor*?**	5 or less	32
		6 to 10	59
		11 to 20	49
		21 to 30	19
		More than 30	49
1907855	**How many weeks total did you work with *this preceptor*?**	Less than 1	10
		1	5
		2	12

		3	20
		4	69
		5	92

UMass Worcester
SOM - Family Medicine Clerkship

Analysis of Site Performance

Course: SOM - Family Medicine Clerkship FC 300: Clerkship In Family Medicine
Evaluation Type: Student Evaluation of Site
Time Period: 05/15/2013 to 03/24/2014
Time Period Type: Time Frame Start
Report Date: 06/24/2014

Question ID	Question	Zero Count	Applicable Answers	Mean	Scale	Std
1907732	**This site provided adequate facilities for learning** This site provided adequate facilities for learning	0	131	3.69	1 to 4	0.57
1777655	**This site provided an adequate variety of patients**	0	131	3.63	1 to 4	0.60
1777656	**This site provided an appropriate number of patients**	0	131	3.74	1 to 4	0.47
2069409	**I had an opportunity to work with an interprofessional team (e.g., nurses, pharmacists, physicians, physician assistants)**	0	131	3.58	1 to 4	0.63
2069249	**Faculty were professional role models**	0	131	3.78	1 to 4	0.50
2069250	**Residents were professional role models** (If no residents at this site, skip to next item)	0	72	3.71	1 to 4	0.49
2069251	**I was treated with respect**	0	131	3.82	1 to 4	0.41
2069252	**I would recommend this site**	0	131	3.68	1 to 4	0.64

Question ID	Question	Option	N
2069253	**I was allowed to access electronic medical records (EMR) at this site**	No	4
		Yes	125
		N/A	2
2069254	**If no, were you able to access patient information through another mechanism**	No	1
		Yes	15
		N/A	83

UMass Worcester
SOM - Family Medicine Clerkship

Analysis of Educator Performance

Course: SOM - Family Medicine Clerkship FC 300: Clerkship In Family Medicine
Evaluation Type: Student Evaluation of Small Group Leader
Time Period: 05/15/2013 to 03/24/2014
Time Period Type: Time Frame Start
Report Date: 06/24/2014

Question ID	Question	Zero Count	Applicable Answers	Mean	Scale	Std
2073777	Demonstrated preparedness and knowledge of material	0	127	3.86	1 to 4	0.37
2073778	Was reliable and punctual in attendance	0	127	3.80	1 to 4	0.49
2073779	Was appropriately available to me	0	127	3.80	1 to 4	0.40
2069247	Provided formative feedback during the rotation	0	127	3.47	1 to 4	0.69
2073780	Was an effective small group leader (e.g., met objectives, encouraged participation)	0	127	3.86	1 to 4	0.37
1779963	Treated me with respect Treated me with respect	0	127	3.91	1 to 4	0.29
2069248	Was a professional role model	0	127	3.89	1 to 4	0.34
2073781	I would recommend this small group leader	0	127	3.87	1 to 4	0.38

UMass Worcester
SOM - Family Medicine Clerkship

Analysis of Site Performance

Site: Family Health Center of Worcester
Course: SOM - Family Medicine Clerkship FC 300: Clerkship in Family Medicine
Evaluation Type: Student Evaluation of Site
Time Period: 05/15/2013 to 03/24/2014
Time Period Type: Time Frame Start
Report Date: 02/03/2016

Question ID	Question	Zero Count	Applicable Answers	Mean	Scale	Std
1907732	**This site provided adequate facilities for learning** This site provided adequate facilities for learning	0	14	3.50	1 to 4	0.52
1777655	**This site provided an adequate variety of patients**	0	14	3.57	1 to 4	0.51
1777656	**This site provided an appropriate number of patients**	0	14	3.71	1 to 4	0.47
2069409	**I had an opportunity to work with an interprofessional team (e.g., nurses, pharmacists, physicians, physician assistants)**	0	14	3.64	1 to 4	0.50
2069249	**Faculty were professional role models**	0	14	3.71	1 to 4	0.47
2069250	**Residents were professional role models** **(If no residents at this site, skip to next item)**	0	14	3.79	1 to 4	0.43
2069251	**I was treated with respect**	0	14	3.79	1 to 4	0.43
2069252	**I would recommend this site**	0	14	3.57	1 to 4	0.65

Question ID	Question	Option	N
2069253	**I was allowed to access electronic medical records (EMR) at this site**	No	0
		Yes	14
		N/A	0
2069254	**If no, were you able to access patient information through another mechanism**	No	0
		Yes	1
		N/A	11

UMass Worcester
SOM - Family Medicine Clerkship

Analysis of Site Performance

Site: Fitchburg Family Practice
Course: SOM - Family Medicine Clerkship FC 300: Clerkship in Family Medicine
Evaluation Type: Student Evaluation of Site
Time Period: 05/15/2013 to 03/24/2014
Time Period Type: Time Frame Start
Report Date: 02/03/2016

Question ID	Question	Zero Count	Applicable Answers	Mean	Scale	Std
1907732	**This site provided adequate facilities for learning** This site provided adequate facilities for learning	0	7	3.43	1 to 4	0.79
1777655	**This site provided an adequate variety of patients**	0	7	3.71	1 to 4	0.49
1777656	**This site provided an appropriate number of patients**	0	7	3.71	1 to 4	0.49
2069409	**I had an opportunity to work with an interprofessional team (e.g., nurses, pharmacists, physicians, physician assistants)**	0	7	3.71	1 to 4	0.49
2069249	**Faculty were professional role models**	0	7	3.57	1 to 4	0.53
2069250	**Residents were professional role models** **(If no residents at this site, skip to next item)**	0	7	3.43	1 to 4	0.79
2069251	**I was treated with respect**	0	7	3.57	1 to 4	0.53
2069252	**I would recommend this site**	0	7	3.43	1 to 4	0.79

Question ID	Question	Option	N
2069253	**I was allowed to access electronic medical records (EMR) at this site**	No	0
		Yes	7
		N/A	0
2069254	**If no, were you able to access patient information through another mechanism**	No	0
		Yes	1
		N/A	5

UMass Worcester
SOM - Family Medicine Clerkship

Analysis of Site Performance

Site: Hahnemann Family Health Center
Course: SOM - Family Medicine Clerkship FC 300: Clerkship in Family Medicine
Evaluation Type: Student Evaluation of Site
Time Period: 05/15/2013 to 03/24/2014
Time Period Type: Time Frame Start
Report Date: 02/03/2016

Question ID	Question	Zero Count	Applicable Answers	Mean	Scale	Std
1907732	**This site provided adequate facilities for learning** This site provided adequate facilities for learning	0	16	3.69	1 to 4	0.48
1777655	**This site provided an adequate variety of patients**	0	16	3.75	1 to 4	0.45
1777656	**This site provided an appropriate number of patients**	0	16	3.69	1 to 4	0.48
2069409	**I had an opportunity to work with an interprofessional team (e.g., nurses, pharmacists, physicians, physician assistants)**	0	16	3.50	1 to 4	0.52
2069249	**Faculty were professional role models**	0	16	3.81	1 to 4	0.40
2069250	**Residents were professional role models** **(If no residents at this site, skip to next item)**	0	16	3.69	1 to 4	0.48
2069251	**I was treated with respect**	0	16	3.75	1 to 4	0.45
2069252	**I would recommend this site**	0	16	3.63	1 to 4	0.50

Question ID	Question	Option	N
2069253	**I was allowed to access electronic medical records (EMR) at this site**	No	0
		Yes	16
		N/A	0
2069254	**If no, were you able to access patient information through another mechanism**	No	0
		Yes	2
		N/A	11

UMass Worcester
SOM - Family Medicine Clerkship

Analysis of Site Performance

Site: University Family Medicine - Benedict Building
Course: SOM - Family Medicine Clerkship FC 300: Clerkship in Family Medicine
Evaluation Type: Student Evaluation of Site
Time Period: 05/15/2013 to 03/24/2014
Time Period Type: Time Frame Start
Report Date: 02/03/2016

Question ID	Question	Zero Count	Applicable Answers	Mean	Scale	Std
1907732	**This site provided adequate facilities for learning** This site provided adequate facilities for learning	0	11	3.82	1 to 4	0.40
1777655	**This site provided an adequate variety of patients**	0	11	3.64	1 to 4	0.50
1777656	**This site provided an appropriate number of patients**	0	11	3.91	1 to 4	0.30
2069409	**I had an opportunity to work with an interprofessional team (e.g., nurses, pharmacists, physicians, physician assistants)**	0	11	3.64	1 to 4	0.50
2069249	**Faculty were professional role models**	0	11	3.91	1 to 4	0.30
2069250	**Residents were professional role models** **(If no residents at this site, skip to next item)**	0	2	3.50	1 to 4	0.71
2069251	**I was treated with respect**	0	11	3.91	1 to 4	0.30
2069252	**I would recommend this site**	0	11	3.82	1 to 4	0.40

Question ID	Question	Option	N
2069253	**I was allowed to access electronic medical records (EMR) at this site**	No	0
		Yes	11
		N/A	0
2069254	**If no, were you able to access patient information through another mechanism**	No	0
		Yes	0
		N/A	6

UMass Worcester
SOM - Family Medicine Clerkship

Analysis of Site Performance

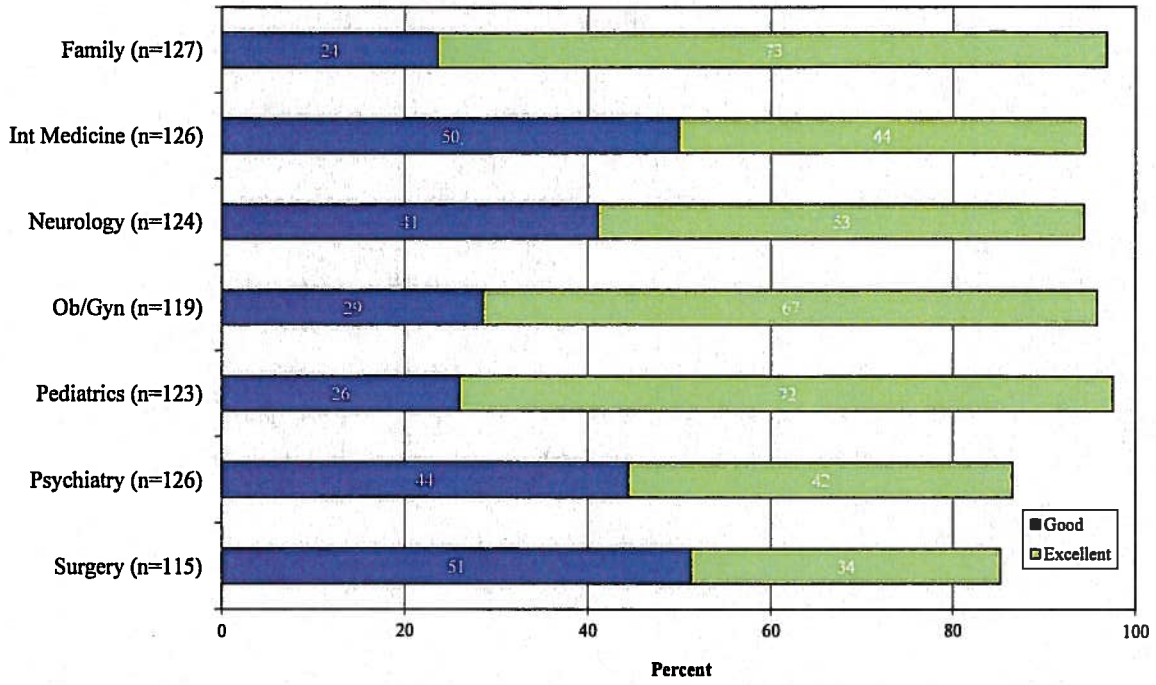
Site: Barre Family Health
Evaluation Type: Student Evaluation of Site
Time Period: 05/15/2013 to 03/24/2014
Time Period Type: Time Frame Start
Report Date: 02/03/2016

Question ID	Question	Zero Count	Applicable Answers	Mean	Scale	Std
1907732	**This site provided adequate facilities for learning** This site provided adequate facilities for learning	0	15	4.00	1 to 4	0.00
1777655	**This site provided an adequate variety of patients**	0	15	3.87	1 to 4	0.35
1777656	**This site provided an appropriate number of patients**	0	15	4.00	1 to 4	0.00
2069409	**I had an opportunity to work with an interprofessional team (e.g., nurses, pharmacists, physicians, physician assistants)**	0	15	4.00	1 to 4	0.00
2069249	**Faculty were professional role models**	0	15	3.93	1 to 4	0.26
2069250	**Residents were professional role models** **(If no residents at this site, skip to next item)**	0	15	3.93	1 to 4	0.26
2069251	**I was treated with respect**	0	15	3.93	1 to 4	0.26
2069252	**I would recommend this site**	0	15	3.87	1 to 4	0.35

Question ID	Question	Option	N
2069253	**I was allowed to access electronic medical records (EMR) at this site**	No	0
		Yes	15
		N/A	0
2069254	**If no, were you able to access patient information through another mechanism**	No	0
		Yes	1
		N/A	11

Overall, how would you rate this rotation?

Cross-Clerkship Comparisons - AY14/15



Graphs produced by the Office of Institutional Research, Evaluation, and Assessment - OEA (last updated 9/14/15).

UMass Worcester
SOM - Family Medicine Clerkship

Analysis of Educator Performance

Course: SOM - Family Medicine Clerkship FC 300: Clerkship in Family Medicine
Evaluation Type: Student Evaluation of Small Group Leader
Time Period: 05/13/2014 to 03/23/2015
Time Period Type: Time Frame Start
Report Date: 06/24/2015

Question ID	Question	Zero Count	Applicable Answers	Mean	Scale	Std
2073777	Demonstrated preparedness and knowledge of material	0	125	3.80	1 to 4	0.42
2579400	Demonstrated preparedness and knowledge of material	0	1	4.00	1 to 4	0.00
2073778	Was reliable and punctual in attendance	0	125	3.79	1 to 4	0.45
2579401	Was reliable and punctual in attendance	0	1	4.00	1 to 4	0.00
2073779	Was appropriately available to me	0	126	3.76	1 to 4	0.43
2069247	Provided formative feedback during the rotation	0	126	3.48	1 to 4	0.65
2073780	Was an effective small group leader (e.g., met objectives, encouraged participation)	0	126	3.84	1 to 4	0.37
1779963	Treated me with respect Treated me with respect	0	126	3.88	1 to 4	0.33
2069248	Was a professional role model	0	126	3.87	1 to 4	0.34
2073781	I would recommend this small group leader	0	126	3.82	1 to 4	0.39

UMass Worcester
SOM - Family Medicine Clerkship

Analysis of Educator Performance

People Group: SOM - Family Medicine Clerkship AY1415 - Attendings
Course: SOM - Family Medicine Clerkship FC 300: Clerkship in Family Medicine
Evaluation Type: Student Evaluation of Preceptor
Time Period: 05/13/2014 to 03/23/2015
Time Period Type: Time Frame Start
Report Date: 06/24/2015

Question ID	Question	Zero Count	Applicable Answers	Mean	Scale	Std
1691524	**Was appropriately available to me**	0	218	3.81	1 to 4	0.40
1691525	**Addressed my specific learning needs** Addressed my specific learning needs	0	218	3.77	1 to 4	0.48
2069247	**Provided formative feedback during the rotation**	0	218	3.76	1 to 4	0.44
1780807	**Gave me the appropriate level of responsibility with patients** Gave me the appropriate level of responsibility with patients	0	218	3.78	1 to 4	0.52
1691528	**Observed me with patients (interviewing, counseling, PE)** Observed me with patients (interviewing, counseling, PE)	0	218	3.61	1 to 4	0.60
1907848	**Helped me improve my patient examination skills pertinent to this rotation** Helped me improve my patient examination skills pertinent to this rotation	0	218	3.71	1 to 4	0.54
1780811	**Helped me improve my interviewing skills** Helped me improve my interviewing skills	0	218	3.71	1 to 4	0.51
1779962	**Helped me improve my problem solving skills** Helped me improve my problem solving skills	0	218	3.81	1 to 4	0.43
1779963	**Treated me with respect** Treated me with respect	0	218	3.88	1 to 4	0.36
2069248	**Was a professional role model**	0	218	3.88	1 to 4	0.36
2069246	**I would recommend this preceptor**	0	218	3.84	1 to 4	0.42

UMass Worcester
SOM - Family Medicine Clerkship

Analysis of Educator Performance

People Group: SOM - Family Medicine Clerkship AY1415 - Residents
Course: SOM - Family Medicine Clerkship FC 300: Clerkship in Family Medicine
Evaluation Type: Student Evaluation of Preceptor
Time Period: 05/13/2014 to 03/23/2015
Time Period Type: Time Frame Start
Report Date: 06/24/2015

Question ID	Question	Zero Count	Applicable Answers	Mean	Scale	Std
1691524	**Was appropriately available to me**	0	19	3.84	1 to 4	0.37
1691525	**Addressed my specific learning needs** Addressed my specific learning needs	0	19	3.84	1 to 4	0.37
2069247	**Provided formative feedback during the rotation**	0	19	3.84	1 to 4	0.37
1780807	**Gave me the appropriate level of responsibility with patients** Gave me the appropriate level of responsibility with patients	0	19	3.79	1 to 4	0.54
1691528	**Observed me with patients (interviewing, counseling, PE)** Observed me with patients (interviewing, counseling, PE)	0	19	3.84	1 to 4	0.37
1907848	**Helped me improve my patient examination skills pertinent to this rotation** Helped me improve my patient examination skills pertinent to this rotation	0	19	3.84	1 to 4	0.37
1780811	**Helped me improve my interviewing skills** Helped me improve my interviewing skills	0	19	3.84	1 to 4	0.37
1779962	**Helped me improve my problem solving skills** Helped me improve my problem solving skills	0	19	3.89	1 to 4	0.32
1779963	**Treated me with respect** Treated me with respect	0	19	3.95	1 to 4	0.23
2069248	**Was a professional role model**	0	19	3.89	1 to 4	0.32
2069246	**I would recommend this preceptor**	0	19	3.89	1 to 4	0.32

UMass Worcester
SOM - Family Medicine Clerkship

Analysis of Site Performance

Site: University Family Medicine - Benedict Building
Course: SOM - Family Medicine Clerkship FC 300: Clerkship in Family Medicine
Evaluation Type: Student Evaluation of Site
Time Period: 05/13/2014 to 03/23/2015
Time Period Type: Time Frame Start
Report Date: 06/24/2015

Question ID	Question	Zero Count	Applicable Answers	Mean	Scale	Std
1907732	**This site provided adequate facilities for learning** This site provided adequate facilities for learning	0	10	3.90	1 to 4	0.32
1777655	**This site provided an adequate variety of patients**	0	10	3.80	1 to 4	0.42
1777656	**This site provided an appropriate number of patients**	0	10	3.90	1 to 4	0.32
2069409	**I had an opportunity to work with an interprofessional team (e.g., nurses, pharmacists, physicians, physician assistants)**	0	10	3.80	1 to 4	0.42
2069249	**Faculty were professional role models**	0	10	3.90	1 to 4	0.32
2069250	**Residents were professional role models** **(If no residents at this site, skip to next item)**	0	2	4.00	1 to 4	0.00
2069251	**I was treated with respect**	0	10	3.90	1 to 4	0.32
2069252	**I would recommend this site**	0	10	3.90	1 to 4	0.32

Question ID	Question	Option	N
2069253	**I was allowed to access electronic medical records (EMR) at this site**	No	0
		Yes	10
		N/A	0

UMass Worcester
SOM - Family Medicine Clerkship

Analysis of Site Performance

Site: Hahnemann Family Health Center
Course: SOM - Family Medicine Clerkship FC 300: Clerkship in Family Medicine
Evaluation Type: Student Evaluation of Site
Time Period: 05/13/2014 to 03/23/2015
Time Period Type: Time Frame Start
Report Date: 06/24/2015

Question ID	Question	Zero Count	Applicable Answers	Mean	Scale	Std
1907732	**This site provided adequate facilities for learning** This site provided adequate facilities for learning	0	14	3.93	1 to 4	0.27
1777655	**This site provided an adequate variety of patients**	0	14	3.93	1 to 4	0.27
1777656	**This site provided an appropriate number of patients**	0	14	3.93	1 to 4	0.27
2069409	**I had an opportunity to work with an interprofessional team (e.g., nurses, pharmacists, physicians, physician assistants)**	0	14	3.86	1 to 4	0.36
2069249	**Faculty were professional role models**	0	14	3.93	1 to 4	0.27
2069250	**Residents were professional role models** **(If no residents at this site, skip to next item)**	0	14	3.93	1 to 4	0.27
2069251	**I was treated with respect**	0	14	3.93	1 to 4	0.27
2069252	**I would recommend this site**	0	14	3.79	1 to 4	0.43

Question ID	Question	Option	N
2069253	**I was allowed to access electronic medical records (EMR) at this site**	No	0
		Yes	14
		N/A	0

UMass Worcester
SOM - Family Medicine Clerkship

Analysis of Site Performance

Site: Fitchburg Family Practice
Course: SOM - Family Medicine Clerkship FC 300: Clerkship in Family Medicine
Evaluation Type: Student Evaluation of Site
Time Period: 05/13/2014 to 03/23/2015
Time Period Type: Time Frame Start
Report Date: 06/24/2015

Question ID	Question	Zero Count	Applicable Answers	Mean	Scale	Std
1907732	**This site provided adequate facilities for learning** This site provided adequate facilities for learning	0	6	3.83	1 to 4	0.41
1777655	**This site provided an adequate variety of patients**	0	6	3.67	1 to 4	0.82
1777656	**This site provided an appropriate number of patients**	0	6	3.83	1 to 4	0.41
2069409	**I had an opportunity to work with an interprofessional team (e.g., nurses, pharmacists, physicians, physician assistants)**	0	6	3.67	1 to 4	0.52
2069249	**Faculty were professional role models**	0	6	3.83	1 to 4	0.41
2069250	**Residents were professional role models** **(If no residents at this site, skip to next item)**	0	6	3.83	1 to 4	0.41
2069251	**I was treated with respect**	0	6	3.83	1 to 4	0.41
2069252	**I would recommend this site**	0	6	3.83	1 to 4	0.41

Question ID	Question	Option	N
2069253	**I was allowed to access electronic medical records (EMR) at this site**	No	0
		Yes	6
		N/A	0

UMass Worcester
SOM - Family Medicine Clerkship

Analysis of Site Performance

Site: Family Health Center of Worcester
Course: SOM - Family Medicine Clerkship FC 300: Clerkship in Family Medicine
Evaluation Type: Student Evaluation of Site
Time Period: 05/13/2014 to 03/23/2015
Time Period Type: Time Frame Start
Report Date: 06/24/2015

Question ID	Question	Zero Count	Applicable Answers	Mean	Scale	Std
1907732	**This site provided adequate facilities for learning** This site provided adequate facilities for learning	0	14	3.79	1 to 4	0.43
1777655	**This site provided an adequate variety of patients**	0	14	3.93	1 to 4	0.27
1777656	**This site provided an appropriate number of patients**	0	14	3.93	1 to 4	0.27
2069409	**I had an opportunity to work with an interprofessional team (e.g., nurses, pharmacists, physicians, physician assistants)**	0	14	3.71	1 to 4	0.47
2069249	**Faculty were professional role models**	0	14	3.86	1 to 4	0.36
2069250	**Residents were professional role models** **(If no residents at this site, skip to next item)**	0	14	3.79	1 to 4	0.43
2069251	**I was treated with respect**	0	14	3.93	1 to 4	0.27
2069252	**I would recommend this site**	0	14	3.86	1 to 4	0.36

Question ID	Question	Option	N
2069253	**I was allowed to access electronic medical records (EMR) at this site**	No	0
		Yes	14
		N/A	0

UMass Worcester
SOM - Family Medicine Clerkship

Analysis of Site Performance

Course: SOM - Family Medicine Clerkship FC 300: Clerkship in Family Medicine
Evaluation Type: Student Evaluation of Site
Time Period: 05/13/2014 to 03/23/2015
Time Period Type: Time Frame Start
Report Date: 06/24/2015

Question ID	Question	Zero Count	Applicable Answers	Mean	Scale	Std
1907732	**This site provided adequate facilities for learning** This site provided adequate facilities for learning	0	128	3.83	1 to 4	0.38
1777655	**This site provided an adequate variety of patients**	0	128	3.64	1 to 4	0.61
1777656	**This site provided an appropriate number of patients**	0	128	3.87	1 to 4	0.36
2069409	**I had an opportunity to work with an interprofessional team (e.g., nurses, pharmacists, physicians, physician assistants)**	0	128	3.63	1 to 4	0.61
2069249	**Faculty were professional role models**	0	128	3.84	1 to 4	0.41
2069250	**Residents were professional role models** **(If no residents at this site, skip to next item)**	0	60	3.80	1 to 4	0.48
2069251	**I was treated with respect**	0	128	3.91	1 to 4	0.29
2069252	**I would recommend this site**	0	128	3.78	1 to 4	0.50

Question ID	Question	Option	N
2069253	**I was allowed to access electronic medical records (EMR) at this site**	No	7
		Yes	120
		N/A	1

ACGME	2010-2011 Resident Survey - page 1	Programs Surveyed: 28
249501	University of Massachusetts Medical School	Residents Responding: 461 / 473
		Response Rate: 97.5%

Duty Hours

	Never	Rarely	Sometimes	Very often	Extremely often	NA	National Non-Compliance
How often did you break the rule that duty hours must be limited to 80 hours per week, averaged over a 4-week period, inclusive of all in-house call activities?	81.8%	14.1%	4.1%	0.0%	0.0%		4.8%
How often did you break the rule that residents/fellows must be scheduled for a minimum of 1 day in 7 free from all residency related duties, averaged over a 4-week period?	92.0%	7.4%	0.7%	0.0%	0.0%		2.4%
How often did you break the rule that in-house call must occur no more frequently than every 3rd night, averaged over a 4-week period?	68.5%	1.3%	0.0%	0.0%	0.0%	30.2%	0.7%
How often did you break the rule that there should be a 10-hour time period provided between all daily duty periods and after in-house call?	75.1%	19.1%	5.6%	0.2%	0.0%		6.3%
How often did you break the rule that continuous on-site duty, including in-house call, may be scheduled to a maximum of 24 consecutive hours with up to 6 additional hours on duty to allow for continuity or transition of care, scheduled didactic activities, or outpatient clinics?	86.1%	12.4%	1.5%	0.0%	0.0%		3.8%
How often did you break the rule that at-home call must not be so frequent as to preclude rest and reasonable personal time for you?	36.0%	3.7%	2.0%	0.2%	0.0%	58.1%	1.7%
When you take at-home call and are called into the hospital, how often did you count the hours spent in-house towards the 80-hour limit?	5.0%	2.2%	2.2%	2.6%	19.5%	68.5%	6.5%

Which of the following explain why you reported breaking one or more of the duty hour rules:	Yes
Because your patient(s) needed your expertise, skill, or attention?	8.7%
Because you had to complete paperwork on patients, or other administrative work?	8.7%
Because you wanted to work additional hours for the educational experience?	3.0%
Because you had to cover someone else's work or patient load?	2.2%
Because of a night-float system?	2.4%
Because of a schedule conflict, such as educational conferences scheduled during your free time?	3.3%
Any other reasons?	2.4%

Faculty

	Extremely	Very	Somewhat / Sometimes	Slightly / Rarely	Not at all / Never	National Non-Compliance
How sufficient is the supervision you receive from faculty and staff in your program?	46.9%	46.9%	5.9%	0.4%	0.0%	8.1%
How often do your faculty and staff provide an appropriate level of supervision for residents when the residents care for patients?	57.3%	41.0%	1.5%	0.0%	0.2%	4.4%
How sufficient is the instruction you receive from faculty and staff in your program?	40.8%	48.6%	8.7%	2.0%	0.0%	13.4%
Thinking about the faculty and staff in your program overall, how interested are they in your residency education?	47.7%	42.5%	8.9%	0.9%	0.0%	14.2%
Thinking about the faculty and staff in your program overall, how effective are they in creating an environment of scholarship and inquiry?	41.0%	45.8%	11.7%	1.3%	0.2%	20.1%

Evaluation

	No	Yes	National Non-Compliance
If you want to review feedback on your performance, are you able to access your evaluations?	1.5%	98.5%	1.6%

	Extremely	Very	Somewhat	Slightly	Not at all	Don't evaluate	National Non-Compliance
How satisfied are you that your program treats your evaluations of faculty members confidentially?	46.9%	39.9%	9.1%	2.4%	0.9%	0.9%	16.5%
How satisfied are you that your program treats your evaluations of the program confidentially?	48.6%	38.4%	7.4%	2.6%	0.9%	2.2%	15.3%
How satisfied are you with the way your program uses the evaluations that residents/fellows provide to improve the program?	36.4%	38.0%	16.3%	5.4%	1.7%	2.2%	27.6%
Overall, how satisfied are you with the written or electronic feedback you receive after you complete a rotation or major assignment?	26.5%	49.7%	19.1%	3.9%	0.9%		27.1%

= Shaded areas contain non-compliant responses.
Percentages may not add to 100% due to rounding.

Educational Content

	No	Yes	National Non-Compliance
Has your program provided you with its general goals and objectives in either a hard copy or electronic form?	1.1%	98.9%	1.0%
Has your program provided you with goals and objectives for each rotation and major assignment in either a hard copy or electronic form?	3.5%	96.5%	3.9%
Has your program adequately instructed you on how to manage the negative effects of fatigue and sleep deprivation on patient care?	5.9%	94.1%	8.5%

	Extremely	Very	Somewhat / Sometimes	Slightly / Rarely	Not at all / Never	National Non-Compliance
How satisfied are you with the opportunities your program provides for you to participate in research or scholarly activities?	35.8%	42.7%	16.1%	4.6%	0.9%	23.3%
In your opinion, how often do your rotations and other major assignments provide an appropriate balance between your residency education and other clinical demands?	29.9%	54.0%	13.7%	2.4%	0.0%	19.5%
How often has your clinical education been compromised by excessive service obligations?	1.5%	5.9%	19.7%	43.6%	29.3%	28.2%

Resources

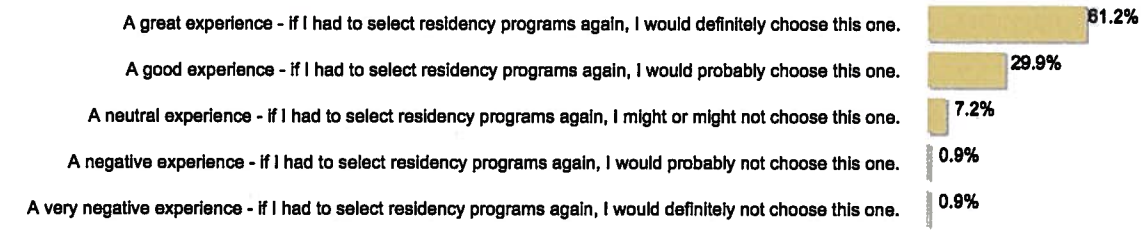
	No	Yes	National Non-Compliance
When you need reference materials for your specialty, do you have ready access to printed or electronic materials?	0.0%	100.0%	0.9%

	Extremely	Very	Somewhat / Sometimes	Slightly / Rarely	Not at all / Never	National Non-Compliance
How often do you work in interdisciplinary teams to care for patients?	47.9%	37.1%	13.0%	2.0%	0.0%	12.4%
How satisfied are you with your program's process to deal confidentially with problems or concerns residents/fellows might have?	42.3%	39.3%	13.0%	3.7%	1.7%	21.7%
How often has your ability to learn been compromised by the presence of trainees who are not part of your program, such as residents from other specialties, subspecialty fellows, PhD students, or nurse practitioners?	0.0%	1.3%	7.6%	39.0%	52.1%	10.1%

	A great deal	Quite a bit	Somewhat	A little	Not at all	National Non-Compliance
To what extent does your program provide an environment where residents/fellows can raise problems or concerns without fear of intimidation or fear of retaliation?	53.6%	33.0%	9.1%	2.4%	2.0%	17.8%

Overall Experience

Which of the following best summarizes your opinion of your residency program?



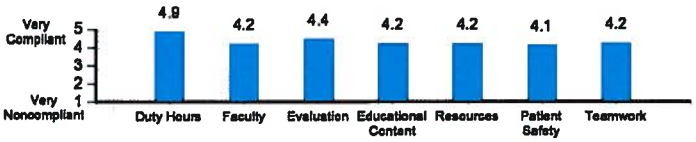
= Shaded areas contain non-compliant responses.
Percentages may not add to 100% due to rounding.

1202421160 University of Massachusetts Program - Family medicine

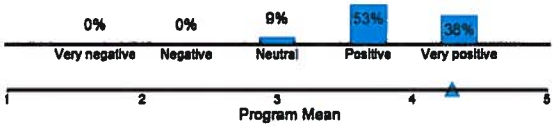
Survey taken: March 2012 - April 2012

Residents Surveyed 36
Residents Responded 34
Response Rate 94%

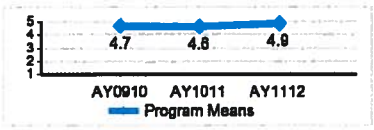
Program Means at-a-glance



Residents' overall evaluation of the program



Duty Hours

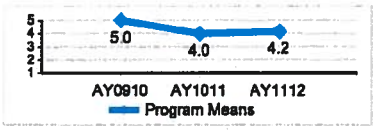


	% Compliant	Mean
80 hours	94%	4.7
1 day free in 7	100%	4.9
In-house call every 3rd night	100%	5.0
Night float no more than 6 nights	97%	4.9
8 hours between duty periods (*differs by level of training*)	94%	4.7
Continuous hours scheduled (*differs by level of training*)	100%	4.9

Reasons for exceeding duty hours:

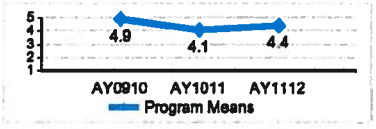
Patient needs	3%	Cover other's work	0%
Paperwork	9%	Night float	3%
Ed. Experience	0%	Schedule conflict	3%
		Other	3%

Faculty



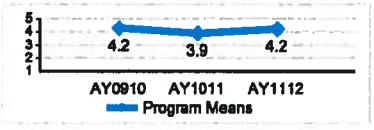
	% Compliant	Mean
Sufficient supervision	88%	3.9
Appropriate supervision	94%	4.5
Sufficient instruction	71%	3.9
Faculty and staff interested	91%	4.3
Faculty and staff create environment of inquiry	76%	4.1

Evaluation



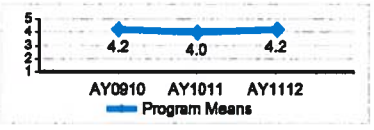
	% Compliant	Mean
Access evaluations	100%	5.0
Evaluate faculty	100%	5.0
Evaluations of faculty confidential	79%	4.1
Evaluate program	100%	5.0
Evaluations of program confidential	88%	4.3
Program uses evaluations to improve	76%	3.9
Satisfied with feedback after assignments	56%	3.6

Educational Content



	% Compliant	Mean
Provided goals and objectives for assignments	94%	4.8
Instructed to manage fatigue	94%	4.8
Satisfied with scholarly activities	71%	3.9
Appropriate balance for education	74%	3.9
Education (not) compromised by service	56%	3.6
Supervisors delegate appropriately	97%	4.1
Given data to show personal clinical effectiveness	62%	3.5
Variety of patients	100%	5.0

Resources



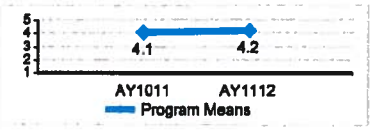
	% Compliant / % Yes*	Mean
Access to reference materials	100%	5.0
Electronic medical record in hospital*	100%	5.0
Electronic medical record in ambulatory*	100%	5.0
Electronic medical records integrated*	79%	4.2
Electronic medical record effective in daily clinical work	94%	3.5
Way to transition care when fatigued	76%	4.1
Satisfied with process to deal with problems and concerns	82%	4.1
Education (not) compromised by other trainees	94%	4.3
Residents can raise concerns without fear	82%	4.2

**Responses options are Yes or No. These responses are not included in the Program Means and are not considered non-compliant responses.*

Patient Safety

	% Compliant	Mean
Tell patients of respective role of residents	97%	4.2
Culture reinforces patient safety responsibility	100%	4.3
Participated in quality improvement	82%	4.3
Information (not) lost during shift changes	97%	3.6

Teamwork



	% Compliant	Mean
Work in interprofessional teams	100%	4.5
Effectively work in interprofessional teams	97%	3.9

Survey taken: March 2012 - April 2012

Residents Surveyed 36
Residents Responded 34
Response Rate 94%

Percentage of Residents Reponding Yes

	Overall (34 residents)	1 (12 residents)	2 (11 residents)	3 (11 residents)
Have you personally delivered care to one of your family medicine patients in at least 3 different settings?	76.5%	50.0%	81.8%	100.0%
Has this occurred more than 3 times in the preceding 6 months?	41.2%	16.7%	45.5%	63.6%
Have you personally called and directed a family meeting for any reason?	88.2%	75.0%	90.9%	100.0%
Has this occurred more than 2 times in the preceding 6 months?	73.5%	75.0%	63.6%	81.8%
Have you personally provided a comprehensive service for one of your patients for any reason?	94.1%	91.7%	90.9%	100.0%
Has this occurred more than 2 times in the preceding 6 months?	79.4%	58.3%	81.8%	100.0%
Have you personally helped one of your patients by being supportive, making suggestions, and were you an important part of the healing for the patient?	100.0%	100.0%	100.0%	100.0%
Has this occurred more than 2 times in the preceding 6 months?	97.1%	91.7%	100.0%	100.0%

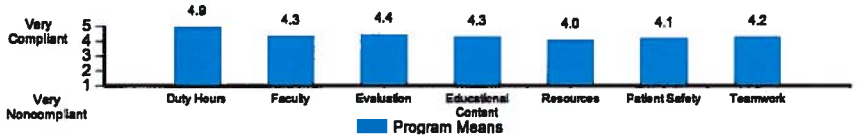
Percentages may not add to 100% due to rounding.

1202421160 University of Massachusetts Program - Family medicine

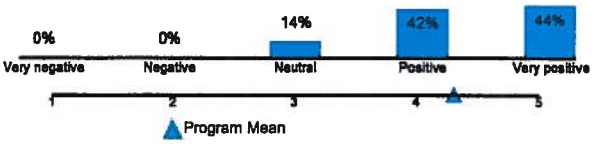
Survey taken: April 2013 - May 2013

Residents Surveyed 36
Residents Responded 36
Response Rate 100%

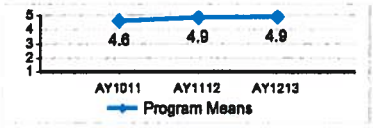
Program Means at-a-glance



Residents' overall evaluation of the program



Duty Hours

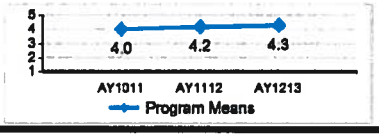


	% Compliant	Mean
80 hours	100%	4.8
1 day free in 7	100%	4.9
In-house call every 3rd night	100%	5.0
Night float no more than 6 nights	100%	4.9
8 hours between duty periods (*differs by level of training*)	97%	4.8
Continuous hours scheduled (*differs by level of training*)	100%	5.0

Reasons for exceeding duty hours:

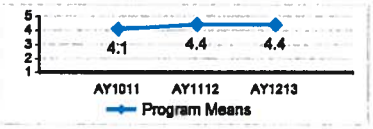
Patient needs	3%	Cover other's work	3%
Paperwork	3%	Night float	3%
Ed. Experience	0%	Schedule conflict	0%
		Other	3%

Faculty



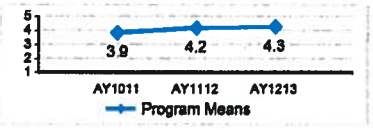
	% Compliant	Mean
Sufficient supervision	97%	4.1
Appropriate supervision	100%	4.7
Sufficient instruction	78%	3.9
Faculty and staff interested	97%	4.5
Faculty and staff create environment of inquiry	92%	4.3

Evaluation



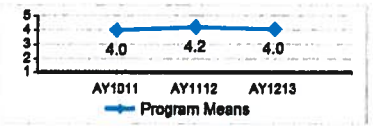
	% Compliant	Mean
Access evaluations	100%	5.0
Evaluate faculty	100%	5.0
Evaluations of faculty confidential	86%	4.2
Evaluate program	97%	4.9
Evaluations of program confidential	92%	4.3
Program uses evaluations to improve	75%	4.0
Satisfied with feedback after assignments	56%	3.5

Educational Content



	% Compliant	Mean
Provided goals and objectives for assignments	100%	5.0
Instructed to manage fatigue	92%	4.7
Satisfied with scholarly activities	72%	3.9
Appropriate balance for education	78%	4.0
Education (not) compromised by service	53%	3.7
Supervisors delegate appropriately	100%	4.4
Given data to show personal clinical effectiveness	64%	3.6
Variety of patients	97%	4.9

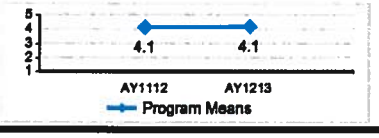
Resources



	% Compliant / % Yes*	Mean
Access to reference materials	100%	5.0
Electronic medical record in hospital*	100%	5.0
Electronic medical record in ambulatory*	100%	5.0
Electronic medical records integrated*	69%	3.8
Electronic medical record effective in daily clinical work	83%	3.2
Way to transition care when fatigued	64%	3.6
Satisfied with process to deal with problems and concerns	83%	4.1
Education (not) compromised by other trainees	89%	4.3
Residents can raise concerns without fear	83%	4.1

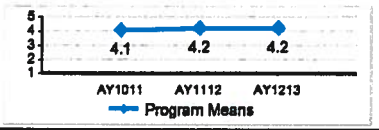
**Responses options are Yes or No. These responses are not included in the Program Means and are not considered non-compliant responses.*

Patient Safety

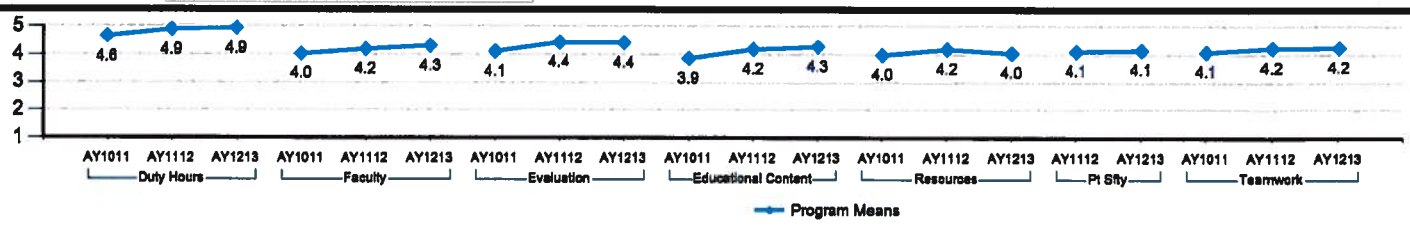


	% Compliant	Mean
Tell patients of respective role of residents	97%	4.3
Culture reinforces patient safety responsibility	100%	4.3
Participated in quality improvement	81%	4.2
Information (not) lost during shift changes	97%	3.8

Teamwork



	% Compliant	Mean
Work in interprofessional teams	100%	4.6
Effectively work in interprofessional teams	100%	3.9



Survey taken: April 2013 - May 2013

Residents Surveyed 36
Residents Responded 36
Response Rate 100%

Percentage of Residents Reponding Yes

	Overall (36 residents)	1 (12 residents)	2 (11 residents)	3 (13 residents)
Have you personally delivered care to one of your family medicine patients in at least 3 different settings?	75.0%	41.7%	81.8%	100.0%
Has this occurred more than 3 times in the preceding 6 months?	27.8%	8.3%	36.4%	38.5%
Have you personally called and directed a family meeting for any reason?	88.9%	75.0%	90.9%	100.0%
Has this occurred more than 2 times in the preceding 6 months?	58.3%	25.0%	81.8%	69.2%
Have you personally provided a comprehensive service for one of your patients for any reason?	91.7%	75.0%	100.0%	100.0%
Has this occurred more than 2 times in the preceding 6 months?	72.2%	41.7%	90.9%	84.6%
Have you personally helped one of your patients by being supportive, making suggestions, and were you an important part of the healing for the patient?	100.0%	100.0%	100.0%	100.0%
Has this occurred more than 2 times in the preceding 6 months?	94.4%	91.7%	100.0%	92.3%

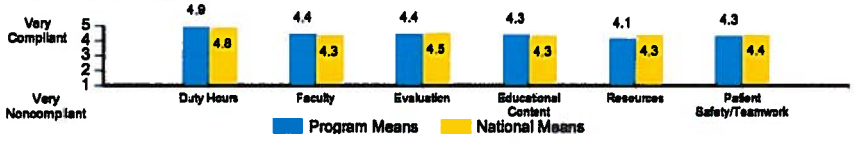
Percentages may not add to 100% due to rounding.

Survey taken: April 2014 - June 2014

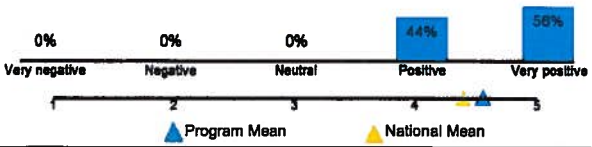
Residents Surveyed 36
Residents Responded 36
Response Rate 100%

1202421160 University of Massachusetts Program - Family medicine

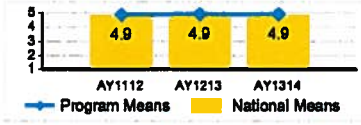
Program Means at-a-glance



Residents' overall evaluation of the program



Duty Hours



	% Program Compliant	Program Mean	% National Compliant	National Mean
80 hours	100%	4.9	95%	4.7
1 day free in 7	97%	4.9	98%	4.9
In-house call every 3rd night	100%	5.0	100%	5.0
Night float no more than 6 nights	100%	5.0	99%	5.0
8 hours between duty periods (*differs by level of training*)	100%	4.7	97%	4.7
Continuous hours scheduled (*differs by level of training*)	100%	4.9	97%	4.8

Reasons for exceeding duty hours:

Patient needs	0%	Cover someone else's work	0%
Paperwork	0%	Night float	0%
Additional Ed. Experience	0%	Schedule conflict	3%
		Other	3%

Faculty

	% Program Compliant	Program Mean	% National Compliant	National Mean
Sufficient supervision	97%	4.4	92%	4.3
Appropriate level of supervision	100%	4.8	96%	4.6
Sufficient instruction	89%	4.0	86%	4.2
Faculty and staff interested in residency education	97%	4.6	85%	4.3
Faculty and staff create environment of inquiry	89%	4.2	79%	4.1

Evaluation

	% Program Compliant	Program Mean	% National Compliant	National Mean
Able to access evaluations	100%	5.0	99%	4.9
Opportunity to evaluate faculty members	100%	5.0	99%	5.0
Satisfied that evaluations of faculty are confidential	89%	4.2	85%	4.3
Opportunity to evaluate program	100%	5.0	98%	4.9
Satisfied that evaluations of program are confidential	89%	4.1	86%	4.3
Satisfied that program uses evaluations to improve	75%	3.8	73%	4.0
Satisfied with feedback after assignments	58%	3.7	71%	3.9

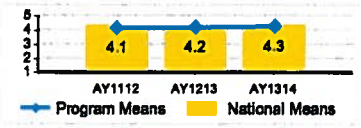
Educational Content

	% Program Compliant	Program Mean	% National Compliant	National Mean
Provided goals and objectives for assignments	100%	5.0	95%	4.8
Instructed how to manage fatigue	97%	4.9	93%	4.7
Satisfied with opportunities for scholarly activities	78%	3.9	76%	4.0
Appropriate balance for education	81%	3.9	81%	4.2
Education (not) compromised by service obligations	56%	3.6	71%	3.9
Supervisors delegate appropriately	100%	4.5	99%	4.6
Provided data about practice habits	72%	3.9	59%	3.4
See patients across variety of settings	100%	5.0	95%	4.8

Resources

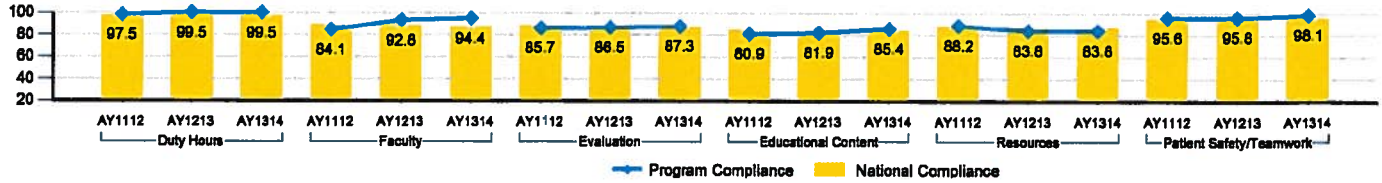
	% Program Compliant / % Yes*	Program Mean	% National Compliant / % Yes*	National Mean
Access to reference materials	100%	5.0	99%	5.0
Use electronic medical records in hospital*	100%	5.0	96%	4.9
Use electronic medical records in ambulatory setting*	100%	5.0	95%	4.8
Electronic medical records integrated across settings*	64%	3.6	81%	4.5
Electronic medical records effective	64%	2.6	94%	4.0
Provided a way to transition care when fatigued	86%	4.4	80%	4.2
Satisfied with process to deal with problems and concerns	83%	4.0	80%	4.1
Education (not) compromised by other trainees	81%	4.1	91%	4.5
Residents can raise concerns without fear	89%	4.2	80%	4.2

Patient Safety/Teamwork



	% Program Compliant	Program Mean	% National Compliant	National Mean
Tell patients of respective roles of faculty and residents	100%	4.4	99%	4.5
Culture reinforces patient safety responsibility	100%	4.2	99%	4.5
Participated in quality improvement	92%	4.7	83%	4.3
Information (not) lost during shift changes or patient transfers	100%	3.8	97%	4.0
Work in interprofessional teams	97%	4.6	98%	4.6
Effectively work in interprofessional teams	100%	3.9	99%	4.3

Total Percentage of Compliance by Category



*Response options are Yes or No. These responses are not included in the Program Means and are not considered non-compliant responses. Percentages may not add to 100% due to rounding.

Survey taken: April 2014 - June 2014

Residents Surveyed 36
Residents Responded 36
Response Rate 100%

Percentage of Residents Reponding Yes

	Overall (36 residents)	1 (12 residents)	2 (12 residents)	3 (12 residents)
Have you personally delivered care to one of your family medicine patients in at least 3 different settings?	69.4%	50.0%	66.7%	91.7%
Has this occurred more than 3 times in the preceding 6 months?	36.1%	0.0%	50.0%	58.3%
Have you personally called and directed a family meeting for any reason?	94.4%	91.7%	91.7%	100.0%
Has this occurred more than 2 times in the preceding 6 months?	69.4%	75.0%	58.3%	75.0%
Have you personally provided a comprehensive service for one of your patients for any reason?	88.9%	75.0%	91.7%	100.0%
Has this occurred more than 2 times in the preceding 6 months?	80.6%	58.3%	91.7%	91.7%
Have you personally helped one of your patients by being supportive, making suggestions, and were you an important part of the healing for the patient?	100.0%	100.0%	100.0%	100.0%
Has this occurred more than 2 times in the preceding 6 months?	97.2%	91.7%	100.0%	100.0%

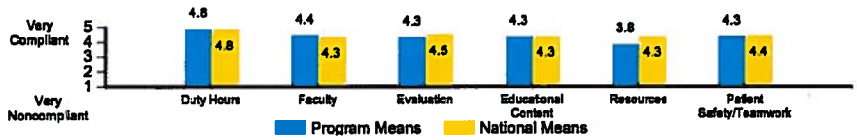
Percentages may not add to 100% due to rounding.

Survey taken: February 2015 - March 2015

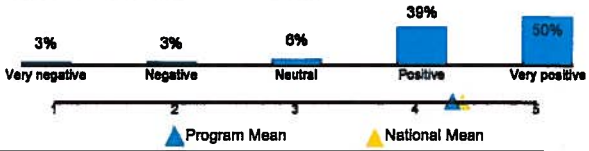
Residents Surveyed 36
Residents Responded 36
Response Rate 100%

1202421160 University of Massachusetts Program - Family medicine

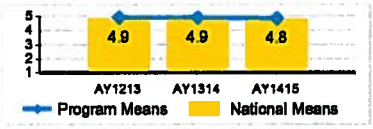
Program Means at-a-glance



Residents' overall evaluation of the program



Duty Hours

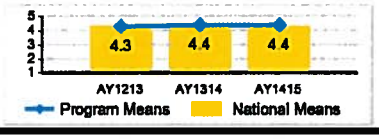


	% Program Compliant	Program Mean	% National Compliant	National Mean
80 hours	94%	4.8	94%	4.7
1 day free in 7	92%	4.8	97%	4.8
In-house call every 3rd night	100%	5.0	99%	5.0
Night float no more than 6 nights	100%	4.9	99%	5.0
8 hours between duty periods (*differs by level of training*)	97%	4.7	97%	4.7
Continuous hours scheduled (*differs by level of training*)	97%	4.9	96%	4.8

Reasons for exceeding duty hours:

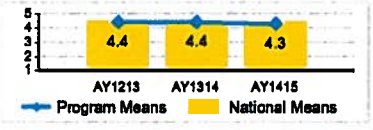
Patient needs	14%	Cover someone else's work	3%
Paperwork	11%	Night float	6%
Additional Ed. Experience	8%	Schedule conflict	6%
		Other	6%

Faculty



	% Program Compliant	Program Mean	% National Compliant	National Mean
Sufficient supervision	94%	4.3	92%	4.3
Appropriate level of supervision	100%	4.8	96%	4.6
Sufficient instruction	86%	4.1	85%	4.2
Faculty and staff interested in residency education	92%	4.5	84%	4.2
Faculty and staff create environment of inquiry	89%	4.2	78%	4.1

Evaluation

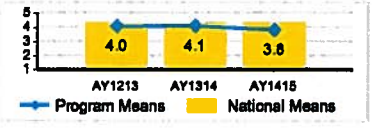


	% Program Compliant	Program Mean	% National Compliant	National Mean
Able to access evaluations	100%	5.0	99%	4.9
Opportunity to evaluate faculty members	100%	5.0	99%	4.9
Satisfied that evaluations of faculty are confidential	75%	3.8	84%	4.2
Opportunity to evaluate program	97%	4.9	98%	4.9
Satisfied that evaluations of program are confidential	78%	3.9	86%	4.3
Satisfied that program uses evaluations to improve	61%	3.8	73%	4.0
Satisfied with feedback after assignments	53%	3.5	70%	3.9

Educational Content

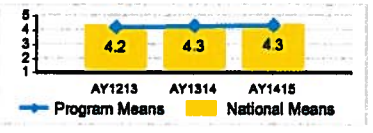
	% Program Compliant	Program Mean	% National Compliant	National Mean
Provided goals and objectives for assignments	92%	4.7	95%	4.8
Instructed how to manage fatigue	94%	4.8	92%	4.7
Satisfied with opportunities for scholarly activities	69%	3.8	76%	4.0
Appropriate balance for education	69%	3.8	79%	4.1
Education (not) compromised by service obligations	50%	3.5	69%	3.9
Supervisors delegate appropriately	100%	4.5	99%	4.6
Provided data about practice habits	83%	4.3	68%	3.7
See patients across variety of settings	100%	5.0	95%	4.8

Resources



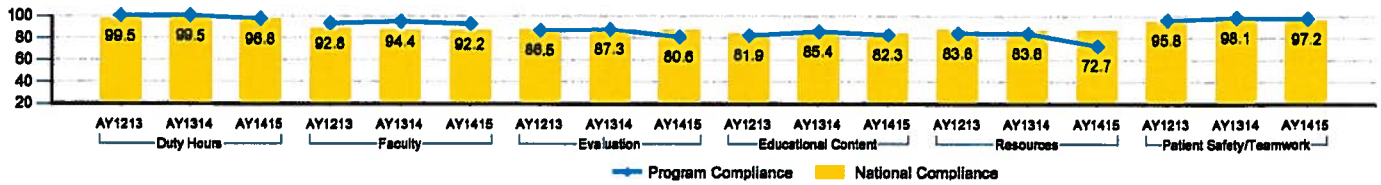
	% Program Compliant / % Yes*	Program Mean	% National Compliant / % Yes*	National Mean
Access to reference materials	100%	5.0	99%	5.0
Use electronic medical records in hospital*	100%	5.0	97%	4.9
Use electronic medical records in ambulatory setting*	100%	5.0	97%	4.9
Electronic medical records integrated across settings*	58%	3.3	82%	4.5
Electronic medical records effective	53%	2.5	94%	4.1
Provided a way to transition care when fatigued	61%	3.4	80%	4.2
Satisfied with process to deal with problems and concerns	72%	3.8	80%	4.1
Education (not) compromised by other trainees	75%	4.0	91%	4.5
Residents can raise concerns without fear	75%	4.0	80%	4.2

Patient Safety/Teamwork



	% Program Compliant	Program Mean	% National Compliant	National Mean
Tell patients of respective roles of faculty and residents	97%	4.4	99%	4.6
Culture reinforces patient safety responsibility	100%	4.4	99%	4.5
Participated in quality improvement	89%	4.6	86%	4.4
Information (not) lost during shift changes or patient transfers	97%	3.7	97%	4.0
Work in interprofessional teams	100%	4.8	98%	4.6
Effectively work in interprofessional teams	100%	4.0	99%	4.3

Total Percentage of Compliance by Category



*Response options are Yes or No. These responses aren't included in the Program Means and aren't considered non-compliant responses.
‡ Data are not reported for any program participating in a duty hour study (including rotating programs).
Percentages may not add to 100% due to rounding.

Percentage of Residents Reponding Yes

	Overall (36 residents)	1 (12 residents)	2 (13 residents)	3 (11 residents)
Have you personally delivered care to one of your family medicine patients in at least 3 different settings?	61.1%	41.7%	61.5%	81.8%
Has this occurred more than 3 times in the preceding 6 months?	27.8%	16.7%	15.4%	54.5%
Have you personally called and directed a family meeting for any reason?	91.7%	75.0%	100.0%	100.0%
Has this occurred more than 2 times in the preceding 6 months?	58.3%	58.3%	61.5%	54.5%
Have you personally provided a comprehensive service for one of your patients for any reason?	88.9%	75.0%	92.3%	100.0%
Has this occurred more than 2 times in the preceding 6 months?	69.4%	33.3%	84.6%	90.9%
Have you personally helped one of your patients by being supportive, making suggestions, and were you an important part of the healing for the patient?	100.0%	100.0%	100.0%	100.0%
Has this occurred more than 2 times in the preceding 6 months?	97.2%	91.7%	100.0%	100.0%

Percentages may not add to 100% due to rounding.

ACGME	2010-2011 Resident Survey - page 1	Programs Surveyed: 28
249501	University of Massachusetts Medical School (Worcester)	Residents Responding: 461 / 473
		Response Rate: 97.5%

Duty Hours

	Never	Rarely	Sometimes	Very often	Extremely often	NA	National Non-Compliance
How often did you break the rule that duty hours must be limited to 80 hours per week, averaged over a 4-week period, inclusive of all in-house call activities?	81.8%	14.1%	4.1%	0.0%	0.0%		4.8%
How often did you break the rule that residents/fellows must be scheduled for a minimum of 1 day in 7 free from all residency related duties, averaged over a 4-week period?	92.0%	7.4%	0.7%	0.0%	0.0%		2.4%
How often did you break the rule that in-house call must occur no more frequently than every 3rd night, averaged over a 4-week period?	68.5%	1.3%	0.0%	0.0%	0.0%	30.2%	0.7%
How often did you break the rule that there should be a 10-hour time period provided between all daily duty periods and after in-house call?	75.1%	19.1%	5.6%	0.2%	0.0%		6.3%
How often did you break the rule that continuous on-site duty, including in-house call, may be scheduled to a maximum of 24 consecutive hours with up to 6 additional hours on duty to allow for continuity or transition of care, scheduled didactic activities, or outpatient clinics?	86.1%	12.4%	1.5%	0.0%	0.0%		3.8%
How often did you break the rule that at-home call must not be so frequent as to preclude rest and reasonable personal time for you?	36.0%	3.7%	2.0%	0.2%	0.0%	58.1%	1.7%
When you take at-home call and are called into the hospital, how often did you count the hours spent in-house towards the 80-hour limit?	5.0%	2.2%	2.2%	2.6%	19.5%	68.5%	6.5%

Which of the following explain why you reported breaking one or more of the duty hour rules:	Yes
Because your patient(s) needed your expertise, skill, or attention?	8.7%
Because you had to complete paperwork on patients, or other administrative work?	8.7%
Because you wanted to work additional hours for the educational experience?	3.0%
Because you had to cover someone else's work or patient load?	2.2%
Because of a night-float system?	2.4%
Because of a schedule conflict, such as educational conferences scheduled during your free time?	3.3%
Any other reasons?	2.4%

Faculty

	Extremely	Very	Somewhat / Sometimes	Slightly / Rarely	Not at all / Never	National Non-Compliance
How sufficient is the supervision you receive from faculty and staff in your program?	46.9%	46.9%	5.9%	0.4%	0.0%	8.1%
How often do your faculty and staff provide an appropriate level of supervision for residents when the residents care for patients?	57.3%	41.0%	1.5%	0.0%	0.2%	4.4%
How sufficient is the instruction you receive from faculty and staff in your program?	40.8%	48.6%	8.7%	2.0%	0.0%	13.4%
Thinking about the faculty and staff in your program overall, how interested are they in your residency education?	47.7%	42.5%	8.9%	0.9%	0.0%	14.2%
Thinking about the faculty and staff in your program overall, how effective are they in creating an environment of scholarship and inquiry?	41.0%	45.8%	11.7%	1.3%	0.2%	20.1%

Evaluation

	No	Yes	National Non-Compliance
If you want to review feedback on your performance, are you able to access your evaluations?	1.5%	98.5%	1.6%

	Extremely	Very	Somewhat	Slightly	Not at all	Don't evaluate	National Non-Compliance
How satisfied are you that your program treats your evaluations of faculty members confidentially?	46.9%	39.9%	9.1%	2.4%	0.9%	0.9%	16.5%
How satisfied are you that your program treats your evaluations of the program confidentially?	48.6%	38.4%	7.4%	2.6%	0.9%	2.2%	15.3%
How satisfied are you with the way your program uses the evaluations that residents/fellows provide to improve the program?	36.4%	38.0%	16.3%	5.4%	1.7%	2.2%	27.6%
Overall, how satisfied are you with the written or electronic feedback you receive after you complete a rotation or major assignment?	26.5%	49.7%	19.1%	3.9%	0.9%		27.1%

= Shaded areas contain non-compliant responses.
Percentages may not add to 100% due to rounding.

Educational Content

	No	Yes	National Non-Compliance
Has your program provided you with its general goals and objectives in either a hard copy or electronic form?	1.1%	98.9%	1.0%
Has your program provided you with goals and objectives for each rotation and major assignment in either a hard copy or electronic form?	3.5%	96.5%	3.9%
Has your program adequately instructed you on how to manage the negative effects of fatigue and sleep deprivation on patient care?	5.9%	94.1%	8.5%

	Extremely	Very	Somewhat / Sometimes	Slightly / Rarely	Not at all / Never	National Non-Compliance
How satisfied are you with the opportunities your program provides for you to participate in research or scholarly activities?	35.8%	42.7%	16.1%	4.6%	0.9%	23.3%
In your opinion, how often do your rotations and other major assignments provide an appropriate balance between your residency education and other clinical demands?	29.9%	54.0%	13.7%	2.4%	0.0%	19.5%
How often has your clinical education been compromised by excessive service obligations?	1.5%	5.9%	19.7%	43.6%	29.3%	28.2%

Resources

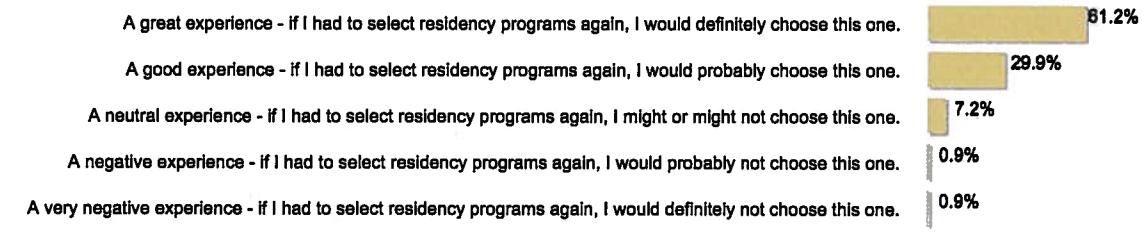
	No	Yes	National Non-Compliance
When you need reference materials for your specialty, do you have ready access to printed or electronic materials?	0.0%	100.0%	0.9%

	Extremely	Very	Somewhat / Sometimes	Slightly / Rarely	Not at all / Never	National Non-Compliance
How often do you work in interdisciplinary teams to care for patients?	47.9%	37.1%	13.0%	2.0%	0.0%	12.4%
How satisfied are you with your program's process to deal confidentially with problems or concerns residents/fellows might have?	42.3%	39.3%	13.0%	3.7%	1.7%	21.7%
How often has your ability to learn been compromised by the presence of trainees who are not part of your program, such as residents from other specialties, subspecialty fellows, PhD students, or nurse practitioners?	0.0%	1.3%	7.6%	39.0%	52.1%	10.1%

	A great deal	Quite a bit	Somewhat	A little	Not at all	National Non-Compliance
To what extent does your program provide an environment where residents/fellows can raise problems or concerns without fear of intimidation or fear of retaliation?	53.6%	33.0%	9.1%	2.4%	2.0%	17.8%

Overall Experience

Which of the following best summarizes your opinion of your residency program?



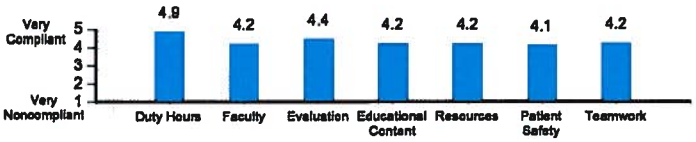
= Shaded areas contain non-compliant responses.
Percentages may not add to 100% due to rounding.

1202421160 University of Massachusetts Program - Family medicine

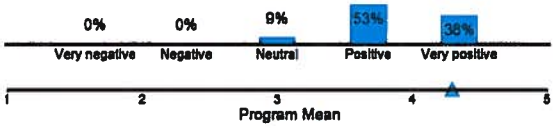
Survey taken: March 2012 - April 2012

Residents Surveyed 36
Residents Responded 34
Response Rate 94%

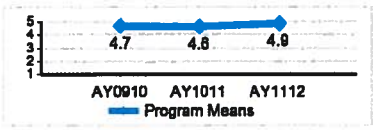
Program Means at-a-glance



Residents' overall evaluation of the program



Duty Hours

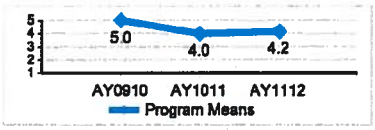


	% Compliant	Mean
80 hours	94%	4.7
1 day free in 7	100%	4.9
In-house call every 3rd night	100%	5.0
Night float no more than 6 nights	97%	4.9
8 hours between duty periods (*differs by level of training*)	94%	4.7
Continuous hours scheduled (*differs by level of training*)	100%	4.9

Reasons for exceeding duty hours:

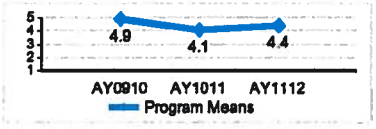
Patient needs	3%	Cover other's work	0%
Paperwork	9%	Night float	3%
Ed. Experience	0%	Schedule conflict	3%
		Other	3%

Faculty



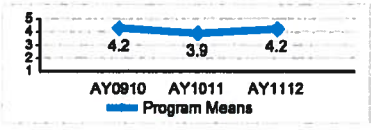
	% Compliant	Mean
Sufficient supervision	88%	3.9
Appropriate supervision	94%	4.5
Sufficient instruction	71%	3.9
Faculty and staff interested	91%	4.3
Faculty and staff create environment of inquiry	76%	4.1

Evaluation



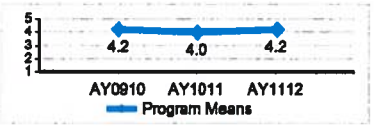
	% Compliant	Mean
Access evaluations	100%	5.0
Evaluate faculty	100%	5.0
Evaluations of faculty confidential	79%	4.1
Evaluate program	100%	5.0
Evaluations of program confidential	88%	4.3
Program uses evaluations to improve	76%	3.9
Satisfied with feedback after assignments	56%	3.6

Educational Content



	% Compliant	Mean
Provided goals and objectives for assignments	94%	4.8
Instructed to manage fatigue	94%	4.8
Satisfied with scholarly activities	71%	3.9
Appropriate balance for education	74%	3.9
Education (not) compromised by service	56%	3.6
Supervisors delegate appropriately	97%	4.1
Given data to show personal clinical effectiveness	62%	3.5
Variety of patients	100%	5.0

Resources



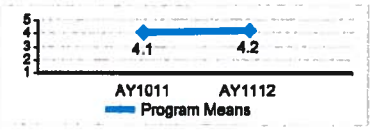
	% Compliant / % Yes*	Mean
Access to reference materials	100%	5.0
Electronic medical record in hospital*	100%	5.0
Electronic medical record in ambulatory*	100%	5.0
Electronic medical records integrated*	79%	4.2
Electronic medical record effective in daily clinical work	94%	3.5
Way to transition care when fatigued	76%	4.1
Satisfied with process to deal with problems and concerns	82%	4.1
Education (not) compromised by other trainees	94%	4.3
Residents can raise concerns without fear	82%	4.2

**Responses options are Yes or No. These responses are not included in the Program Means and are not considered non-compliant responses.*

Patient Safety

	% Compliant	Mean
Tell patients of respective role of residents	97%	4.2
Culture reinforces patient safety responsibility	100%	4.3
Participated in quality improvement	82%	4.3
Information (not) lost during shift changes	97%	3.6

Teamwork



	% Compliant	Mean
Work in interprofessional teams	100%	4.5
Effectively work in interprofessional teams	97%	3.9

Survey taken: March 2012 - April 2012

Residents Surveyed 36
Residents Responded 34
Response Rate 94%

Percentage of Residents Reponding Yes

	Overall (34 residents)	1 (12 residents)	2 (11 residents)	3 (11 residents)
Have you personally delivered care to one of your family medicine patients in at least 3 different settings?	76.5%	50.0%	81.8%	100.0%
Has this occurred more than 3 times in the preceding 6 months?	41.2%	16.7%	45.5%	63.6%
Have you personally called and directed a family meeting for any reason?	88.2%	75.0%	90.9%	100.0%
Has this occurred more than 2 times in the preceding 6 months?	73.5%	75.0%	63.6%	81.8%
Have you personally provided a comprehensive service for one of your patients for any reason?	94.1%	91.7%	90.9%	100.0%
Has this occurred more than 2 times in the preceding 6 months?	79.4%	58.3%	81.8%	100.0%
Have you personally helped one of your patients by being supportive, making suggestions, and were you an important part of the healing for the patient?	100.0%	100.0%	100.0%	100.0%
Has this occurred more than 2 times in the preceding 6 months?	97.1%	91.7%	100.0%	100.0%

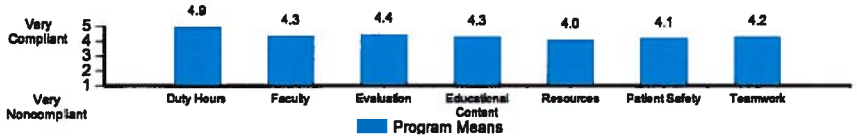
Percentages may not add to 100% due to rounding.

1202421160 University of Massachusetts Program - Family medicine

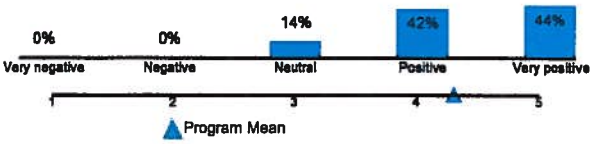
Survey taken: April 2013 - May 2013

Residents Surveyed 36
Residents Responded 36
Response Rate 100%

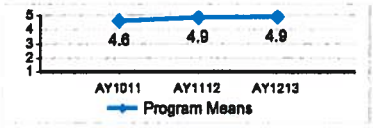
Program Means at-a-glance



Residents' overall evaluation of the program



Duty Hours

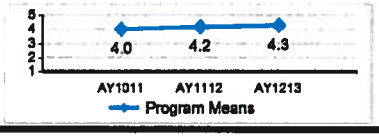


	% Compliant	Mean
80 hours	100%	4.8
1 day free in 7	100%	4.9
In-house call every 3rd night	100%	5.0
Night float no more than 6 nights	100%	4.9
8 hours between duty periods (*differs by level of training*)	97%	4.8
Continuous hours scheduled (*differs by level of training*)	100%	5.0

Reasons for exceeding duty hours:

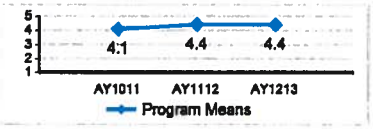
Patient needs	3%	Cover other's work	3%
Paperwork	3%	Night float	3%
Ed. Experience	0%	Schedule conflict	0%
		Other	3%

Faculty



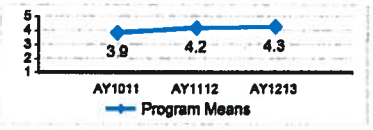
	% Compliant	Mean
Sufficient supervision	97%	4.1
Appropriate supervision	100%	4.7
Sufficient instruction	78%	3.9
Faculty and staff interested	97%	4.5
Faculty and staff create environment of inquiry	92%	4.3

Evaluation



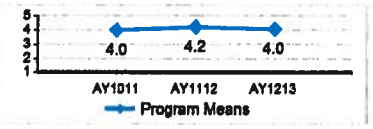
	% Compliant	Mean
Access evaluations	100%	5.0
Evaluate faculty	100%	5.0
Evaluations of faculty confidential	86%	4.2
Evaluate program	97%	4.9
Evaluations of program confidential	92%	4.3
Program uses evaluations to improve	75%	4.0
Satisfied with feedback after assignments	56%	3.5

Educational Content



	% Compliant	Mean
Provided goals and objectives for assignments	100%	5.0
Instructed to manage fatigue	92%	4.7
Satisfied with scholarly activities	72%	3.9
Appropriate balance for education	78%	4.0
Education (not) compromised by service	53%	3.7
Supervisors delegate appropriately	100%	4.4
Given data to show personal clinical effectiveness	64%	3.6
Variety of patients	97%	4.9

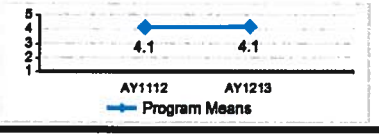
Resources



	% Compliant / % Yes*	Mean
Access to reference materials	100%	5.0
Electronic medical record in hospital*	100%	5.0
Electronic medical record in ambulatory*	100%	5.0
Electronic medical records integrated*	69%	3.8
Electronic medical record effective in daily clinical work	83%	3.2
Way to transition care when fatigued	64%	3.6
Satisfied with process to deal with problems and concerns	83%	4.1
Education (not) compromised by other trainees	89%	4.3
Residents can raise concerns without fear	83%	4.1

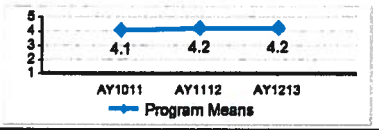
**Responses options are Yes or No. These responses are not included in the Program Means and are not considered non-compliant responses.*

Patient Safety

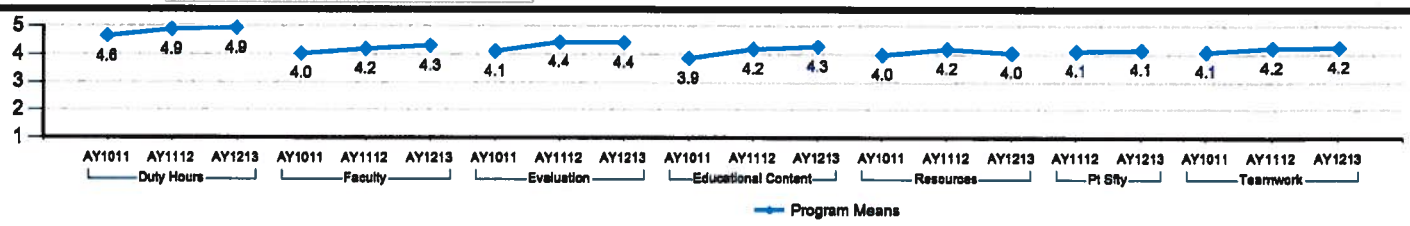


	% Compliant	Mean
Tell patients of respective role of residents	97%	4.3
Culture reinforces patient safety responsibility	100%	4.3
Participated in quality improvement	81%	4.2
Information (not) lost during shift changes	97%	3.8

Teamwork



	% Compliant	Mean
Work in interprofessional teams	100%	4.6
Effectively work in interprofessional teams	100%	3.9



Survey taken: April 2013 - May 2013

Residents Surveyed 36
Residents Responded 36
Response Rate 100%

Percentage of Residents Reponding Yes

	Overall (36 residents)	1 (12 residents)	2 (11 residents)	3 (13 residents)
Have you personally delivered care to one of your family medicine patients in at least 3 different settings?	75.0%	41.7%	81.8%	100.0%
Has this occurred more than 3 times in the preceding 6 months?	27.8%	8.3%	36.4%	38.5%
Have you personally called and directed a family meeting for any reason?	88.9%	75.0%	90.9%	100.0%
Has this occurred more than 2 times in the preceding 6 months?	58.3%	25.0%	81.8%	69.2%
Have you personally provided a comprehensive service for one of your patients for any reason?	91.7%	75.0%	100.0%	100.0%
Has this occurred more than 2 times in the preceding 6 months?	72.2%	41.7%	90.9%	84.6%
Have you personally helped one of your patients by being supportive, making suggestions, and were you an important part of the healing for the patient?	100.0%	100.0%	100.0%	100.0%
Has this occurred more than 2 times in the preceding 6 months?	94.4%	91.7%	100.0%	92.3%

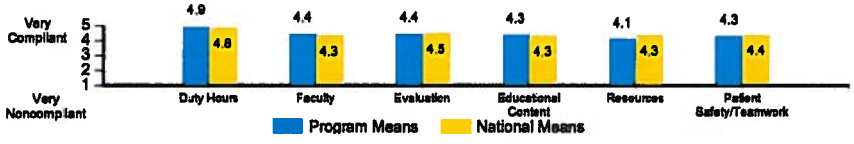
Percentages may not add to 100% due to rounding.

Survey taken: April 2014 - June 2014

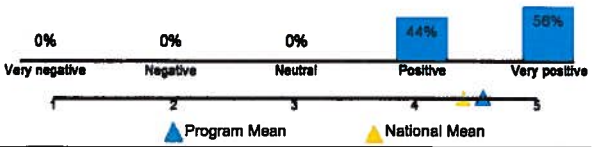
Residents Surveyed 36
Residents Responded 36
Response Rate 100%

1202421160 University of Massachusetts Program - Family medicine

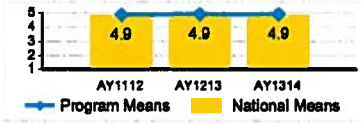
Program Means at-a-glance



Residents' overall evaluation of the program



Duty Hours



	% Program Compliant	Program Mean	% National Compliant	National Mean
80 hours	100%	4.9	95%	4.7
1 day free in 7	97%	4.9	98%	4.9
In-house call every 3rd night	100%	5.0	100%	5.0
Night float no more than 6 nights	100%	5.0	99%	5.0
8 hours between duty periods (*differs by level of training*)	100%	4.7	97%	4.7
Continuous hours scheduled (*differs by level of training*)	100%	4.9	97%	4.8

Reasons for exceeding duty hours:

Patient needs	0%	Cover someone else's work	0%
Paperwork	0%	Night float	0%
Additional Ed. Experience	0%	Schedule conflict	3%
		Other	3%

Faculty

	% Program Compliant	Program Mean	% National Compliant	National Mean
Sufficient supervision	97%	4.4	92%	4.3
Appropriate level of supervision	100%	4.8	96%	4.6
Sufficient instruction	89%	4.0	86%	4.2
Faculty and staff interested in residency education	97%	4.6	85%	4.3
Faculty and staff create environment of inquiry	89%	4.2	79%	4.1

Evaluation

	% Program Compliant	Program Mean	% National Compliant	National Mean
Able to access evaluations	100%	5.0	99%	4.9
Opportunity to evaluate faculty members	100%	5.0	99%	5.0
Satisfied that evaluations of faculty are confidential	89%	4.2	85%	4.3
Opportunity to evaluate program	100%	5.0	98%	4.9
Satisfied that evaluations of program are confidential	89%	4.1	86%	4.3
Satisfied that program uses evaluations to improve	75%	3.8	73%	4.0
Satisfied with feedback after assignments	58%	3.7	71%	3.9

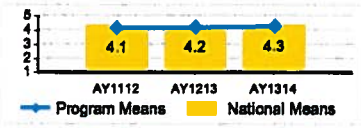
Educational Content

	% Program Compliant	Program Mean	% National Compliant	National Mean
Provided goals and objectives for assignments	100%	5.0	95%	4.8
Instructed how to manage fatigue	97%	4.9	93%	4.7
Satisfied with opportunities for scholarly activities	78%	3.9	76%	4.0
Appropriate balance for education	81%	3.9	81%	4.2
Education (not) compromised by service obligations	56%	3.6	71%	3.9
Supervisors delegate appropriately	100%	4.5	99%	4.6
Provided data about practice habits	72%	3.9	59%	3.4
See patients across variety of settings	100%	5.0	95%	4.8

Resources

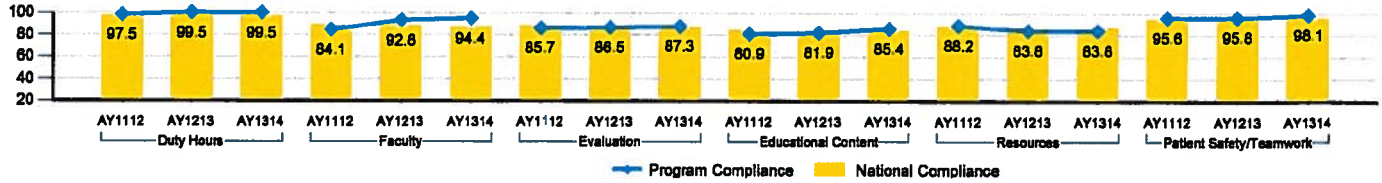
	% Program Compliant / % Yes*	Program Mean	% National Compliant / % Yes*	National Mean
Access to reference materials	100%	5.0	99%	5.0
Use electronic medical records in hospital*	100%	5.0	96%	4.9
Use electronic medical records in ambulatory setting*	100%	5.0	95%	4.8
Electronic medical records integrated across settings*	64%	3.6	81%	4.5
Electronic medical records effective	64%	2.6	94%	4.0
Provided a way to transition care when fatigued	86%	4.4	80%	4.2
Satisfied with process to deal with problems and concerns	83%	4.0	80%	4.1
Education (not) compromised by other trainees	81%	4.1	91%	4.5
Residents can raise concerns without fear	89%	4.2	80%	4.2

Patient Safety/Teamwork



	% Program Compliant	Program Mean	% National Compliant	National Mean
Tell patients of respective roles of faculty and residents	100%	4.4	99%	4.5
Culture reinforces patient safety responsibility	100%	4.2	99%	4.5
Participated in quality improvement	92%	4.7	83%	4.3
Information (not) lost during shift changes or patient transfers	100%	3.8	97%	4.0
Work in interprofessional teams	97%	4.6	98%	4.6
Effectively work in interprofessional teams	100%	3.9	99%	4.3

Total Percentage of Compliance by Category



*Response options are Yes or No. These responses are not included in the Program Means and are not considered non-compliant responses. Percentages may not add to 100% due to rounding.

Survey taken: April 2014 - June 2014

Residents Surveyed 36
Residents Responded 36
Response Rate 100%

Percentage of Residents Reponding Yes

	Overall (36 residents)	1 (12 residents)	2 (12 residents)	3 (12 residents)
Have you personally delivered care to one of your family medicine patients in at least 3 different settings?	69.4%	50.0%	66.7%	91.7%
Has this occurred more than 3 times in the preceding 6 months?	36.1%	0.0%	50.0%	58.3%
Have you personally called and directed a family meeting for any reason?	94.4%	91.7%	91.7%	100.0%
Has this occurred more than 2 times in the preceding 6 months?	69.4%	75.0%	58.3%	75.0%
Have you personally provided a comprehensive service for one of your patients for any reason?	88.9%	75.0%	91.7%	100.0%
Has this occurred more than 2 times in the preceding 6 months?	80.6%	58.3%	91.7%	91.7%
Have you personally helped one of your patients by being supportive, making suggestions, and were you an important part of the healing for the patient?	100.0%	100.0%	100.0%	100.0%
Has this occurred more than 2 times in the preceding 6 months?	97.2%	91.7%	100.0%	100.0%

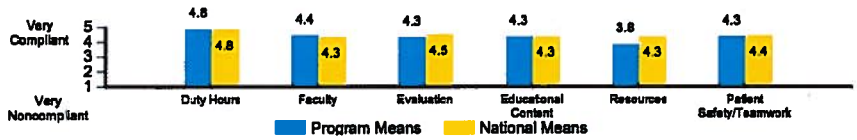
Percentages may not add to 100% due to rounding.

Survey taken: February 2015 - March 2015

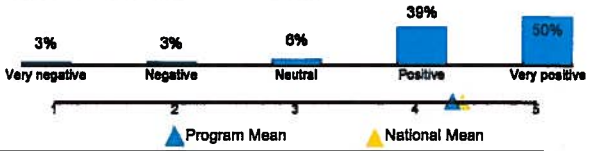
Residents Surveyed 36
Residents Responded 36
Response Rate 100%

1202421160 University of Massachusetts Program - Family medicine

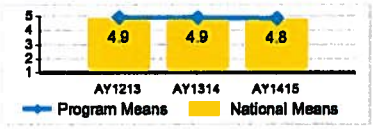
Program Means at-a-glance



Residents' overall evaluation of the program



Duty Hours

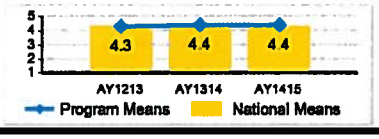


	% Program Compliant	Program Mean	% National Compliant	National Mean
80 hours	94%	4.8	94%	4.7
1 day free in 7	92%	4.8	97%	4.8
In-house call every 3rd night	100%	5.0	99%	5.0
Night float no more than 6 nights	100%	4.9	99%	5.0
8 hours between duty periods (*differs by level of training*)	97%	4.7	97%	4.7
Continuous hours scheduled (*differs by level of training*)	97%	4.9	96%	4.8

Reasons for exceeding duty hours:

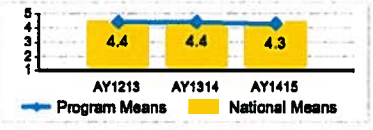
Patient needs	14%	Cover someone else's work	3%
Paperwork	11%	Night float	6%
Additional Ed. Experience	8%	Schedule conflict	6%
		Other	6%

Faculty



	% Program Compliant	Program Mean	% National Compliant	National Mean
Sufficient supervision	94%	4.3	92%	4.3
Appropriate level of supervision	100%	4.8	96%	4.6
Sufficient instruction	86%	4.1	85%	4.2
Faculty and staff interested in residency education	92%	4.5	84%	4.2
Faculty and staff create environment of inquiry	89%	4.2	78%	4.1

Evaluation

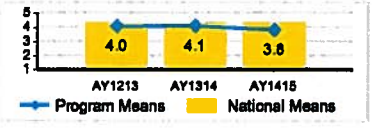


	% Program Compliant	Program Mean	% National Compliant	National Mean
Able to access evaluations	100%	5.0	99%	4.9
Opportunity to evaluate faculty members	100%	5.0	99%	4.9
Satisfied that evaluations of faculty are confidential	75%	3.8	84%	4.2
Opportunity to evaluate program	97%	4.9	98%	4.9
Satisfied that evaluations of program are confidential	78%	3.9	86%	4.3
Satisfied that program uses evaluations to improve	61%	3.8	73%	4.0
Satisfied with feedback after assignments	53%	3.5	70%	3.9

Educational Content

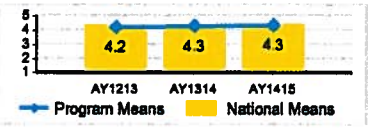
	% Program Compliant	Program Mean	% National Compliant	National Mean
Provided goals and objectives for assignments	92%	4.7	95%	4.8
Instructed how to manage fatigue	94%	4.8	92%	4.7
Satisfied with opportunities for scholarly activities	69%	3.8	76%	4.0
Appropriate balance for education	69%	3.8	79%	4.1
Education (not) compromised by service obligations	50%	3.5	69%	3.9
Supervisors delegate appropriately	100%	4.5	99%	4.6
Provided data about practice habits	83%	4.3	68%	3.7
See patients across variety of settings	100%	5.0	95%	4.8

Resources



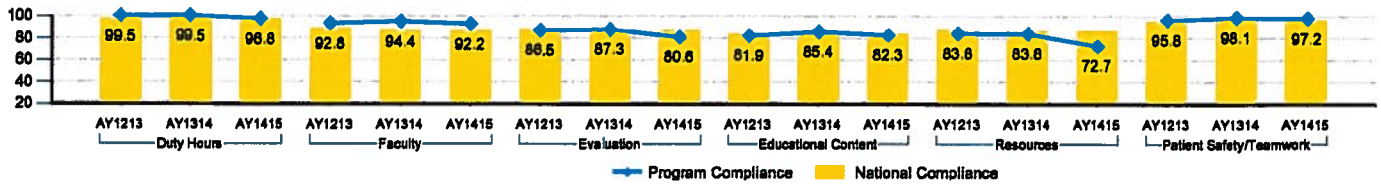
	% Program Compliant / % Yes*	Program Mean	% National Compliant / % Yes*	National Mean
Access to reference materials	100%	5.0	99%	5.0
Use electronic medical records in hospital*	100%	5.0	97%	4.9
Use electronic medical records in ambulatory setting*	100%	5.0	97%	4.9
Electronic medical records integrated across settings*	58%	3.3	82%	4.5
Electronic medical records effective	53%	2.5	94%	4.1
Provided a way to transition care when fatigued	61%	3.4	80%	4.2
Satisfied with process to deal with problems and concerns	72%	3.8	80%	4.1
Education (not) compromised by other trainees	75%	4.0	91%	4.5
Residents can raise concerns without fear	75%	4.0	80%	4.2

Patient Safety/Teamwork



	% Program Compliant	Program Mean	% National Compliant	National Mean
Tell patients of respective roles of faculty and residents	97%	4.4	99%	4.6
Culture reinforces patient safety responsibility	100%	4.4	99%	4.5
Participated in quality improvement	89%	4.6	86%	4.4
Information (not) lost during shift changes or patient transfers	97%	3.7	97%	4.0
Work in interprofessional teams	100%	4.8	98%	4.6
Effectively work in interprofessional teams	100%	4.0	99%	4.3

Total Percentage of Compliance by Category



*Response options are Yes or No. These responses aren't included in the Program Means and aren't considered non-compliant responses.
‡ Data are not reported for any program participating in a duty hour study (including rotating programs).
Percentages may not add to 100% due to rounding.

Percentage of Residents Reponding Yes

	Overall (36 residents)	1 (12 residents)	2 (13 residents)	3 (11 residents)
Have you personally delivered care to one of your family medicine patients in at least 3 different settings?	61.1%	41.7%	61.5%	81.8%
Has this occurred more than 3 times in the preceding 6 months?	27.8%	16.7%	15.4%	54.5%
Have you personally called and directed a family meeting for any reason?	91.7%	75.0%	100.0%	100.0%
Has this occurred more than 2 times in the preceding 6 months?	58.3%	58.3%	61.5%	54.5%
Have you personally provided a comprehensive service for one of your patients for any reason?	88.9%	75.0%	92.3%	100.0%
Has this occurred more than 2 times in the preceding 6 months?	69.4%	33.3%	84.6%	90.9%
Have you personally helped one of your patients by being supportive, making suggestions, and were you an important part of the healing for the patient?	100.0%	100.0%	100.0%	100.0%
Has this occurred more than 2 times in the preceding 6 months?	97.2%	91.7%	100.0%	100.0%

Percentages may not add to 100% due to rounding.

ACGME 1202431159 | **2010-2011 Resident Survey - page 1** | University of Massachusetts (Fitchburg) Program - Family medicine

Residents Surveyed: 15
Residents Responding: 15
Response Rate: 100%

Duty Hours

	Never	Rarely	Sometimes	Very often	Extremely often	NA
How often did you break the rule that duty hours must be limited to 80 hours per week, averaged over a 4-week period, inclusive of all in-house call activities?	100.0%	0.0%	0.0%	0.0%	0.0%	
How often did you break the rule that residents/fellows must be scheduled for a minimum of 1 day in 7 free from all residency related duties, averaged over a 4-week period?	93.3%	6.7%	0.0%	0.0%	0.0%	
How often did you break the rule that in-house call must occur no more frequently than every 3rd night, averaged over a 4-week period?	73.3%	13.3%	0.0%	0.0%	0.0%	13.3%
How often did you break the rule that there should be a 10-hour time period provided between all daily duty periods and after in-house call?	93.3%	6.7%	0.0%	0.0%	0.0%	
How often did you break the rule that continuous on-site duty, including in-house call, may be scheduled to a maximum of 24 consecutive hours with up to 6 additional hours on duty to allow for continuity or transition of care, scheduled didactic activities, or outpatient clinics?	86.7%	13.3%	0.0%	0.0%	0.0%	
How often did you break the rule that at-home call must not be so frequent as to preclude rest and reasonable personal time for you?	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%
When you take at-home call and are called into the hospital, how often did you count the hours spent in-house towards the 80-hour limit?	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%

Which of the following explain why you reported breaking one or more of the duty hour rules:	Yes
Because your patient(s) needed your expertise, skill, or attention?	0.0%
Because you had to complete paperwork on patients, or other administrative work?	0.0%
Because you wanted to work additional hours for the educational experience?	0.0%
Because you had to cover someone else's work or patient load?	0.0%
Because of a night-float system?	0.0%
Because of a schedule conflict, such as educational conferences scheduled during your free time?	0.0%
Any other reasons?	0.0%

Faculty

	Extremely	Very	Somewhat / Sometimes	Slightly / Rarely	Not at all / Never
How sufficient is the supervision you receive from faculty and staff in your program?	20.0%	60.0%	20.0%	0.0%	0.0%
How often do your faculty and staff provide an appropriate level of supervision for residents when the residents care for patients?	33.3%	60.0%	6.7%	0.0%	0.0%
How sufficient is the instruction you receive from faculty and staff in your program?	13.3%	53.3%	13.3%	20.0%	0.0%
Thinking about the faculty and staff in your program overall, how interested are they in your residency education?	6.7%	60.0%	33.3%	0.0%	0.0%
Thinking about the faculty and staff in your program overall, how effective are they in creating an environment of scholarship and inquiry?	13.3%	26.7%	53.3%	6.7%	0.0%

Evaluation

	No	Yes
If you want to review feedback on your performance, are you able to access your evaluations?	13.3%	86.7%

	Extremely	Very	Somewhat	Slightly	Not at all	Don't evaluate
How satisfied are you that your program treats your evaluations of faculty members confidentially?	40.0%	40.0%	13.3%	6.7%	0.0%	0.0%
How satisfied are you that your program treats your evaluations of the program confidentially?	33.3%	46.7%	13.3%	6.7%	0.0%	0.0%
How satisfied are you with the way your program uses the evaluations that residents/fellows provide to improve the program?	13.3%	40.0%	26.7%	20.0%	0.0%	0.0%
Overall, how satisfied are you with the written or electronic feedback you receive after you complete a rotation or major assignment?	20.0%	46.7%	20.0%	13.3%	0.0%	

= Shaded areas contain non-compliant responses.
Percentages may not add to 100% due to rounding.

Residents Surveyed: 15
Residents Responding: 15
Response Rate: 100%

Educational Content

	No	Yes
Has your program provided you with its general goals and objectives in either a hard copy or electronic form?	0.0%	100.0%
Has your program provided you with goals and objectives for each rotation and major assignment in either a hard copy or electronic form?	0.0%	100.0%
Has your program adequately instructed you on how to manage the negative effects of fatigue and sleep deprivation on patient care?	0.0%	100.0%

	Extremely	Very	Somewhat / Sometimes	Slightly / Rarely	Not at all / Never
How satisfied are you with the opportunities your program provides for you to participate in research or scholarly activities?	26.7%	60.0%	0.0%	13.3%	0.0%
In your opinion, how often do your rotations and other major assignments provide an appropriate balance between your residency education and other clinical demands?	20.0%	66.7%	13.3%	0.0%	0.0%
How often has your clinical education been compromised by excessive service obligations?	0.0%	6.7%	26.7%	33.3%	33.3%

Resources

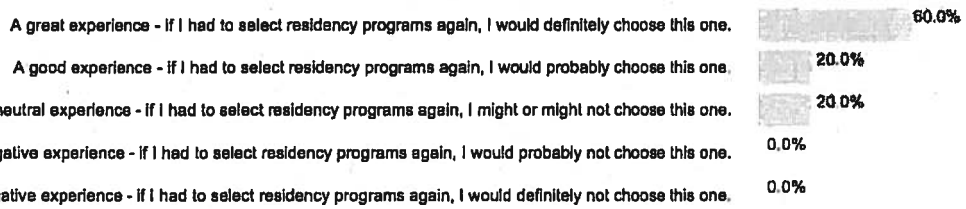
	No	Yes
When you need reference materials for your specialty, do you have ready access to printed or electronic materials?	0.0%	100.0%

	Extremely	Very	Somewhat / Sometimes	Slightly / Rarely	Not at all / Never
How often do you work in interdisciplinary teams to care for patients?	26.7%	60.0%	13.3%	0.0%	0.0%
How satisfied are you with your program's process to deal confidentially with problems or concerns residents/fellows might have?	26.7%	46.7%	26.7%	0.0%	0.0%
How often has your ability to learn been compromised by the presence of trainees who are not part of your program, such as residents from other specialties, subspecialty fellows, PhD students, or nurse practitioners?	0.0%	0.0%	13.3%	26.7%	60.0%

	A great deal	Quite a bit	Somewhat	A little	Not at all
To what extent does your program provide an environment where residents/fellows can raise problems or concerns without fear of intimidation or fear of retaliation?	46.7%	40.0%	6.7%	6.7%	0.0%

Overall Experience

Which of the following best summarizes your opinion of your residency program?



= Shaded areas contain non-compliant responses.
Percentages may not add to 100% due to rounding.

Residents Surveyed: 15
Residents Responding: 15
Response Rate: 100%

	Percentage of Residents Reponding Yes			
	Overall (15 residents)	Year 1 (5 residents)	Year 2 (5 residents)	Year 3 (5 residents)
This example shows delivery of care by the same person in 3 different settings. Now reflect on your own experiences. Have you personally delivered care to one of your family medicine patients in at least 3 different settings?	66.7%	40.0%	80.0%	80.0%
If you answered yes to the previous question, has this occurred more than 3 times in the preceding 6 months?	53.3%	20.0%	80.0%	60.0%
This example shows that the family, not just the individual patient, is the center of the care. Now reflect on your own experiences. Have you personally called and directed a family meeting for any reason?	73.3%	40.0%	100.0%	80.0%
If you answered yes to the previous question, has this occurred more than 2 times in the preceding 6 months?	26.7%	20.0%	40.0%	20.0%
This example shows the delivery of the care that involves both *cognitive and hands-on* skills. Now reflect on your own experience. Have you personally provided a comprehensive service for one of your patients for any reason?	80.0%	80.0%	100.0%	60.0%
If you answered yes to the previous question, has this occurred more than 2 times in the preceding 6 months?	73.3%	80.0%	100.0%	40.0%
This is an example of compassion for a patient's feelings and the way a physician can be therapeutic. Now reflect on your own experience. Have you personally helped one of your patients by being supportive, making suggestions, and were you an important part of the healing for the patient?	93.3%	100.0%	100.0%	80.0%
If you answered yes to the previous question, has this occurred more than 2 times in the preceding 6 months?	93.3%	100.0%	100.0%	80.0%

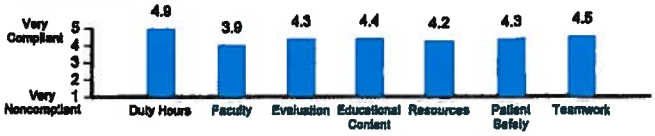
Percentages may not add to 100% due to rounding.

Survey taken: March 2012 - April 2012

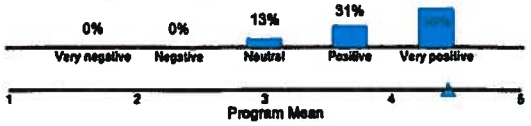
Residents Surveyed 16
Residents Responded 16
Response Rate 100%

1202431169 University of Massachusetts (Fitchburg) Program - Family medicine

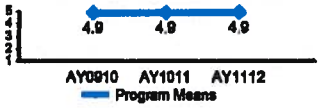
Program Means at-a-glance



Residents' overall evaluation of the program



Duty Hours

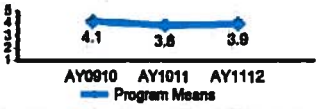


	% Compliant	Mean
80 hours	100%	4.9
1 day free in 7	100%	4.9
In-house call every 3rd night	100%	5.0
Night float no more than 6 nights	100%	5.0
8 hours between duty periods (*differs by level of training*)	100%	4.9
Continuous hours scheduled (*differs by level of training*)	100%	4.9

Reasons for exceeding duty hours:

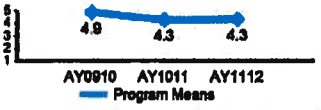
Patient needs	0%	Cover other's work	0%
Paperwork	0%	Night float	0%
Ed. Experience	0%	Schedule conflict	0%
		Other	0%

Faculty



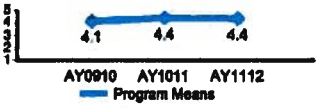
	% Compliant	Mean
Sufficient supervision	75%	3.9
Appropriate supervision	88%	4.4
Sufficient instruction	75%	3.8
Faculty and staff interested	75%	3.9
Faculty and staff create environment of inquiry	63%	3.8

Evaluation



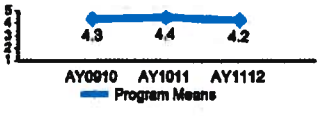
	% Compliant	Mean
Access evaluations	94%	4.8
Evaluate faculty	100%	5.0
Evaluations of faculty confidential	88%	4.3
Evaluate program	100%	5.0
Evaluations of program confidential	75%	3.9
Program uses evaluations to improve	44%	3.5
Satisfied with feedback after assignments	75%	3.8

Educational Content



	% Compliant	Mean
Provided goals and objectives for assignments	100%	5.0
Instructed to manage fatigue	100%	5.0
Satisfied with scholarly activities	44%	3.5
Appropriate balance for education	75%	4.0
Education (not) compromised by service	50%	3.6
Supervisors delegate appropriately	81%	3.9
Given data to show personal clinical effectiveness	94%	4.8
Variety of patients	100%	5.0

Resources



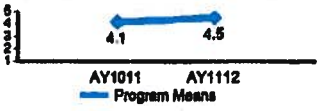
	% Compliant / % Yes*	Mean
Access to reference materials	100%	5.0
Electronic medical record in hospital*	100%	5.0
Electronic medical record in ambulatory*	100%	5.0
Electronic medical records integrated*	50%	3.0
Electronic medical record effective in daily clinical work	88%	3.4
Way to transition care when fatigued	81%	4.3
Satisfied with process to deal with problems and concerns	69%	3.9
Education (not) compromised by other trainees	94%	4.4
Residents can raise concerns without fear	88%	4.4

**Responses options are Yes or No. These responses are not included in the Program Means and are not considered non-compliant responses.*

Patient Safety

	% Compliant	Mean
Tell patients of respective role of residents	100%	4.1
Culture reinforces patient safety responsibility	100%	4.6
Participated in quality improvement	88%	4.5
Information (not) lost during shift changes	100%	4.0

Teamwork



	% Compliant	Mean
Work in interprofessional teams	100%	4.6
Effectively work in interprofessional teams	100%	4.4

Reviewed by JL 4-25-12
Reviewed E Faculty 4-26-12

Survey taken: March 2012 - April 2012

Residents Surveyed 16
Residents Responded 16
Response Rate 100%

	Percentage of Residents Reponding Yes			
	Overall (16 residents)	1 (6 residents)	2 (5 residents)	3 (5 residents)
Have you personally delivered care to one of your family medicine patients in at least 3 different settings?	81.3%	66.7%	80.0%	100.0%
Has this occurred more than 3 times in the preceding 6 months?	43.8%	33.3%	40.0%	60.0%
Have you personally called and directed a family meeting for any reason?	87.5%	83.3%	80.0%	100.0%
Has this occurred more than 2 times in the preceding 6 months?	56.3%	66.7%	20.0%	80.0%
Have you personally provided a comprehensive service for one of your patients for any reason?	81.3%	66.7%	80.0%	100.0%
Has this occurred more than 2 times in the preceding 6 months?	68.8%	33.3%	80.0%	100.0%
Have you personally helped one of your patients by being supportive, making suggestions, and were you an important part of the healing for the patient?	100.0%	100.0%	100.0%	100.0%
Has this occurred more than 2 times in the preceding 6 months?	100.0%	100.0%	100.0%	100.0%

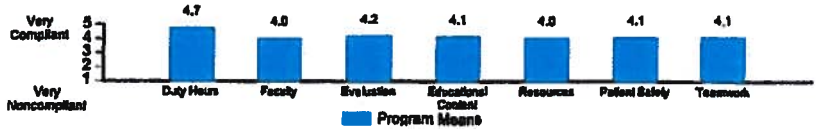
Percentages may not add to 100% due to rounding.

1202431169 University of Massachusetts (Fitchburg) Program - Family medicine

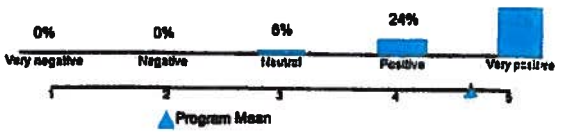
Survey taken: April 2013 - May 2013

Residents Surveyed 17
Residents Responded 17
Response Rate 100%

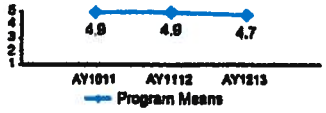
Program Means at-a-glance



Residents' overall evaluation of the program



Duty Hours



	% Compliant	Mean
80 hours	100%	4.7
1 day free in 7	94%	4.7
In-house call every 3rd night	88%	4.8
Night float no more than 6 nights	100%	4.9
8 hours between duty periods (*differs by level of training*)	100%	4.8
Continuous hours scheduled (*differs by level of training*)	100%	4.8

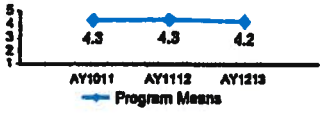
Reasons for exceeding duty hours:

Patient needs	6%	Cover other's work	12%
Paperwork	6%	Night float	6%
Ed. Experience	0%	Schedule conflict	6%
		Other	6%

Faculty

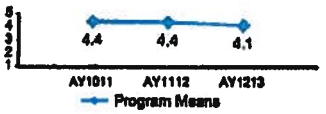
	% Compliant	Mean
Sufficient supervision	94%	3.9
Appropriate supervision	88%	4.3
Sufficient instruction	82%	3.8
Faculty and staff interested	88%	4.1
Faculty and staff create environment of inquiry	71%	3.8

Evaluation



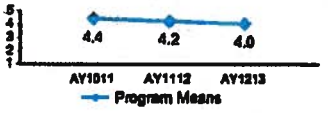
	% Compliant	Mean
Access evaluations	100%	5.0
Evaluate faculty	100%	5.0
Evaluations of faculty confidential	71%	3.8
Evaluate program	100%	5.0
Evaluations of program confidential	82%	3.9
Program uses evaluations to improve	41%	3.3
Satisfied with feedback after assignments	41%	3.3

Educational Content



	% Compliant	Mean
Provided goals and objectives for assignments	100%	5.0
Instructed to manage fatigue	82%	4.3
Satisfied with scholarly activities	88%	3.8
Appropriate balance for education	76%	3.9
Education (not) compromised by service	88%	3.8
Supervisors delegate appropriately	100%	4.3
Given data to show personal clinical effectiveness	65%	3.6
Variety of patients	100%	5.0

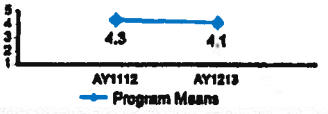
Resources



	% Compliant / % Yes*	Mean
Access to reference materials	100%	5.0
Electronic medical record in hospital*	100%	5.0
Electronic medical record in ambulatory*	100%	5.0
Electronic medical records integrated*	65%	3.6
Electronic medical record effective in daily clinical work	94%	3.3
Way to transition care when fatigued	65%	3.6
Satisfied with process to deal with problems and concerns	76%	4.1
Education (not) compromised by other trainees	88%	4.3
Residents can raise concerns without fear	88%	4.0

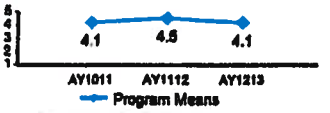
**Responses options are Yes or No. These responses are not included in the Program Means and are not considered non-compliant responses.*

Patient Safety

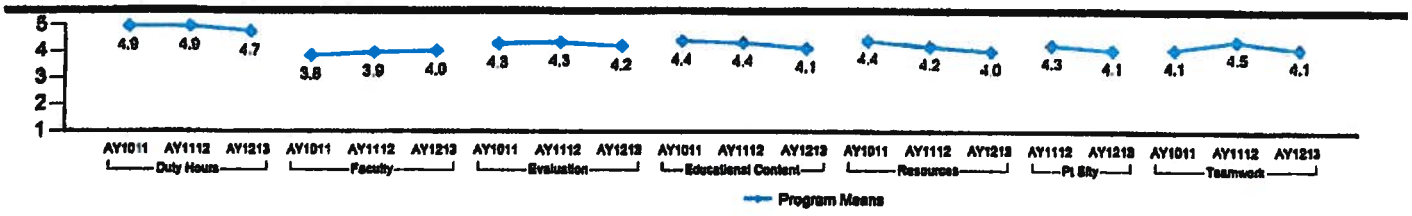


	% Compliant	Mean
Tell patients of respective role of residents	100%	4.1
Culture reinforces patient safety responsibility	94%	4.1
Participated in quality improvement	88%	4.8
Information (not) lost during shift changes	100%	3.8

Teamwork



	% Compliant	Mean
Work in interprofessional teams	100%	4.3
Effectively work in interprofessional teams	100%	4.0



1202431159 University of Massachusetts (Fitchburg) Program - Family medicine

Specialty Specific Questions

Survey taken: April 2013 - May 2013

Residents Surveyed 17
Residents Responded 17
Response Rate 100%

	Percentage of Residents Reponding Yes			
	Overall (17 residents)	1 (6 residents)	2 (6 residents)	3 (5 residents)
Have you personally delivered care to one of your family medicine patients in at least 3 different settings?	70.6%	50.0%	66.7%	100.0%
Has this occurred more than 3 times in the preceding 6 months?	35.3%	16.7%	33.3%	60.0%
Have you personally called and directed a family meeting for any reason?	82.4%	50.0%	100.0%	100.0%
Has this occurred more than 2 times in the preceding 6 months?	52.9%	33.3%	66.7%	60.0%
Have you personally provided a comprehensive service for one of your patients for any reason?	94.1%	83.3%	100.0%	100.0%
Has this occurred more than 2 times in the preceding 6 months?	76.5%	50.0%	100.0%	80.0%
Have you personally helped one of your patients by being supportive, making suggestions, and were you an important part of the healing for the patient?	100.0%	100.0%	100.0%	100.0%
Has this occurred more than 2 times in the preceding 6 months?	88.2%	83.3%	100.0%	80.0%

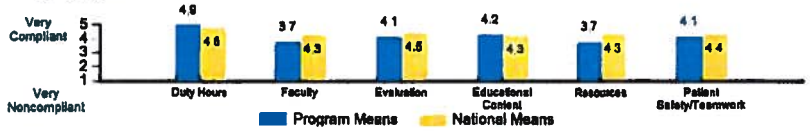
Percentages may not add to 100% due to rounding.

Survey taken: April 2014 - June 2014

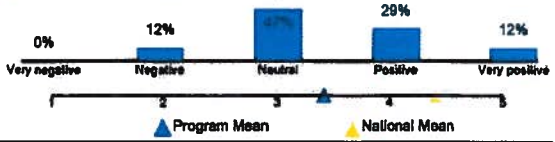
Residents Surveyed 17
Residents Responded 17
Response Rate 100%

1202431159 University of Massachusetts (Fitchburg) Program - Family medicine

Program Means at-a-glance



Residents' overall evaluation of the program



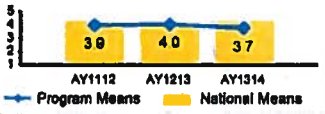
Duty Hours

	% Program Compliant	Program Mean	% National Compliant	National Mean
80 hours	100%	4.9	95%	4.7
1 day free in 7	100%	4.9	98%	4.9
In-house call every 3rd night	100%	4.9	100%	5.0
Night float no more than 6 nights	100%	5.0	99%	5.0
8 hours between duty periods (*differs by level of training*)	100%	4.9	97%	4.7
Continuous hours scheduled (*differs by level of training*)	100%	4.8	97%	4.8

Reasons for exceeding duty hours:

Patient needs	0%	Cover someone else's work	0%
Paperwork	0%	Night float	0%
Additional Ed. Experience	0%	Schedule conflict	0%
		Other	0%

Faculty



	% Program Compliant	Program Mean	% National Compliant	National Mean
Sufficient supervision	59%	3.6	92%	4.3
Appropriate level of supervision	100%	4.4	96%	4.6
Sufficient instruction	47%	3.5	86%	4.2
Faculty and staff interested in residency education	65%	3.9	85%	4.3
Faculty and staff create environment of inquiry	41%	3.4	79%	4.1

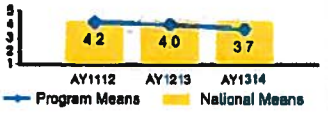
Evaluation

	% Program Compliant	Program Mean	% National Compliant	National Mean
Able to access evaluations	100%	5.0	99%	4.9
Opportunity to evaluate faculty members	100%	5.0	99%	5.0
Satisfied that evaluations of faculty are confidential	53%	3.5	85%	4.3
Opportunity to evaluate program	100%	5.0	98%	4.9
Satisfied that evaluations of program are confidential	71%	3.6	86%	4.3
Satisfied that program uses evaluations to improve	29%	3.1	73%	4.0
Satisfied with feedback after assignments	59%	3.6	71%	3.9

Educational Content

	% Program Compliant	Program Mean	% National Compliant	National Mean
Provided goals and objectives for assignments	100%	5.0	95%	4.8
Instructed how to manage fatigue	100%	5.0	93%	4.7
Satisfied with opportunities for scholarly activities	59%	3.5	76%	4.0
Appropriate balance for education	65%	3.8	81%	4.2
Education (not) compromised by service obligations	47%	3.6	71%	3.9
Supervisors delegate appropriately	100%	4.1	99%	4.6
Provided data about practice habits	71%	3.8	59%	3.4
See patients across variety of settings	100%	5.0	95%	4.8

Resources

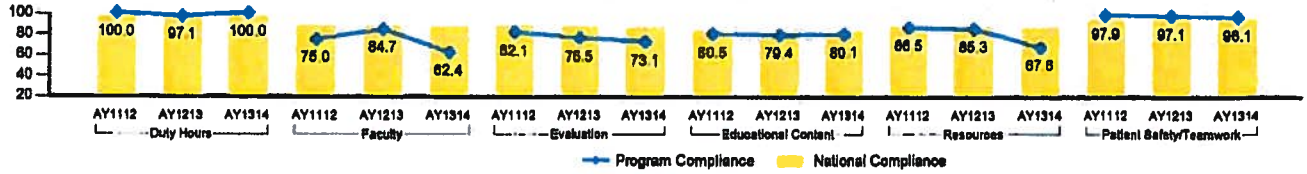


	% Program Compliant / % Yes*	Program Mean	% National Compliant / % Yes*	National Mean
Access to reference materials	94%	4.8	99%	5.0
Use electronic medical records in hospital*	100%	5.0	96%	4.9
Use electronic medical records in ambulatory setting*	100%	5.0	95%	4.8
Electronic medical records integrated across settings*	53%	3.1	81%	4.5
Electronic medical records effective	65%	2.8	94%	4.0
Provided a way to transition care when fatigued	71%	3.8	80%	4.2
Satisfied with process to deal with problems and concerns	35%	3.2	80%	4.1
Education (not) compromised by other trainees	94%	4.4	91%	4.5
Residents can raise concerns without fear	47%	3.5	80%	4.2

Patient Safety/Teamwork

	% Program Compliant	Program Mean	% National Compliant	National Mean
Tell patients of respective roles of faculty and residents	100%	4.1	99%	4.5
Culture reinforces patient safety responsibility	100%	4.1	99%	4.5
Participated in quality improvement	94%	4.8	83%	4.3
Information (not) lost during shift changes or patient transfers	88%	3.6	97%	4.0
Work in interprofessional teams	100%	4.4	98%	4.6
Effectively work in interprofessional teams	94%	3.7	99%	4.3

Total Percentage of Compliance by Category



*Response options are Yes or No. These responses are not included in the Program Means and are not considered non-compliant responses. Percentages may not add to 100% due to rounding.

Survey taken: April 2014 - June 2014

Residents Surveyed 17
Residents Responded 17
Response Rate 100%

	Percentage of Residents Reponding Yes			
	Overall (17 residents)	1 (5 residents)	2 (6 residents)	3 (6 residents)
Have you personally delivered care to one of your family medicine patients in at least 3 different settings?	82.4%	80.0%	66.7%	100.0%
Has this occurred more than 3 times in the preceding 6 months?	47.1%	40.0%	50.0%	50.0%
Have you personally called and directed a family meeting for any reason?	94.1%	100.0%	83.3%	100.0%
Has this occurred more than 2 times in the preceding 6 months?	58.8%	40.0%	50.0%	83.3%
Have you personally provided a comprehensive service for one of your patients for any reason?	94.1%	80.0%	100.0%	100.0%
Has this occurred more than 2 times in the preceding 6 months?	70.6%	60.0%	66.7%	83.3%
Have you personally helped one of your patients by being supportive, making suggestions, and were you an important part of the healing for the patient?	100.0%	100.0%	100.0%	100.0%
Has this occurred more than 2 times in the preceding 6 months?	94.1%	100.0%	83.3%	100.0%

Percentages may not add to 100% due to rounding.

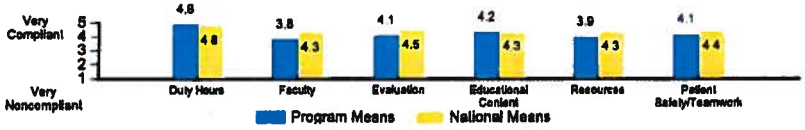
2014-2015 ACGME Resident Survey - page 1

Survey taken: February 2015 - March 2015

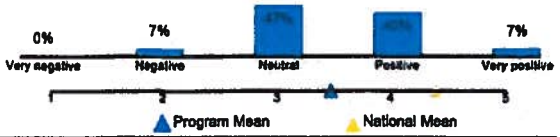
Residents Surveyed 15
Residents Responded 15
Response Rate 100%

1202431159 University of Massachusetts (Fitchburg) Program - Family medicine

Program Means at-a-glance



Residents' overall evaluation of the program



Duty Hours

	% Program Compliant	Program Mean	% National Compliant	National Mean
80 hours	93%	4.7	94%	4.7
1 day free in 7	100%	4.9	97%	4.8
In-house call every 3rd night	100%	4.9	99%	5.0
Night float no more than 6 nights	100%	4.9	99%	5.0
8 hours between duty periods (*differs by level of training*)	100%	4.8	97%	4.7
Continuous hours scheduled (*differs by level of training*)	100%	4.9	96%	4.8

Reasons for exceeding duty hours:

Patient needs	7%	Cover someone else's work	0%
Paperwork	7%	Night float	0%
Additional Ed. Experience	0%	Schedule conflict	0%
		Other	0%

Faculty

	% Program Compliant	Program Mean	% National Compliant	National Mean
Sufficient supervision	87%	4.0	92%	4.3
Appropriate level of supervision	87%	4.5	96%	4.6
Sufficient instruction	53%	3.5	85%	4.2
Faculty and staff interested in residency education	73%	3.7	84%	4.2
Faculty and staff create environment of inquiry	40%	3.2	78%	4.1

Evaluation

	% Program Compliant	Program Mean	% National Compliant	National Mean
Able to access evaluations	93%	4.7	99%	4.9
Opportunity to evaluate faculty members	100%	5.0	99%	4.9
Satisfied that evaluations of faculty are confidential	67%	3.8	84%	4.2
Opportunity to evaluate program	100%	5.0	98%	4.9
Satisfied that evaluations of program are confidential	67%	3.7	86%	4.3
Satisfied that program uses evaluations to improve	27%	2.9	73%	4.0
Satisfied with feedback after assignments	40%	3.2	70%	3.9

Educational Content

	% Program Compliant	Program Mean	% National Compliant	National Mean
Provided goals and objectives for assignments	87%	4.5	95%	4.8
Instructed how to manage fatigue	93%	4.7	92%	4.7
Satisfied with opportunities for scholarly activities	67%	3.5	76%	4.0
Appropriate balance for education	60%	3.9	79%	4.1
Education (not) compromised by service obligations	80%	4.0	69%	3.9
Supervisors delegate appropriately	100%	4.4	99%	4.6
Provided data about practice habits	73%	3.9	68%	3.7
See patients across variety of settings	100%	5.0	95%	4.8

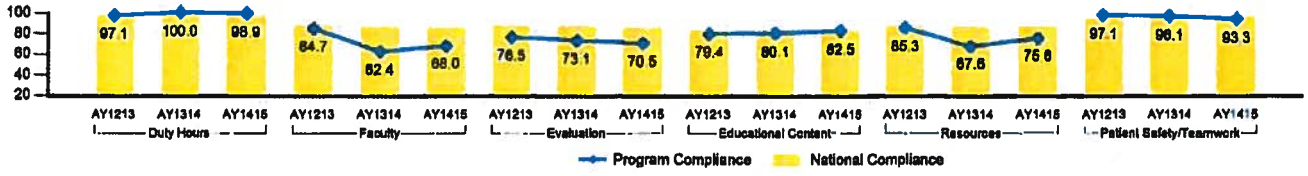
Resources

	% Program Compliant / % Yes*	Program Mean	% National Compliant / % Yes*	National Mean
Access to reference materials	100%	5.0	99%	5.0
Use electronic medical records in hospital*	100%	5.0	97%	4.9
Use electronic medical records in ambulatory setting*	100%	5.0	97%	4.9
Electronic medical records integrated across settings*	60%	3.4	82%	4.5
Electronic medical records effective	87%	3.4	94%	4.1
Provided a way to transition care when fatigued	67%	3.7	80%	4.2
Satisfied with process to deal with problems and concerns	67%	3.7	80%	4.1
Education (not) compromised by other trainees	93%	4.4	91%	4.5
Residents can raise concerns without fear	40%	3.0	80%	4.2

Patient Safety/Teamwork

	% Program Compliant	Program Mean	% National Compliant	National Mean
Tell patients of respective roles of faculty and residents	100%	4.3	99%	4.6
Culture reinforces patient safety responsibility	100%	3.9	98%	4.5
Participated in quality improvement	93%	4.7	86%	4.4
Information (not) lost during shift changes or patient transfers	87%	3.5	97%	4.0
Work in interprofessional teams	93%	4.3	98%	4.6
Effectively work in interprofessional teams	87%	3.7	99%	4.3

Total Percentage of Compliance by Category



*Response options are Yes or No. These responses aren't included in the Program Means and aren't considered non-compliant responses.
‡ Data are not reported for any program participating in a duty hour study (including rotating programs).
Percentages may not add to 100% due to rounding.

Survey taken: February 2015 - March 2015

Residents Surveyed 15
Residents Responded 15
Response Rate 100%

	Percentage of Residents Reponding Yes			
	Overall (15 residents)	1 (4 residents)	2 (5 residents)	3 (6 residents)
Have you personally delivered care to one of your family medicine patients in at least 3 different settings?	93.3%	75.0%	100.0%	100.0%
Has this occurred more than 3 times in the preceding 6 months?	40.0%	25.0%	20.0%	66.7%
Have you personally called and directed a family meeting for any reason?	86.7%	75.0%	100.0%	83.3%
Has this occurred more than 2 times in the preceding 6 months?	60.0%	75.0%	40.0%	66.7%
Have you personally provided a comprehensive service for one of your patients for any reason?	86.7%	75.0%	80.0%	100.0%
Has this occurred more than 2 times in the preceding 6 months?	86.7%	75.0%	80.0%	100.0%
Have you personally helped one of your patients by being supportive, making suggestions, and were you an important part of the healing for the patient?	100.0%	100.0%	100.0%	100.0%
Has this occurred more than 2 times in the preceding 6 months?	100.0%	100.0%	100.0%	100.0%

Percentages may not add to 100% due to rounding.

Student Match: Family Medicine Residency Programs
2010 - 2015

2010

In March, 14.8% of the UMass Medical School Class of 2010 matched through the NRMP with Family Medicine residencies, compared to 7.3% of graduates of all US medical schools:

Cono Badalamenti	Loma Linda University
Kathleen Barry	University of Virginia
Peter Bastian	Greater Lawrence Family Health Center
Kimberly Bombaci	UMass/Hahnemann Family Health Center
Ryan DonoGreater	Lawrence Family Health Center, Lawrence, MA
Deanna Erb	Drexel University
Laura Eurich	UMass/Hahnemann Family Health Center
Lara Jirmanus	Boston University Medical Center
Emily Marsters	University of Virginia
Hannah Melnitsky	John Peter Smith Hospital/Fort Worth
Kathryn Morcom	VCU Fairfax
Julia Randall	Greater Lawrence Family Health Center
Roona Ray	Einstein/Montefiore Medical Center
Michelle St. Fleur	Einstein/Montefiore Medical Center
Robert Surawski	University of New Mexico

2011

In March, 14% of the UMass Medical School Class of 2011 matched with Family Medicine residencies, including:

Cari Benbasset-Miller	University of Illinois COM
Marcy Boucher	UMass/Barre Family Health Center
Jennifer DePiero	Maine Medical Center
Aimee Falardeau	University of Colorado School of Medicine, Denver
John Lawrence	University of Connecticut Health Center, Farmington
Bency Louidor	UMass/Hahnemann Family Health Center
Michael Messina	Dartmouth
Shereen Mohiuddin	Boston University Medical Center
Ryan Montoya	UMass/Community Health Connections Family Health Center, Fitchburg
Charlotte Moriarty	Michigan State University, Kalamazoo
Ejiroghene Onos	Naval Hospital, Jacksonville, FL
Rachel Rosenberg	Beth Israel Medical Center, New York, NY

2012

In March, 10.6% of the UMass Medical School Class of 2012 matched with Family Medicine residencies, including:

Sherar Andalcio	Einstein/Montefiore
Louis Berk	SUNY HSC Brooklyn
Elise Bognanno	Greater Lawrence Family Health Center
Emily Carter	Maine Medical Center
Andrew Chandler	Cambridge Health Alliance
Seth Curtis	Swedish Medical Center, Seattle, WA
Alyssa Finn	Beth Israel, New York
Mark Fitzgerald	UMass/Hahnemann Family Health Center
Olivia Liff	Boston University Medical Center
Anna McMahan	UMass/Hahnemann Family Health Center
Vincent Minichiello	University of Wisconsin School of Medicine
Megan Weeks	Swedish Medical Center, Seattle, WA

2013

In March, 13% of the UMass Medical School Class of 2013 matched with Family Medicine residencies, including:

Paul Daniel	UMass/Family Health Center of Worcester
Ciaran DellaFera	Greater Lawrence Family Health Center, Lawrence, MA
Megan deMariano	University of North Carolina Hospital, Chapel Hill, NC
John Ducey	Wake Forest Baptist Medical Center, Winston-Salem, NC
Kara Keating Bench	Greater Lawrence Family Health Center, Lawrence, MA
Elise LaFlamme	Greater Lawrence Family Health Center, Lawrence, MA
Claudine Lotte	White Memorial Medical Center, Los Angeles, CA
Julia Nelligan	Carilion Clinic Virginia Technical College, Roanoke, VA
Thomas Peteet	Boston University Medical Center, Boston, MA
Elizabeth Quinn	Greater Lawrence Family Health Center, Lawrence, MA\
Noah Rosenberg	UMass/Barre Family Health Center
David Sapienza	Swedish Medical Center, Seattle, WA
Christine Tam	Lancaster General Hospital, Lancaster, PA
Genevieve Verrastro	Mountain Area Health Education Center, Asheville, NC
Tania Visnaskas	Brown Medical School/Memorial Hospital of Rhode Island, Pawtucket, RI

2014

13 UMass medical students – 10.6 % of the Class of 2014 – matched into Family Medicine residencies at a rate higher than the national average:

Nicholas Avgerinos	Wake Forest Baptist Medical Center
Jessica Boatman	UMass/Hahnemann Family Health Center
Deviney Chaponis	Tufts/Cambridge Health Alliance
Jacqueline Draper	Steward Carney Hospital
Paula Hercule	Einstein/Montefiore Medical Center
Alison Lima	Lancaster General Hospital
Maya Mauch	Steward Carney Hospital
Kateri McCarthy	UMass/Hahnemann Family Health Center
Michael Richardson	Steward Carney Hospital
Barak Sered	Einstein/Montefiore Medical Center
Claire Welteroth	Brown/Memorial Hospital
Daniel Wemple	UMass/Hahnemann Family Health Center
Shaula Woz	University of Rochester/Strong Memorial Hospital

2015

11 UMass medical students – 9% of the Class of 2015 – matched into Family Medicine residencies:

Anne Barnard	Group Health Cooperative/Capitol Hill, Seattle, WA
Kimberly Cullen	Swedish Medical Center, Seattle, WA
Chelsea Harris	Greater Lawrence Family Health Center, Lawrence, MA
Joshua Kahane	Brown Medical School/Memorial Hospital, Pawtucket, RI
Anthony Lorusso	UMass/FHCW, Worcester, MA
Sumathi Narayana	Einstein/Montefiore Medical Center, Bronx, NY
Jaime Reed	Bayfront Medical Center, St. Petersburg, FL
Nithya Setty-Shah	Rutgers-RW Johnson Medical School, New Brunswick, NJ
Avinash Sridhar	Mountain Area Health Education Center, Asheville, NC
Karen Tenner	Boston University Medical Center, Boston, MA
Gina Zarella	UC San Diego Medical Center, San Diego, CA

2011				
NAME	**PRACTICE**	**TYPE**	**School location**	**HEALTH CENTER**
Akkinepalli, Radha, MD	Michigan license applied for 2012. 3105 Asher rd., Ann Arbor, MI 48104		Carribean	HFHC
Balasuriya, Rajiv, MD Chief resident	Glenridge Walk-In Clinic St. Catharines, ON	Primary Care	Carribean	FHCW
Beattie, Chad, MD Chief resident	1 year SM fellowship	SM fellowship	Carribean	HFHC
Brodski-Quigley, Katerina, MD	Gardner practice	Primary Care	US	BFHC
Carter, Stephanie, MD Chief resident	Hahnemann Family Health Center	Primary Care	US	BFHC
Grzysiewicz, Amy, DO	Kittery Family Practice Kittery, ME 03904	Primary Care	US	BFHC
Kandpal, Preeti, MD	Austrailian practice Queensland Australia	Primary Care	IMG	FHCW
Moak -Blest, Hayley, DO	Lynn Community Health Center Lynn, MA	Primary Care	US	HFHC
O'Reilly, Jennifer, MD	Bassett Healthcare –Norwich Norwich, NY	Primary Care	US	BFHC
Pierre, Donna, MD	Practice in Astoria, NY	Primary Care	Carribean	FHCW
Rosa, David, MD	Portage Medical Niagara Falls, ON	Primary Care	Carribean	HFHC

Service, Kerian, MD	Manchester Community Health Services Manchester, CT	Primary Care	US	FHCW
Wright, Thamrah, MD	Roanoke Chowan Community Health Center Ahoskie, NC	Primary Care	US	HFHC
2012				
NAME	**PRACTICE**	**TYPE**	**School location**	**HEALTH CENTER**
Austria, Katrina, , M.D.	Canadian Practice	Primary Care	Carribean	FHCW
Calka, Larissa, D.O.		DO fellowship	US	HFHC
Eagles, Kylee, D.O. **Chief Residnt**	On the south shore. Affiliated with South Shore Hospital.	Sports Medicine	US	BFHC
Favreau-Herz, Dahlia, M.D.	Locum tenens Brooklyn, NY 11201-2701	Primary Care	IMG	FHCW
Flynn, Mary, M.D.	Plumley Village	Primary Care	US	HFHC
Gunawardena, Dishani, M.D.	Canadian practice	Primary Care	Carribean	FHCW
Kung, Alphonsus, M.D.	Lawrence hospitalist	hospitalist	US	BFHC
Mallett, Kristin, M.D. **Chief Resident**	Benedict Bld. Primary care	Primary Care	US	HFHC
Numbers, Jason, M.D.	UMass hospitalist	hospitalist	US	HFHC
Schick, Geraldine, M.D.	North Eastern Boston, MA 02115	Primary Care	Carribean	BFHC
Van Duyne, Virginia, M.D. **Chief Resident**	FHCW	Primary Care	US	FHCW

(Wilson) Maier, Kathryn, M.D.	UMass Community Medical Group Sterling, MA	Primary Care	US	BFHC
2013				
Blumhofer, Rebecca, M.D.	FHCW Worcester, MA	Primary Care	US	BFHC
Bombaci, Kimberly, M.D. **Chief Resident**	HFHC Worcester, MA 01603	Primary Care	US	HFHC
Bradford, Jennifer, M.D.	Preventive Medicine Fellowship Worcester, MA	Primary Care	US	FHCW
Cersosimo, Shaylin, M.D.	UMass hospitalist Worcester, MA			BFHC
Cornelio, Marco, M.D. **Chief Resident**	Maine primary care	Primary Care	US	BFHC
Farraher, Shaun, M.D. **Chief Resident**	Lowell Community Health Center Lowell, MA		Carribean	FHCW
George, Ana, M.D. (Goubert)	Lamprey Health Care Raymond, NH	Primary Care	US	HFHC
Lau, Rossana, M.D.	Geriatrics Fellowship			HFHC
Mota, Cristina, M.D. (now McCormick)	FHCW Worcester, MA		US	FHCW
Sahd, Paul, D.O.	W: Hadley Family Practice	Primary Care	US	BFHC

Sarkar, Amber, M.D (Wiekamp)	FHCW Worcester MA		IMG	FHCW
Sullivan-Eurich, Laura, M.D.(now just Eurich)	UMass Community Medical Group Shrewsbury, MA	Primary Care	US	HFHC
2014				
NAME	**PRACTICE**	**TYPE**	**School location**	**HEALTH CENTER**
Abraham, Jemini, MD	Texas	Primary care	Caribbean	FHCW
Agarwal, Monica, MD	Canada	Primary care	Caribbean	FHCW
Boucher, Marcy, MD	Barre Family Health Center	Primary care	US	BFHC
Chang, Christopher, MD	ARC Far West Austin, TX 78731	Primary care	US	BFHC
Hayden, Tassy, MD	Missouri	Primary care	US	BFHC
Hon, Serena, MD	ARC Wilson Parke Austin, TX 78726	Primary care	US	HFHC
Linken, Lauren, MD	OB fellowship, Alabama		US	BFHC
Louidor-Paulynice, Bency, MD	UMass Community Medical Group Harvard, MA	Primary care	US	HFHC
Casey (Rodenas-Martinez), Sara, DO	FHCW Worcester, MA	Primary care	US	FHCW
Roder, Navid, MD	HIV fellowship, FHCW Worcester, MA Email:	Primary care	IMG	FHCW
Sing, Bronwyn, DO	Geriatrics Fellowship, Springfield	Primary care	US	HFHC

Vitko, Amanda, MD	Hahnemann Family Health Center	Primary care	US	HFHC
2015				
NAME	**PRACTICE**	**TYPE**	**School location**	**HEALTH CENTER**
Chen, Iun-Iu (Aileen), DO	California practice	Primary care		FHCW
Cooper, Mary, MD	Hallmark Health Malden, MA	Primary care		HFHC
Daniel, Paul, MD	UMass Memorial hospitalist Worcester, MA	hospitalist		FHCW
Hamrick, Marissa, MD	BU/Greater Roslindale Medical & Dental Center Boston, MA	Primary care		HFHC
Hill, Laura, MD	Hahnemann Family Health Center Worcester, MA	Primary care		HFHC
Hsu, Judy, DO	Barre Family Health Center Barre, MA	Primary care		BFHC
Khan, Farah, MD	St. Vincent Medical Group Shrewsbury, MA	Primary care		HFHC
Patel, Vaishali, MD	Canada	Primary care		BFHC
Rosenberg, Noah, MD	UMass Family Medicine Hospitalist Service Worcester, MA	hospitalist		BFHC
Sophocles, Alexandra, MD	Rhode Island practice	Primary care		FHCW
Wong, Sing, MD	BayState	Primary care		FHCW

HealthAlliance Fitchburg Family Practice Residency Program

Name	Practice Address
2015	
Christine Ashour, DO	Brookefield Family Medicine Brookfield, CT
Crystal Benjamin, MD	The Valley Hospital 223 N. Van Dien Avenue, Ridgewood, NJ 07450
Kavita Deshpande, MD	Bon Secours Family Medicine
Edward Jackman, MD	Memorial Hospital North Conway, New Hampshire
Jennifer Smith, MD	Southcoast Health System - Charlton Hospital Fall River, MA
Jeff Wang, MD	UMASS Memorial HealthCare Sports Medicine Fellowship
2014	
Nicolas Hernandez, MD	North Shore - LIJ, Plainview & Syosset Hospitals Plainview, NY
Luisa Hiendlmayr, MD	Bakus Hospital North Stonington, CT
Jennifer Rui Lin, DO	Hallmark Health Medical Associates Malden, MA
Ryan Joseph Montoya, MD	Banja Luka Embassy Post Medical, Bosnia Banja Luka Branch Office
Stephanie Muriglan, MD	Beth Israel Deaconness Medical Center Jamaica Plain, MA
Samantha Richards, DO	Somewhere in Maine
2013	
Amanda Noelle Iantosca, DO	Dover Family Practice Dover, NH

Timothy Peter Lowney Jr., DO	Steward Medical Group, Dedham Primary Care Office Dedham, MA
Rocio Ivette Nordfeldt, MD	Community Health Connections Leominster, MA
Matthew C. Plosker, MD	Mansfield Health Center Mansfield, MA
Elliot Joseph Schaeffer, DO	None - Traveling for a year

2012

Katherine Elizabeth Fitzgerald, DO	Family Medical and Maternity Care Leominster, MA
Nancy Elizabeth Larkin, MD	Kaiser Permanente TPMG Primary Care Martinez, CA
Michael Patrick Lowney, DO	Lowney Medical Associates Hyde Park, MA
Kristen Kavulich McCarthy, DO	Community Heath Connections Fitchburg, MA 01420
Minh A Nguyen, MD	Family Medicine, Beth Israel Deaconess HealthCare Dorchester Steward Medical Group, Carney Hospital

2011

Awais Siddiki, MD	SSTAR Health Center Family Health Care Center @ SSTAR Fall River, MA
Ana Luisa Russ Jacobellis, DO	Westford Internal Medicine, Emerson Health Center Westford, MA 01886
Sean Haley, DO	Family Medical Associates Canton, MA
Ivan J. Briones, MD	Hospice Fellowship: South Texas Medical Center, University of Texas Health Science Center, Audie L. Murphy Veterans Hospital, San Antonio, TX
Mouhanad Ayach, MD	Surgery Residency: Berkshire Medical Center

	Pittsfield, MA

2010

Sarah Leonard, DO	Heywood Hospitalists NE Inpatient Specialists Gardner, MA
Annliza Lachica Piacitelli, MD	Jordan Family Health West Jordan, UT 84088
Karla Christo, MD	HealthAlliance Coordinated Primary Care Fitchburg, MA
Roberto Larios, MD	Family Medical and Maternity Care Leominster, MA
Edna MarkAddy, MD	HealthAlliance Coordinated Primary Care Fitchburg, MA
Roland Saavedra, MD	Aiken Regional Assoc./St. Matthews Family Practice Aiken, SC

2009

Manju Ramchandani, MD	St. Anthony's Physician Group Alton, IL 62002-4569
Jessica Zeuli Dacus, DO	Hadley Family Practice Hadley, MA
Harpreet Toor Bains, MD	Sutter North Medical Foundation/Family Practice Yuba City, CA
Lihua Xu, MD, PhD	York Memorial Primary Care York, PA

H. Finances

1. Department Clinical Revenue and Bottom Line – Trends 1998-2015

	Revenue ($mil)	Bottom Line	Comment
1998	4,643	-62,483	Dr. Lasser appointed Chair in April, 1998
1999	3,641	-502,085	
2000	3,999	7,227	
2001	4,197	245,403	
2002	6,468	64,335	HFHC and Barre added to cost centers
2003	6,544	86,840	
2004	7,843	104,481	
2005	8,596	72,762	Plumley added to cost centers
2006	10,428	190,841	Hospitalist service established
2007	11,427	198,730	
2008	13,371	374,606	
2009	14,948	71,225	
2010	16,007	-61,210	
2011	15,757	-213,659	Cash flow from Fitchburg stops
2012	15,661	-1,462,133	No Fitchburg cash flow, write off $1 million
2013	17,506	-380,428	Expansion of sports and hospital services
2014	17,077	45,223	
2015	17,512	199,755	

Compensation Plan – next page

Faculty Compensation Plan

Department of Family Medicine and Community Health

UMass Memorial Health Care/University of Massachusetts Medical School

Fiscal Year 2016

Faculty Compensation Plan
Department of Family Medicine and Community Health
UMass Memorial Health Care/University of Massachusetts Medical School

Fiscal Year 2016

Contents

Introduction

The primary goal of this Faculty Compensation Plan is to rationalize faculty compensation across the Department of Family Medicine and Community Health, linking salaries to a set of expectations for major aspects of faculty responsibility. A second goal is to recognize and reward excellence and productivity that goes beyond expectations. Finally, these guidelines are intended to improve the financial viability of the Department and the institution.

The Plan strives to be competitive, so as to attract and retain faculty of the highest caliber.

The Plan strives to be aligned with the vision and mission statements of UMass Memorial Health Care and the University of Massachusetts Medical School, and to reflect the Department's vision and mission statements:

> **Vision**: *Our Department will be nationally recognized for its innovation and impact in Family Medicine and Community Health*
>
> **Mission**: *Our Department sets the highest standards of patient care, education, and research in Family Medicine and in Community Health, and is committed to improving the health of populations, with special emphasis on those most vulnerable*

The Plan strives to support all aspects of the Department's mission – clinical care, education, research, and community service. While it is not feasible that any individual faculty member can focus on all aspects of the Department's mission, each is a part of a multifaceted enterprise. Just as faculty with major academic responsibilities benefit from being a part of a successful clinical system, so do faculty with major clinical responsibilities benefit from being a part of an academic system of the highest caliber.

The Plan strives to reflect the value of a fully productive academic and/or clinical career, with clear relationships between the funding sources that support each base salary and the responsibilities that are linked to each of these sources.

The Plan strives to recognize faculty who make contributions to the clinical system and to the medical school, and to support leadership and administration, with an emphasis on leadership development and on the personal and professional development of the faculty.

Administration

The Plan will be managed in conjunction with guidelines developed by the Board of Directors and the Finance Committee of the UMass Memorial Medical Group, and will be consistent with policies of UMass Medical School.

The Department Chair is responsible for the Plan. The Department's Senior Leadership Team (SLT) is charged with managing the Department's budget, and for approval and implementation of the Plan, including:

- Definition of "full time" effort;
- Review of external benchmarks, and recommendation of guidelines for appropriate base compensation levels for faculty of a given academic rank, striving for equity and transparency;
- Definition of metrics to be employed for the measurement of clinical, teaching, research, and service productivity;
- Determination of the suitability of individual vs. group incentives; and
- Determination of the methodology for reporting the annual performance review of each member of the faculty.

The Department's operating budget is based upon a variety of funding sources (clinical revenues, grants and contracts, financial support from the medical school to support the academic mission, financial support from the clinical system for graduate medical education and for primary care practice, etc.). On an annual basis, the SLT will allocate these funds by:

- conducting an overall review of the work to be accomplished in each upcoming budget year, and of the resources that are available to support that work, including administrative work, clinical work, teaching, research, and service; and
- reviewing time allocations toward each mission for each member of the faculty and/or faculty group.

This Plan is intended as a broad overview. Details regarding specific formulas, benchmarks, etc. may depend on the availability of funds, new data, etc. In the course of a fiscal year, the SLT may prescribe, amend, or rescind any guidelines necessary for appropriate administration of the Plan and to maintain the financial stability of the Department. This could include changes in base compensation or in clinical targets, as well as end-of-year adjustments to incentive payouts. The SLT will be expected to consult with members of the faculty when appropriate, to be certain that their concerns are fully considered.

Compensation

Components: Total compensation has three components: base compensation, incentive compensation, and additional compensation:

- *Base compensation:* We are an academic Department with academic vision and mission statements. A primary driver for base salaries is academic rank, which reflects responsibilities and achievements in professional and academic service, education, and scholarship.

- *Incentive compensation:* We recognize the critical importance of revenue generation. Incentive compensation is intended to address clinical productivity, as well as excellence that exceeds usual expectations in education, service, and scholarship.

- *Additional compensation* ("ad comp") is utilized to recognize unusual or unexpected activities performed by the faculty member, such as serving in an interim leadership role, etc.

Distribution of effort: The SLT will review with the Chair on an annual basis the time allocated toward each mission for each member of the faculty and/or faculty group. At each clinical site, the Medical Director will be responsible for allocating clinical and teaching time allocations across the faculty at that site. Each faculty member will meet with his or her supervisor prior to the start of a new fiscal year to conduct a formal, written review of his or her professional development (see also "Annual Review" on page 10). At that time, the time allocation to each mission should be reviewed so that each individual has a clear understanding of his or her distribution of support and of the expectations related to that support.

In general, to qualify as a member of the clinical faculty, one should commit at least 0.30 FTE[1] to clinical activity; the SLT may grant exceptions.

Benchmarks: Base salaries and total compensation depend upon a variety of factors, depending upon the characteristics of the faculty position.

The Department utilizes external benchmarks, such as survey data from national and regional organizations. As an academic Department, we place particular emphasis on guidelines from the Association of American Medical Colleges, which utilize academic rank in the setting of base salaries. In addition, other nationally recognized benchmarks such as those from the Medical Group Management Association will be taken into account.

A critical factor in the determination of annual compensation is comparison of each faculty member's current compensation and productivity to that of his or her peers. In addition, the Department does not intend to establish a Plan that penalizes any individual faculty member who makes a key contribution to the overall mission of the Department in an area that is less lucrative from a financial point of view.

The Department recognizes salary differentials for individuals in significant leadership positions with

[1] All references to time commitments will be expressed as fractions of a full time equivalent. For example, a member of the faculty who receives 70% of a full salary as a part time employee, with effort evenly split between teaching and clinical work, is said to devote 0.35 FTE to teaching and 0.35 FTE to clinical work, for a total of 0.70 FTE effort.

responsibility for the recruitment, retention, and supervision of other faculty or residents, management of large budgets, direction of major programs that are critical to the success of the Department, enforcement of standards and corrective actions, assurance of accreditation, management of external relationships, and key participation in strategic planning. These differentials are greatest for Assistant Professors, and less so for Associate Professors or full Professors (as leadership is one factor that contributes to academic promotions).

For some leadership positions, external benchmarks are available (e.g. through the Society of Teachers of Family Medicine, the Association of Family Medicine Residency Directors, etc.) to help determine the value of these positions. These may include:

- Vice Chairs
- Residency Directors
- Medical Directors of large clinical sites where residency training takes place;
- Medical Directors of large clinical sites or operations without residency training; and
- Positions that involve negotiation of financial contracts, affiliation agreements, or the management of other major external relationships

Adjustments to base salaries based on annual productivity: Funding sources for the Department are based on variables that can shift from year to year, such as the availability of grants and contracts, success in recruitment of a full complement of residents, successful faculty recruitment, availability of adequate space or clinical support staff, etc. Because the Department intends to establish a set of predictable and stable base salaries, year-to-year variations in revenue that can be recognized through incentive compensation will not trigger recalculations of base salaries.

Adjustments to base salaries based upon academic advancement: Academic promotion recognizes long-term, sustainable achievement in areas that integral to the Department's vision and mission. The Department emphasizes academic achievement, utilizing benchmarks based upon academic rank. When a faculty member receives an academic promotion above the level of Assistant Professor, the reference point for the base salary will be adjusted starting in the month following University approval of the promotion.

Adjustments to base salaries based upon years of experience: Faculty base salaries in the first few years of service increase on an annual basis. From that point, academic promotion becomes the principal vehicle for an increase in base salary, based on the change in benchmark for faculty rank. In addition, an increase in base salary will also be provided to faculty at the Assistant Professor level who has been in practice for more than five years.

Adjustments to base salaries based upon location of practice: The SLT reserves the right to adjust base salaries for faculty in locations where the nature of practice makes incentives more difficult to earn.

Unfunded time devoted to research: At the direction of the SLT, research faculty with unfunded research time will be required to utilize balances in their individual research trust funds to support their base salaries.

Full Time: Productivity targets are expressed as a dollar amount, a relative value scale, a work product, etc. A full time clinical faculty member practicing Family Medicine is defined as follows:

- 9 clinical sessions per week;
- A minimum target of 10 patients seen per session; and
- 44-45 week/year, with the remainder devoted to 2 weeks of holidays, 4-5 weeks of vacation (based on seniority, as defined by the Medical Group), and 1 week for CME

Each Medical Director is responsible for oversight of the schedules of the faculty working at his or her site, and for the assignment of offsets for clinical time. Examples of offsets include resident teaching time, contracted time, administrative or clinical coverage responsibilities, offsets determined by the SLT, etc.

In addition time devoted to face-to-face scheduled patient care, clinical faculty are expected to l complete administrative work related to that care, and will participate in after-hours call. The sum total of this activity can add up on average to a 55-60 hour week. The most successful physicians schedule their time so as to maximize patient access. In addition, throughout the year time should be devoted to professional growth and development, and commitment to at least one Departmental activity, as noted below.

When non-clinical funding sources are provided for commitments to teaching, research, administration, service, etc., it is expected that the same sort of effort should go into these activities as goes into clinical work. For instance, just as a four-hour patient care session requires additional time for administrative work related to that care, an afternoon devoted to teaching in a seminar setting also requires extra time devoted to preparation, evaluation, etc.

Part time: Part time faculty clinical time allocations are arrived at by multiplying their percent time times 9 sessions/week

- Example: A 50% clinical faculty member would be expected to do an average of 4.5 clinical sessions/week

Bumping: Once a clinical session is in the schedule, it may not be canceled without approval of the Medical Director, and except for absences due to illness, arrangements must be made for makeup sessions.

Minimum expectations of the faculty: The Department expects the following of employed faculty:

- When requested:
  - Be available to meet with and advise a learner who is interested in your area of interest
  - Serve as a discussant (on a panel, at a planning meeting, etc) of a topic related to your area of interest
  - For clinicians, host a medical student in the medical school's Longitudinal Preceptorship Program
- Participate as a member of the Department's listserv
- Make deliberate progress toward academic promotion
- Fully participate in systems for faculty support and supervision, including:
  - Annual setting of time commitments to each of the Department's missions
  - Goal setting
  - Annual and periodic faculty reviews
  - Participation in the Department's compensation plan
  - For clinicians, compliance with the Department's clinical policies and procedures (credentialing, participation in quality-related activities, etc)
- Participate in periodic activities:
  - Department-wide: participate in at least one Department-wide activity each year
  - Programmatic: participate in regularly-scheduled programmatic activities (e.g. residency faculty meetings, etc) in your area
  - Local: participate in regularly-scheduled site activities
  - Committees, etc: Serve on at least one committee, group, etc.

Support for Professional Development: The Department supports a limited number of faculty to devote time to short term projects or professional development activities (typically 20-40% effort over 1-3 years) that align individual goals with the Department's strategic plan. A formal application process (described on the Department's web site) sets requirements for mentorship, specific goals and objectives, and outcomes. The application process should include discussion with faculty supervisors, assignment of a mentor, and sponsorship by a member of the Department's Senior Leadership Team. Decisions regarding support and oversight will be conducted by the SLT.

Incentive Compensation

Incentive compensation addresses clinical productivity and excellence beyond usual expectations**.**

Key Characteristics: The Department's incentive plan is based upon the following principles:

- It will not be "zero-based;" It is not founded on the principle that you have to have losers in order to have winners;
- It should have a positive impact on the financial status of the Department and institution;
- It should not differentiate between care provided to uninsured vs. insured patients;
- There should not be any built-in disincentive for doing one's job well; in addition to clinical productivity, it must include recognition of research, teaching, community service, and administration
- It should impact everyone;
- It should be understandable and easy to administer;
- It should be general enough to recognize diversity, yet specific enough to recognize success;
- It should utilize ongoing feedback as a key feature;
- It should be based on clear, measurable objectives;
- It should include a downside risk; and
- It should be based upon factors that are under the control of the individual faculty member.

Formal methods for providing individual incentive compensation for accomplishments that exceed expectations during a given year exist for clinical care, teaching and research.

Clinical Incentives:

Setting clinical goals: For clinicians, clinical targets are established for the percentage of time devoted to clinical work. The target in settings in which billing is conducted by UMMMG is based on productivity as measured by relative value units (RVUs) per clinical FTE: In FY16, the target for primary care services above which an incentive will be paid is 5250 RVUs per clinical physician FTE, and 2750 RVUs per clinical nurse practitioner or physician assistant FTE. The target for sports medicine clinical work is 6100 RVUs per clinical FTE. The target in clinical psychology is 2700 RVUs per clinical FTE.

In settings in which billing is conducted by others, such as faculty who do clinical work at the Family Health Center of Worcester, targets will be set based on visits and/or other measures relevant and measurable in that setting, and agreed upon in conjunction with health center administration. In FY16, at FHCW, the visit target per clinical FTE for physicians is 3900 visits.

The amount of a clinical incentive payment for revenues that exceed targets for primary care services is based on the number of RVUs above target multiplied by 50 percent of the average revenue collection/RVU for the Department as a whole. Total RVUs generated include RVUs generated through billed patient care activities, plus other revenues generated through activities such as payments for nursing home medical directorships, management fees, or consultant payments; these other revenues are converted into RVU equivalents by dividing by the average collection/RVU.

> **Example:** In a particular fiscal year, revenue collected Department-wide per RVU equals $62. A faculty member is .5 FTE clinical, meaning that s/he has an incentive target of 2625 RVUs. In the fiscal year, his/her billing RVUs was 2725, exceeding target by 100. In addition, additional payments

of $3100 in management fees were received; the equivalent of 50 RVUs. The incentive payment for the year will be 100+50=160 RVUs, or 160 x $31 = $4650.

While clinical incentives are primarily based on RVUs, in FY16 additional incentive programs will be related to quality (the UMass Memorial Managed Care Network's Internal Rewards Program) and Meaningful Use. These incentive dollars will be paid to the faculty regardless of whether they have achieved their clinical RVU target; 50% of Meaningful Use payments, and 75% of the Internal Rewards incentive will go to the faculty**.** Payment of 100% of the Internal Rewards incentive (instead of 75%) will be made to faculty (1) if the Department has met its budget target for the fiscal year, (2) if payment of the additional incentive will not result in the Department failing to meet its target, and (3) if the resulting total compensation remains within expected benchmarks.

Beginning in FY14, the Department established pilot programs to provide leadership incentives to selected members of the Leadership Team. These will be continued in FY16.

Future compensation and incentives may require additional metrics, including patient satisfaction and panel size. The Department will attempt to make data available in these areas so as to model future changes in the Plan.

Cap: Participants may earn a maximum incentive award of 40% above their base salary. Any excess will not rollover to the following fiscal year.

Responsibility for other activities: A full clinical incentive award will only be awarded if the participant completes his or her academic or administrative responsibilities at expected or above expected levels. If a participant performs below expectations in these areas, eligibility for a clinical incentive may be reduced or cancelled, based on a review by the Senior Leadership Team. Poor performance in these areas may also lead to reevaluation of the job description and/or modification of the base salary for the following year.

Obstetrical bonus payments: The Plan provides a series of bonus payments to faculty who include obstetrics in their practice. A separate schedule will be established and made available. These bonuses will be paid even if the 40 percent cap on incentives has otherwise been reached, or if the faculty member terminates before the end of the fiscal year.

Individual vs. group targets: Faculty productivity targets at residency teaching sites will be developed on a group basis, with individual allocations of any bonuses based on the recommendation of the Medical Director, with the approval of the Chair. Group targets at residency sites are based on all RVUs generated at the health center, calculated as follows:

- Number of physician faculty clinical FTEs (after all teaching offsets have been deducted) x 5250 RVUs, plus
- Number of nurse practitioner or physician assistant clinical FTEs x 2750 RVUs, plus
- Number of residents in each year, times the number of visits required by the RRC, multiplied by 1.1, multiplied by .97 to convert visits into an equivalent RVU expectation (.97 being the RVU assignment for 99213 visits).

Eligibility: Eligibility to participate in the plan shall be limited to Department physicians and psychologists, and Nurse Practitioners and Physician Assistants, as allowable by institution policy. Faculty who participate in an individual incentive program must be in practice for at least one full year, allowing for ramping up of their practice, before they are eligible for the program. In group incentive settings, new faculty will enter the group incentive pool immediately, with no allowance for "ramp up." The SLT may grant exceptions. Faculty who leave the Department prior to March 31 will not be eligible for incentive compensation related to that fiscal year.

Baseline Expectations: There is a baseline eligibility requirement in all compensation plans that relates to professionalism, citizenship, and compliance with the policies of UMass Memorial Medical Group, UMass Memorial Healthcare and the University of Massachusetts Medical School. Examples include participation in required training, timely submission of Conflict of Interest statements, compliance with billing and documentation requirements, active participation in faculty/staff performance evaluations, and all medical staff requirements including TST/PPD testing, flu vaccination or declination form and medical record documentation. A faculty member's failure to demonstrate satisfactory performance may result in the forfeiture of the right to participate in salary increases and incentives.

Additional baseline requirements include meeting Departmental expectations, as outlined on page 5.

Withhold of salary: Beginning with the third year of employment, participants who have not reached their clinical targets will have 2% of salary put at risk through a salary withhold. At the end of that year, if they have achieved their target, the withhold will be returned. If they come within 90 percent of target, the withhold will be returned on a prorated basis (i.e. no return at 90 percent, half of withhold returned at 95 percent of target, etc.).

Participants whose productivity is more than 10% below target will have their withhold increased to 5% in the following year, and those whose productivity falls more than 20% below target will have their withhold increased to 10% in the subsequent year.

The Chair reserves the right to return a withhold when unforeseen circumstances beyond the faculty member's control contribute to an inability to hit a clinical target. Faculty whose clinical time is contracted to outside organizations without a clinical target will not be subject to a withhold.

Adjustments to targets: The Department's Senior Leadership Team will make adjustments in clinical targets when special circumstances apply. These might include clinical settings that will need a longer period of time to ramp up to full productivity, or which might not have the capacity to sustain a practice at usually expected levels.

Productivity targets are set for the year by the end of November and will only be considered for revision after that date if there are unanticipated changes in the practice that occur later in the year. Requests to lower targets require a review by the SLT.

In the course of a fiscal year, the SLT may prescribe, amend, or rescind any guidelines necessary for appropriate administration of the Plan and to maintain the financial stability of the Department. This could include changes in base compensation or in clinical targets, as well as end-of-year adjustments to incentive payouts.

Reporting: Faculty will receive reports from the Department on a monthly basis detailing RVUs compared to incentive target, as well as ambulatory and inpatient visits.

Timing: Calculations of incentives, return of withhold, etc, will be based upon performance during the fiscal year (October 1 – September 30), and will be processed before the end of the calendar year.

Recognition of Academic Accomplishments

The Department recognizes academic achievement and promotion through utilization of AAMC benchmarks in the setting of base salaries. In recognizing academic promotion, the Department utilizes academic rank at the level of Assistant Professor, Associate Professor and Professor, and does not distinguish among tracks in the medical school's academic personnel policies.

Opportunities are provided for incentives earned on the basis of receipt of research grants, and contributions beyond expectation to the Department's education mission:

Research incentive awards: Principal Investigators with funded research grants are provided with an opportunity to utilize 25% of the indirect portion of their funding for discretionary use. These faculty may choose to receive as incentive compensation an amount equivalent to half of this amount (i.e.12.5% of the indirect portion) as an incentive payment. If this option is chosen, the total amount of indirect funding that will be available to them for discretionary use will revert from 25% to 12.5%. This incentive is subject to approval by the Chair on an annual basis.

Copyrighted material and royalties: Any copyrighted curricula or on-line courses that are developed by faculty as part of their responsibilities as an employed faculty member in the Department are solely the property of the Department and UMass Medical School. Similarly, all income derived from the sale of such material to external sources is to be deposited into Department revenue accounts, which are subject to medical school taxes or fees attached to such accounts. Any proposal to share net revenue derived from the external sale of such materials or content with faculty will be developed by the Department's Senior Leadership Team, and submitted to the Medical School's Office of Technology Management and Chief Administrative Officer for approval.

Educational incentive awards: The Department recognizes excellence in resident or student education, or in faculty development through the provision of Educational Incentive Awards. Nominations for awards are made by the Department's Leadership Team during the annual faculty review process, with final decisions made by the Senior Leadership Team. In general, it is expected that up to five $5000 awards may be made each year. Faculty members may receive an educational incentive award once in a three year period, with an emphasis on junior faculty (full professors are not eligible). Criteria to be utilized in making these awards include:

- Innovation in teaching and/or scholarly activity
- Extraordinary service in teaching
- Receipt of external recognition (peer review) for the work
- Receipt of internal recognition ("Teacher of the Year," Medical School teaching award, etc.)
- Completion of work that makes a substantive contribution to the Department's Strategic Plan
- A financial benefit to the Department as a result of the completed work

Other awards: At the discretion of the Chair, a faculty member may be awarded a bonus in recognition of extraordinary performance that may not be appropriately recognized by other available incentives. Faculty may be nominated by the Leadership Team, and the Senior Leadership Team will make final recommendations to the Chair. The Chair's bonus intentionally has a broad scope but it exist to specifically target faculty members who have displayed extraordinary service and achievement within the Department. The Chair reviews all recommendations and makes the final decision.

Annual Review

Each individual faculty member will meet with his or her supervisor in a face-to-face review of faculty performance at least once each year. These reviews will focus on personal and professional development, including:

- review of the percentage of time devoted to administrative work, clinical work, teaching, research, and service;
- individual strengths and weaknesses;
- formal teaching evaluations (i.e. e-value; UMMS OME evaluations)
- major accomplishments in each of these areas;
- objectives for the year related to each of these areas; and
- Departmental resources required for success in these areas.

For faculty in leadership roles, goals should include administrative responsibilities, including, when appropriate, improvement of the financial status of their area of responsibility, successful management of the Department's system of faculty evaluation, and participation in an activity that improves the effectiveness of the clinical system or the medical school.

Before the annual meeting, the faculty member should complete the annual faculty review form provided by the Office of Faculty Affairs. The faculty member and reviewer should then meet to discuss data provided by the faculty member, and to reach agreement on achievement of current objectives, and objectives for the upcoming year.

The faculty member and reviewer should both sign and date the form, and send a copy to the Chair for review.

These reviews are a required responsibility of each member of the faculty and their supervisors. They must be completed before any salary increases or incentive payments (return of withhold and/or bonuses) or additional compensation can be paid. If they are not completed by the announced deadline, no base salary increases will be will be processed for October 1, and no end of year incentives will be paid.

Vacation

Each member of the faculty is entitled to a designated number of holidays and vacation days, as outlined in the fringe benefits policies of the Group Practice or the Medical School.

Because of the demands of clinical and academic schedules, the Department reserves the right to limit the number of faculty who take vacation at any one time. All requests for vacation must be approved by one's immediate supervisor, and supervisors may establish guidelines within practice or academic groups that require up to several months of advance notice before vacation days may be scheduled.

Moonlighting (Outside Income)

Moonlighting is defined as professional services conducted for personal gain that fall outside the scope of one's position in the Department. Such work must be done on personal time, and should not interfere with one's ability to work productively within the Department.

The Chair must be notified, in writing, on an annual basis, of all ongoing moonlighting arrangements. In addition, all outside clinical activity that requires malpractice insurance requires permission of the Chair, and all income from such activity must be paid directly to the Department, which will assess a 5% surtax and return the remainder to the individual faculty member.

Activities that generate consulting fees may either be accomplished on personal time or may be accomplished as a part of one's faculty position; in the latter case, fees will be collected by the Department and credited toward the faculty member's clinical target as "other revenue."

Continuing Medical Education

The Department will allow up to 5 days per 1.0 FTE per year, of time away from practice for CME. The 5 days will be prorated for those working less than 1.0 FTE. This includes time as either an attendee or presenter at CME events. This will not accrue against any vacation time to which a faculty member is entitled. Should any faculty member attend or present at CME events beyond the total of 5 days, the days beyond 5 will be covered by use of administrative/non clinical time such that clinical time will not be further reduced. Faculty members also have the option to utilize personal vacation time for CME attendance or presentation that is beyond the 5 days allotted for this activity. The 5 days per year are not carried forward. If not used in the current year, no additional compensation or time will be awarded for unused days.

All faculty members will be expected to inform their direct supervisor of any planned time away for CME activity with sufficient lead time to allow for adequate coverage of clinical needs of the practice. If multiple faculty members of a practice all request the same time away for a CME event the Medical Director of the site will have the authority to limit some attendance in order to meet clinical coverage needs. In the event of irresolvable disagreement between a faculty member and their direct supervisor about utilization of CME away time, a member of the department's SLT will be consulted to arbitrate the disagreement

Costs related to CME or for academic presentation are supported by practice allowance or other available funds, such as the research overhead earned by PIs, or from grants. If a faculty member has a paper accepted for presentation as first author and all such sources of funding have been exhausted or are not available, the Department will assist in supporting the costs of conference attendance in whole or part, depending on total costs. Only one faculty member can receive support per presentation. This policy does not apply to posters.

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The University of Massachusetts Medical School

Chancellor Michael F. Collins, MD

The University of Massachusetts Medical School (UMMS) is a leading academic medical center in health sciences education, research, public service and clinical advancements. The Commonwealth of Massachusetts' only public medical school, UMMS was founded in 1962 to provide affordable, high-quality medical education to state residents and to increase the number of primary care physicians practicing in underserved areas of the state. Nearly 50 years later, UMMS retains the pioneering spirit that attracted its founding faculty and students, even as it has matured to become one of the nation's top 50 medical schools.

Located in Worcester, the state's second largest city, UMMS is one of five campuses that make up the University of Massachusetts. UMMS is home to three schools: the School of Medicine, the Graduate School of Biomedical Sciences, and the Graduate School of Nursing. It also runs a thriving biomedical research enterprise and a range of public service initiatives throughout the state.

Since accepting its first class in 1970, the School of Medicine has provided medical students with an accessible, comprehensive and personally rewarding medical education of the highest quality. The university prepares students to excel as physicians who are caring, competent, productive and self-fulfilled in their chosen career serving a diversity of patients, communities and health sciences. UMMS has garnered a national reputation for its primary care program and is consistently ranked among the top 10 percent of the nation's medical schools by *U.S. News & World Report.*

As a complement to its educational, research and public service mission, the hospital and clinical components of UMMS are operated by its clinical partner, UMass Memorial Health Care, a $2.2-billion health care delivery system with acute care

hospitals, ambulatory clinics and a network of primary care physicians and specialists throughout Central Massachusetts.

Beyond its core mission of national distinction in health sciences education, UMMS has exploded onto the national scene as a major center for research over the past decade. Federal and private research grants and contracts at UMMS now total more than $240 million, and UMMS currently supports nearly 300 investigators seeking the causes of and cures for the most devastating diseases of our time and whose work generates more than $25 million in intellectual property licensing revenue annually. The work of UMMS researcher Craig C. Mello, PhD, an investigator of the prestigious Howard Hughes Medical Institute (HHMI), and colleague Andrew Z. Fire, PhD, then of the Carnegie Institution of Washington, toward the discovery of RNA interference—a naturally occurring gene-silencing phenomenon—garnered the 2006 Nobel Prize in Medicine.

Recognizing early the need to address the rapid expansion and potential of basic biomedical research, UMass Medical School initiated its biomedical sciences PhD program in 1979 to train scientists and educators to conduct research on human diseases and to serve as faculty members in the medical sciences. Today, the Graduate School of Biomedical Sciences (GSBS) is a faculty-initiated PhD program that trains scientists in a specialty area with a broad background in the basic medical sciences in preparation for conducting research with direct relevance to human disease. In 1986, complementing the School of Medicine and Graduate School of Biomedical Sciences, the Graduate School of Nursing (GSN) was established by UMMS to meet the demand for highly qualified professionals to serve in all areas of patient care and to promote nursing leadership in education, practice and research.

The Albert Sherman Center, a 500,000 square-foot interdisciplinary, state-of-the-art research and education facility, opened in 2013. Designed to foster interaction and collaboration among scientists and promote innovation across disciplines, the Sherman Center includes the RNA Therapeutics Institute; the Gene Therapy Center; the Department of Quantitative Health Sciences; and the Center for Experiential Learning and Simulation.

UMMS is distinguished by a long history of unwavering support of public service that illustrates the institution's commitment to serve the people of the commonwealth. UMMS works in partnership with state agencies to provide health services and community-based programs across the state. Further, UMMS is extending its reach with its Commonwealth Medicine initiative, through which other public agencies can leverage the academic, research, management and clinical resources of UMMS to assist their health care providers in optimizing efficiency and effectiveness.

The Medical School also operates MassBiologics, the only publicly owned, non-profit FDA-licensed manufacturer of vaccines and biologic products in the United States. Established in 1894 by the State Board of Health to produce diphtheria antitoxin, the operations of the MBL were transferred from the State Department of Public Health to UMMS in 1997 in order to maintain the MBL's focus on improving public health through applied research, development and manufacturing of biologic products.

For additional information, go to www.umassmed.edu

Chancellor's Senior Leadership Team

Michael F. Collins, MD, FACP
Chancellor

Brendan Chisholm
Chief of Staff
Chancellor's Office

Terence R. Flotte, MD
Executive Deputy Chancellor, Provost, and Dean
School of Medicine

Joyce A. Murphy, MPA
Executive Vice Chancellor
Commonwealth Medicine

Brendan M. O'Leary, PhD
Executive Vice Chancellor
Innovation & Business Development

Mark S. Klempner, MD
Executive Vice Chancellor
MassBiologics

Robert E. Jenal
Executive Vice Chancellor
Administration & Finance

James G. Healy, JD
Associate Vice Chancellor
Management

Jennifer Berryman
Vice Chancellor
Communications

Deborah L. Plummer, PhD
Vice Chancellor
Diversity and Inclusion

John R. Hayes
Interim Vice Chancellor
Development

James B. Leary, Esq.
Vice Chancellor
Government & Community Relations

Deborah L. Harnois
Associate Vice Chancellor
HR

Updated: 12-17-2014

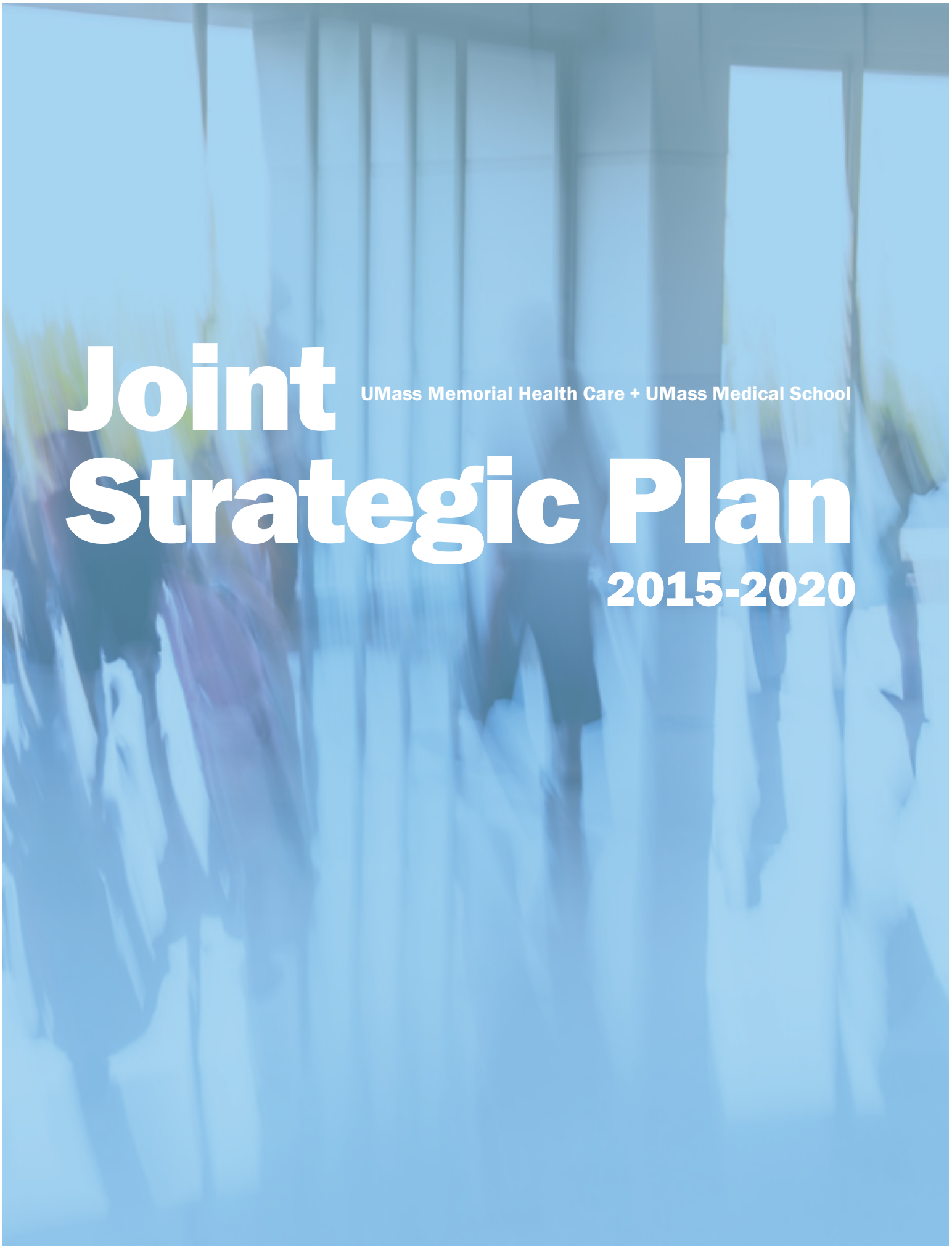
Joint Strategic Plan

UMass Memorial Health Care + UMass Medical School

We are a leading academic health sciences center, consisting of the University of Massachusetts Medical School and UMass Memorial Health Care, with the common purpose to serve the public interest.

UMassMemorial Health Care

University of Massachusetts UMASS Medical School



Joint Strategic Plan

UMass Memorial Health Care + UMass Medical School

2015-2020

UMass Medical School and UMass Memorial Health Care comprise the UMass Academic Health Sciences Center, which is rooted in Worcester, grounded in Central Massachusetts, embedded in the Commonwealth and connected throughout the globe. Together, we are proud to serve as the largest employer in the city of Worcester, the region's largest integrated health care delivery system, the state's only public medical school, and an international hub for education, medicine and science.

Guided by a public mission focused on improving the health and well-being of the people in all the communities we serve—locally, regionally, statewide and beyond—we work every day to build healthier communities through innovative and culturally sensitive clinical care, service, teaching and biomedical research.

Our academic community, which is nationally recognized for primary care education and classified as a community-engaged institution by the Carnegie Foundation, includes graduate education in medicine, nursing and the biomedical sciences, residency and fellowship training, inter-professional training in allied health professions, and continuing education for health care practitioners.

Our dynamic research enterprise, which has world-class expertise in immunology, RNA biology, gene therapy, neurobiology and drug development, generates more than $240 million in funding annually and contributes significantly to biomedical science, human health and the state's economy. It is anchored by an outstanding faculty that includes a Nobel laureate, a Breakthrough Prize recipient, a Lasker Prize winner, six Howard Hughes Medical Institute Investigators and five members of the national academies.

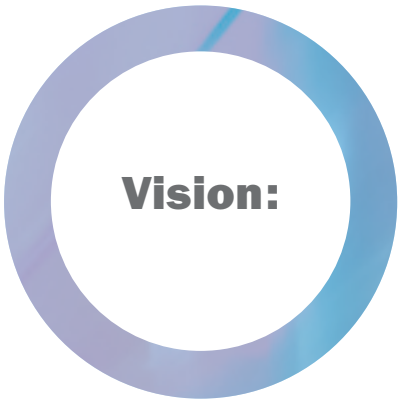
As the largest academic health care system in Central Massachusetts that is also the safety net system for this region, it is our responsibility to successfully steward this community asset by becoming the best academic health system in America based on measures of patient safety, quality, cost, patient satisfaction, innovation, education and caregiver engagement. We are dedicated to making the clinical system the best place to give care and the best place to get care.

In the years ahead, our UMass Academic Health Sciences Center will continue to grow and evolve in new and exciting directions. As we prepare for the opportunities and challenges of the future, we remain firmly committed to our core missions of education, research and health care delivery and serving the needs of our local, regional and global communities.

Michael F. Collins, MD
Chancellor, UMass Medical School

Eric W. Dickson, MD
CEO, UMass Memorial Health Care


UMass Memorial Health Care + UMass Medical School
Our mission
is to advance the health and well-being of the people of the commonwealth and the world through pioneering advances in education, research, and health care delivery.



To become one of the nation's most distinguished academic health sciences centers, we seek to:

- leverage our primary care education program to drive the future of integrated care delivery;
- achieve excellence in the practice of safe, equitable and high-quality care;
- design and implement innovative interprofessional educational methods to train our learners to function as effective patient-centered health care and research teams;
- educate the next generation of outstanding leaders in health care;
- promote and invest in basic science discoveries that will transform the practice of medicine;
- catalyze the translation of discoveries to improve patient outcomes and address the root causes of poor health; and
- leverage the power of partnerships to improve the health and wellness of the communities we serve.

As a combined enterprise, we value:

- improving health and enhancing access to care;
- achieving the highest quality standards in patient care, patient satisfaction, education, and research;
- collegiality as we work for the common good;
- integrity in decision making and being held to the highest ethical standards;
- a welcoming, inclusive and diverse environment characterized by mutual respect, professional courtesy and cultural competency;
- academic opportunity and scholarship through high-quality, affordable educational programs for physicians, nurses, advanced practitioners, researchers, and educators;
- innovations in health care delivery and scientific discovery that enhance our understanding of the causes of human disease, drive the development of products and treatments and elevate the human condition; and
- engagement with community organizations, government and other institutions to improve community health.

Introduction

Over the years, while serving our patients, learners, faculty, staff, and communities, UMass Medical School and UMass Memorial Health Care (UMMS/UMMHC) have been committed to aligning our shared mission of advancing the health and well-being of the people of the commonwealth and the world. As a result, the work of UMMS/UMMHC is inextricably linked, with the success of each organization dependent on the other.

In our joint strategic plan for 2009-2014, we anticipated that the period would be characterized by significant changes in health care delivery and research funding, and that medical education would be challenged to keep pace with these changes. In the years ahead, the demands to keep pace with the evolving landscape will be heightened. Given the nature of this environment, it is of paramount importance that we coordinate our efforts, align our priorities, and deploy our resources in a collaborative and strategic manner.

Such operational imperatives set the context for this joint strategic plan for the years 2015 – 2020. During this period, we will direct our endeavors to maintain our status as a premier academic health sciences center by focusing on, first, building our core strengths in education, research, and health care delivery by adopting strategies for integrated and collaborative work that leverage the complementary nature of our activities. To do so, we will identify, design, and implement initiatives that promote working effectively across our organizations. Second, we will focus on specific strategies to enhance these core strengths. These enabling strategies include adopting effective and efficient information technology solutions; developing and implementing strategies to attract and retain top talent; integrating critical operational services; and enhancing a comprehensive cancer strategy.

In education, given our special public role in the Commonwealth, we are committed to primary care education and training as a foundational component and institutional strength of our academic health sciences center. We recognize the critical role collaboration and evidence-based information will play in preparing the next generation of clinicians, nurses, researchers and educators. Further, we appreciate the need to ensure our academic enterprise, including our students, faculty and support personnel, is appropriately sized and our facilities and technological

2015 – 2020

We will direct our endeavors to maintain our status as a premier academic health sciences center by focusing on building our core strengths.

offerings are suitable to fulfill our educational responsibilities and to promote innovation within our academic environment.

We will continue to build on our established reputation in basic and translational research to drive improvements in health care delivery systems, patient care, and population health and to link our scientists to product development.

In health care delivery, we will meet the significant challenges posed by the rapid transformation in how health care is delivered and funded. Our health care delivery system is tightly linked to the education and research missions, but is facing unprecedented clinical care competition due to the changing health care marketplace. Consequently, our health care system will focus on ensuring its services, offerings and investments support and advance current areas of strength, as well as our education and research missions.

Cancer treatment, research, and training will have a central place in our 2020 strategy. We will launch initiatives to strengthen the integration of all three mission areas, improving the focus on personalized patient-centered cancer care and creating a cancer center that is capable of achieving recognition by the National Cancer Institute.

We will implement strategies to transform the quality, reliability, and usability of our information technology. The technology used by the joint enterprise must be cohesive, intuitive, secure and highly accessible for patients, clinicians, researchers, students and other partners.

Recognizing that the strength of our joint efforts are founded on the talent and energy of our people, we will implement initiatives to build and sustain faculty and staff vitality to drive our missions of innovative teaching, transformative research, and exceptional clinical care and become one of the nation's most distinguished academic health sciences centers.

Strategic Goals

As a leading academic health sciences center, these are our goals: to be the best academic health care system in New England; to be a model educational community of interprofessional, collaborative learners; to build a biomedical research and health care delivery workforce; to support a basic science research enterprise; to support the health care system as a laboratory and a community partner to improve health.

Education

As an innovative, interprofessional community of students and educators, we will build a health care delivery and biomedical research workforce that makes a lasting impact on human and community health.

Translational Research

We will create a transformative research ecosystem that enables rapid development of products for clinical use, collaborates with the clinical system as a laboratory for clinical and translational research, and partners with the community to drive improvements in individual and population health.

Basic Research

Continuing to be a leader in Massachusetts life sciences research, we will enhance the basic science enterprise and drive intellectual excitement, potential new therapies and long-term sustainability through the engine of discovery, with special focus on areas of existing world-class strength.

Health Care Delivery

We will become the best academic health system in America based on measures of patient safety, quality, cost, patient satisfaction, innovation, education and caregiver engagement.

Strategy Enabling Goals

We will establish an information technology environment that enables the best care and patient experience, educates the finest caregivers and scientists and accelerates future therapies.

Information Technology

Talent

We will attract, inspire and cultivate outstanding talent in science, medicine and health care to become one of the nation's most distinguished academic health sciences centers.

We will provide a high value ecosystem that maximizes opportunities and optimizes outcomes for our patients who seek prevention, treatments and cures for cancer; for our trainees who seek to become experts in all aspects of cancer; and for our researchers who seek new knowledge for the prevention, treatment and cure of cancer.

Cancer

Services Integration

We will transform shared service operations to better serve and support mission-based activities through alignment of purpose and integration of effort.

Strategic Goal

Education

As a highly innovative, interprofessional community of students and educators, we will build a health care delivery and biomedical research workforce that makes a lasting impact on human and community health.

Education is the fundamental mission and primary purpose of any school. One of the challenges surrounding education is the need to anticipate the future demands of a discipline, in terms of the types of professionals needed, their mode of interaction in practice, and the nature of the process by which they learn. UMMS is dedicated to teaching physicians, nurses, other health care professionals, and biomedical scientists. Currently, both health care and science are undergoing transformational change, which complicates the challenge. UMMS has resolved to meet the challenge head-on, incorporating innovations in learning and anticipating the importance of interprofessional teams in health care and biomedical science. By doing so, our trainees will advance our core missions in primary care education and practice and biomedical research, as well as our special responsibilities to provide care to vulnerable populations and to engage in public sector medicine.

To expand collaborative learning experiences, we will establish interprofessional educational teams to design and create the health care workforce of the future and incorporate humanistic principles and ethical practices across the educational continuum. We will expand training opportunities in basic, translational and clinical research for medical, nursing and graduate students, postdoctoral fellows, residents and faculty; and create new mechanisms for training physician-scientists during the senior residency and fellowship years. Renewing our commitment to train a workforce that reflects the composition of those whom we serve, we will promote student diversity and inclusion through pipeline programs and commit to educating our learners about patient safety and quality of care, including health care disparities.

Reaching learners in the most effective manner calls for using self-directed and experiential learning and evidence-based, data driven methods. Our educational community will optimize technology for self-directed and experiential learning opportunities and for implementing competency-based evaluation models. Innovation will also take the form of exploring big data systems to support educational practice; expanding the portfolio of degree programs in graduate health sciences, including joint degrees; exploring medical home models to serve vulnerable populations, including veterans and underserved residents of Worcester; evaluating models for medical student clinical teaching, including the possibility of a longitudinal integrated clerkship; and developing programs and partnerships to enhance career preparation of graduate students and postdoctoral fellows in the Graduate School of Biomedical Sciences.

Taken together, these initiatives for self-renewing, learner-centered innovation will put the UMMS educational community on course for a future state in 2020 that will be more collaborative, more effective, and more adaptable than has existed here.

TO ACHIEVE THIS GOAL WE WILL:

- Expand collaborative learning experiences to advance patient-centered practice and research through interprofessional team-based learning.
- Implement learning opportunities for self-directed and experiential learning using evidence-based methods.
- Evaluate and right-size the number of learners along the continuum and in each school, as well as analyze the possibility of new affiliations or partnerships, expansion of degree programs in graduate health sciences and new health sciences schools at UMMS.

Strategic Goal

Basic Research

Continuing to be a leader in Massachusetts life sciences research, we will enhance the basic science enterprise and drive intellectual excitement, potential new therapies and long-term sustainability through the engine of discovery, with special focus on areas of existing world-class strength.

Recognizing that discovery drives intellectual excitement, potential new therapies, and financial success, we will continue to invest in a basic science enterprise that is already world-class. Our goal will be to ensure productivity and impact of the basic science faculty in research areas of current strength and in new frontiers.

Meeting these goals will require focused efforts in five areas. To confront the trend of diminished financial resources, we will engage in robust development efforts, leverage interdisciplinary opportunities, and promote entrepreneurship and commercialization by the faculty. To broaden our fundamental understanding of regulatory biology and human genetics, while fostering bioinformatics and interactions between basic and clinical researchers, we will establish a state-of-the-art cancer center. To ensure that the facilities available to our scientists are at the leading edge of technology, we will continue to invest in research cores that comprise foundational assets of our research enterprise. To provide direct benefits to a society that so generously supports basic research, we will facilitate the translation of discovery into drugs, devices, biologics, and software systems that have clinical use and improve patient care. And, finally, to ensure a strong biomedical workforce well into the future, we will develop a more efficient, targeted approach to graduate and postdoctoral education that provides the concrete tools and intellectual skills our trainees need to succeed in the diverse careers available to PhD scientists.

Taken together, these efforts will position UMMS to continue to optimize the quality and impact of our work well into the next decade. With a more sustainable funding base and an ever-renewing pool of professional talent, our scientific community will continue to hold its place among the premier biomedical research institutions in the world.

TO ACHIEVE THIS GOAL WE WILL:

- Establish a portfolio of resources that will increase our funding for basic research, doubling externally sponsored funding from industry and philanthropic organizations.
- Make significant investments in basic science core facilities that reflect the size and scope of the research endeavor.
- Collaborate with clinical and translational researchers to transform our collective research enterprise to support the discovery and rapid development of products and therapies.
- Develop graduate and postdoctoral education that accelerates a transition to more quantitative science and prepares trainees for careers within and beyond academia.

Strategic Goal

Translational Research

We will create a transformative research ecosystem that enables rapid development of products for clinical use, collaborates with the clinical system as a laboratory for clinical and translational research, and partners with the community to drive improvements in individual and population health.

Clinical and translational research (CTR) is pivotal to the mission of our academic health sciences center. A healthy, robust, and expanding CTR program generates knowledge and products that drive improvement in patient care and population health, and attract patients who are seeking the best care and most cutting-edge therapies.

UMMS is internationally recognized for its strengths in basic, clinical and translational research. By capitalizing on our existing strengths while, at the same time, enhancing our collective CTR capabilities, we will create an integrated research ecosystem that generates innovative ideas, tests novel hypotheses, advances our understanding of human disease and deploys such new knowledge toward the rapid development of products that improve human health.

As health care reform progresses and accountable care organizations become a more widely adopted framework for health care delivery, we will have an important opportunity to advance the health of those individuals and communities we serve. To this end, we will benefit from the clinical system's patient population, which reflects the full richness and diversity of the region. We will further benefit from active engagement with community-based partners and organizations. By working together with external stakeholders, including public health departments, we will be able to leverage our research enterprise generally and, in particular, our CTR expertise, to establish and achieve population health goals.

Public health challenges such as obesity, substance abuse, tobacco use and mental illness are obvious and immediate targets for our population health efforts. Shared data systems will facilitate work in this area, as will collaborative efforts using the Community Health Assessment and the Community Health Improvement Plan.

To achieve success in our CTR initiatives, we will implement programs to enhance training, recruit and retain top talent, and adopt new information technologies to improve the bench to bedside to community lifecycle.

TO ACHIEVE THIS GOAL WE WILL:

- Capitalize on our scientific strengths to develop areas of strategic importance, including cancer prevention and treatment.
- Collaborate with basic researchers to improve our understanding of disease and to transform our collective research into an ecosystem supporting the discovery and rapid development of products, with the specific goal of advancing two or more drugs, devices, or biologics through licensure or Phase II clinical trials by 2020.
- Collaborate with community organizations to define and achieve population health goals.
- Train a cadre of trans-disciplinary researchers who transform translational science.
- Win renewal of the CTSA in 2015.

Strategic Goal

Health Care Delivery

We will become the best academic health system in America based on measures of patient safety, quality, cost, patient satisfaction, innovation, education and caregiver engagement.

The pace of change in how health care is delivered and paid for continues to be a challenge to all health care systems, but the impact of these changes affects academic medical centers in particularly profound ways. For the first time in decades, the combination of significant payment reform and reductions in federal funding for scientific research is forcing academic health systems to closely examine their clinical approaches and to adopt new delivery frameworks.

The new health care delivery marketplace is more focused than ever on delivering the highest quality patient care in the most appropriate setting. Our patients deserve world-class quality, timely access to care, and outstanding service. These are the standards to which we must measure our success. In addition to offering timely access to world-class care and service, we now must also deliver maximum value to those patients we serve or risk having them channeled into lower-cost delivery systems.

As a health care system, we will endeavor to make targeted investments in programs that distinguish our academic health sciences center. One such strategic area for investment is in those programs that are transforming what once were highly invasive therapies into minimally invasive outpatient procedures, which reduce patient suffering and lower the overall cost of care. Another area of focus will be on expanding our primary and specialty care base into efficient and convenient community-based settings in and around Worcester.

Our health care system is committed to improving the quality of the care we deliver to our patients while also reducing costs. In support of this goal, we will fully leverage our community hospitals and Community Healthlink; adopt systems that strengthen personalized patient care in both primary and specialized care; and build our population health capabilities, especially in the areas of predictive modeling and chronic disease management.

By 2020, we will become a fully integrated delivery system that is capable of accepting and managing the overall cost and quality of care for specific populations. An efficient information technology platform that integrates all clinical data for our patients and is easy to use from a mobile device will become the linchpin of our health care system. We will engage everyone, every day, in positioning our health system for the future by embracing innovation at all levels, by making more clinical research protocols available to our patients and by empowering our people through our caregiver idea system. We will work tirelessly to deliver on our promise of making UMass Memorial Health Care the best place to give care and the best place to get care.

Recognizing the critical role we play within the academic health sciences center, we will also continue to invest in and advance the education and research missions. To this end, it will be important to ensure that faculty researchers have meaningful opportunities to engage in a wide range of clinical trials and faculty educators have full utilization of the clinical environment to support the education of future physicians. Moreover, it will be incumbent on our health care system to contribute clinical data across the joint enterprise to enhance the research and learning capabilities of the system.

The success of our strategic initiatives and, indeed, our health care system will be linked to and dependent on a tangible and pervasive culture of ownership throughout our organization. We will reinforce, reinvigorate and reemphasize this culture of ownership at all levels, especially with our managers who must embrace the principles of servant leadership as caregivers work to provide extraordinary service to our patients.

Creating and strengthening a culture of excellence will energize the entire academic health sciences center and act as a springboard for continued discovery, innovation, and improvement throughout the joint enterprise.

TO ACHIEVE THIS GOAL WE WILL:

- Focus intensely on delivering exceptional value to the patients we serve.
- Invest in distinctive specialty services.
- Build new primary and specialty care practices in the communities in and around Worcester.
- Build our primary care and population health capabilities and become a fully integrated delivery system.
- Work tirelessly to make UMMHC the best place to give care and the best place to get care.

Strategy Enabling Goals

Information Technology

We will establish an information technology environment that enables the best care and patient experience, provides tools to educate caregivers and scientists and accelerates future therapies.

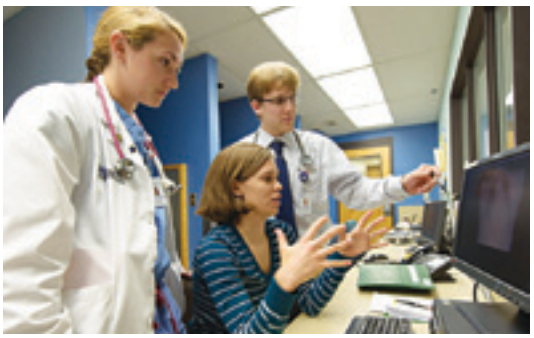
For academic health sciences centers like ours, a high performing information technology platform is essential for providing safe and high quality patient care, making scientific discoveries, and educating health care professionals and scientists. Effective, dependable, fast and user-friendly technology is crucial to conducting the activities that allow clinicians, scientists, students, educators, patients and administrators to fulfill core mission activities. For our academic health sciences center, a high performing information technology environment must be available to all who need it in order to realize our goals. In particular, our Information technology platform must be leveraged to engage patients in a population-health management model. By 2020, it is essential that this environment exists and thrives.

To create this environment will take enormous effort in the initial phase. Many of the information technology systems used by the joint enterprise are aging, incompatible, and inadequate to support the needs of user communities. While these issues are being addressed, we will need to do so with a clear understanding of our strategic objectives. We will fix our current systems and adopt an "any door" approach with new technologies that will give our stakeholders – our patients, students, faculty, scientists, and administrators – the data they need from any location in the enterprise. The adoption of this approach will be the basis for the selection and implementation of new technologies. All of this work must be done in a way that assures that the health care system continues to meet its ethical and regulatory obligations to protect patient information.

The successful adoption of new information technologies will also require training and methods to ensure that these technologies are optimally used. It will require expanded engagement between technology experts and users to ensure that user needs, user scenarios, and user feedback are woven into the new environment. And finally, it will require a new culture of ownership between users and information technology professionals. This new culture will ensure that there is a continuous examination and improvement of information requirements and the refinement and replacement of essential technologies.

TO ACHIEVE THIS GOAL WE WILL:

- Seamlessly integrate our information across the continuum of care.
- Use information technology to enhance patient engagement.
- Act with a single mission and purpose in matters involving information technology.
- Provide an intuitive interface to our information.
- Use information technology to enhance research and to provide access to basic science and clinical data for research.



Strategy Enabling Goals

Talent

We will attract, inspire and cultivate outstanding talent in science, medicine and health care to become one of the nation's most distinguished academic health sciences centers.

UMMS and UMMHC make significant investments in talent because it is our faculty and staff that drive organizational success. Success requires visionary leaders, exceptional talent at all levels, and the right strategies to keep that talent current, motivated, and focused. Attracting, retaining, and maximizing top talent is the result of a thoughtfully designed talent strategy.

Technological innovations, changes in clinical reimbursement, a more competitive research funding climate, and evolving expectations relating to work-life balance have greatly affected faculty and staff work and satisfaction. The challenges facing academic health sciences centers in recruiting and retaining top talent require a portfolio of new strategies. Today, employees demand more flexible work environments, diverse career pathways, and an atmosphere of innovation, integrity, and collaboration.

Our talent strategy seeks to drive organizational success by building internal capacity to transform our joint enterprise and successfully respond to market changes and external factors that threaten our core missions. A unified, integrated portfolio of programs, policies and processes, as well as a functional, efficient information technology infrastructure, must support a culture of high performance where teamwork, accountability, results and recognition are paramount.

We will build upon a strong talent foundation, and identify, assess and develop the leadership talent needed for success. We will enhance our faculty talent by attracting and retaining new top talent in support of our strategic goals. We will enable faculty and staff to achieve superior results through professional and leadership development. We will listen, communicate, and engage faculty and staff in complex problems, and we will drive the behaviors among talent that lead to success–now and in the future. We will aggressively pursue a diverse faculty and staff talent pool as a strategy to achieve excellence. We will commit to continuous improvement and learning, and adopt mechanisms and systems that inspire faculty and staff to give their personal best in pursuit of individual and collective, academic and organizational accomplishments.

Our overarching goal is to build and sustain faculty and staff vitality in order to drive our missions of innovative teaching, transformative research, and exceptional clinical care to become one of the nation's most distinguished academic health sciences centers.

TO ACHIEVE THIS GOAL WE WILL:

- Build a culture that promotes and values a diverse workforce that experiences inclusion, engagement, ownership and intellectual excitement.
- Create an integrated system for learning that expands the competencies of our people and addresses strategic needs.
- Provide resources for clinical faculty to pursue academic work and scholarship; seed and accelerate the success of innovators; and invigorate mid-career faculty to diversify, expand, or develop a new, successful focus.
- Value and recognize academic achievements in all mission areas by creating pathways for clinician investigators and clinician educators to achieve tenure, and promotion tracks that recognize the value of team science as well as clinical, educational and community-based scholarship.
- Develop financially viable reward and recognition systems that ensure compensation equity and increase our ability to attract and retain top talent.
- Transform the performance review process from a retrospective evaluation to a proactive career development planning process linked to an integrated system for learning.
- Engage and empower units and teams to identify and solve problems and continuously improve the way we operate.
- Expand opportunities for intellectual exchange and collaboration among scientists, clinicians and educators and across the joint enterprise to bridge cultural differences and strengthen our bonds.
- Support opportunities to promote community and population health in collaboration with external partners.

Strategy Enabling Goals

Cancer

We will provide a high-value ecosystem that maximizes opportunities and optimizes outcomes for our patients who seek prevention, treatments and cures for cancer; for our trainees who seek to become experts in all aspects of cancer; and for our researchers who seek new knowledge for the prevention, treatment and cure of cancer.

Cancer treatment, research, and education have never been more interconnected than they are today, with the demand for even greater integration in the future. The dramatic changes in how patient care services are delivered, affected significantly by changing reimbursement requirements and substantial changes in federal research priorities, put more pressure on the joint enterprise to focus on key priorities.

To be successful, cancer care delivery and research must involve every clinical and basic science department in the medical school and health care system. Our focus during the next five years is to develop a modern cancer center with the capacity to deliver outstanding personalized clinical care using advanced genomic analysis of individual tumors and individualized treatment technologies in surgery, radiation therapy, and medical oncology, and with systems to expand clinical trials and drug development. To achieve these goals, we will more fully organize the cancer program around existing areas of strength, such as immunology, RNA biology, novel models for analysis of tumor biology, population science, and translational science infrastructure for modern clinical care and clinical trials development. Through integration and enhanced collaboration, the cancer program will be best positioned to provide education to highly talented trainees at both the undergraduate and post graduate level.

This approach will require collaborations and partnerships with other organizations outside of the joint enterprise, matching our outstanding areas of recognized strengths with the strengths of our collaborators and partners to more effectively and efficiently accelerate both the delivery of care and the advancement of care practices through clinical trials. Our clinical services providing disease-based care are well established in the Worcester and surrounding communities, with many functioning in the multidisciplinary format now mandatory for modern patient care. We are developing capacity and capability in clinical trials infrastructure that will allow clinical trials, first in human studies and preclinical drug development, to function at an enterprise level. Moreover, our existing strengths in basic science, modern genomics and proteomics can be developed into an enterprise function essential for personalized cancer care.

By leveraging and harmonizing the strengths, resources, capabilities and infrastructure of both the medical school and health care system, we will move the cancer center operation forward to a level that will qualify our program for NCI designation.

TO ACHIEVE THIS GOAL WE WILL:

- Establish a cancer program qualified to achieve NCI designation and to be the destination of choice for outstanding multi-disciplinary and disease-based oncology clinical care for adult and pediatric patients in Central Massachusetts and New England.
- Achieve significant gains in investigator initiated clinical trials and early drug development through strengthened collaboration and partnering with basic science and clinical science investigators.
- Expand patient enrollment in clinical trials, the clinical research portfolio of first in man phase one clinical research studies, and the availability of clinical trials at all UMass Memorial cancer treatment sites.
- Strengthen and expand outstanding training programs for pre-doctoral and postdoctoral PhD trainees and clinical residents/fellows by incorporating cutting edge technologies and fostering robust interactions between basic/translational scientists and the health care system.
- Maximize the impact of clinical and research data on patient care and translational research by establishing a fully integrated oncology informatics network.

Strategy Enabling Goals

Services Integration

We will transform shared service operations to better serve and support mission-based activities through alignment of purpose and integration of effort.

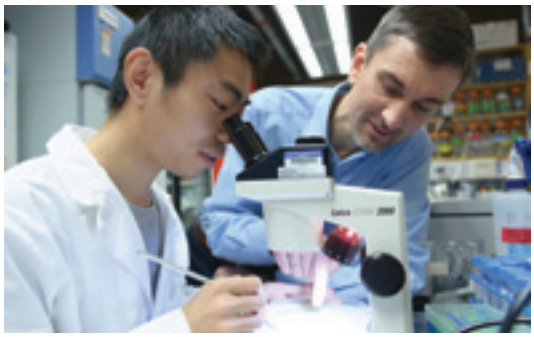
Our academic health sciences center, like our peers, operates within a resource intensive environment. In order to invest in and advance core mission-related activities, our management and administrative systems must be as lean as possible.

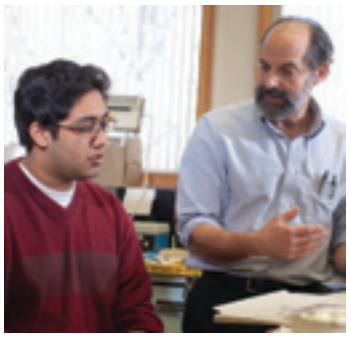
The services integration initiative will identify and implement changes throughout the joint enterprise that ensure support services can be provided in the most effective way. These initiatives will eliminate unnecessary services and practices that keep faculty and staff from performing their work. The initiative will adopt new systems and practices that allow the joint enterprise to act as much as possible as a single operational entity. The initiative will also create an environment that makes it easy for patients to access the services they need, for faculty and staff to use the facilities they need to achieve their objectives, and for operations staff to fulfill their responsibilities to our customers and clients.

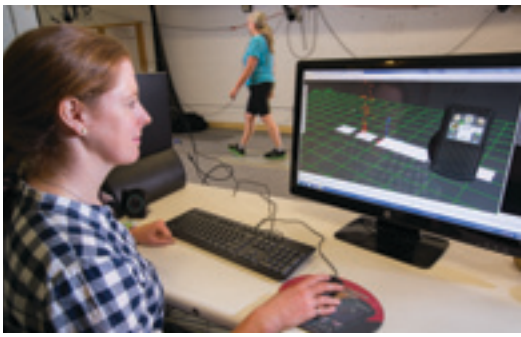
Given how quickly the environment in which we operate changes, it is imperative that we implement the strategies that streamline our services and practices rapidly. We will leverage this urgency to drive our initiative, which will lead to a number of innovative approaches and practices.

TO ACHIEVE THIS GOAL WE WILL:

- Significantly improve the quality, efficiency, consistency and cost-effectiveness of administrative operations.
- Focus on creation of a “joint venture” approach to connecting service functions.
- Significantly improve faculty and staff satisfaction through a unified service structure that enhances focus on the core missions.
- Complete at least one major service transformation within 18 months.







UMass Memorial Health Care stats (system total)

UMMHC IS THE LARGEST INTEGRATED HEALTH CARE DELIVERY SYSTEM IN CENTRAL MASSACHUSETTS

37,749
SURGERIES/YEAR

1,011
BEDS

11,404
EMPLOYEES

CHILDREN'S MEDICAL CENTER

WITH MORE THAN 100 EXPERTS IN 30 SPECIALTIES

HEALTHGRADES

AMERICA'S 50 BEST HOSPITALS FOR CARDIAC SURGERY

CONSUMER REPORTS TOP 15

NATIONWIDE FOR CORONARY ARTERY BYPASS SURGERY AND AORTIC VALVE REPLACEMENT

THE ONLY LEVEL 1 TRAUMA CENTER
FOR ADULTS AND CHILDREN IN CENTRAL MASSACHUSETTS

1.6 million
OUT-PATIENT VISITS AND
231,623
E.D. VISITS

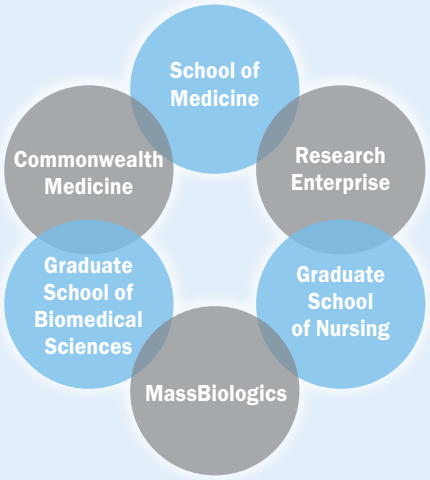
4,570
BIRTHS
AND THE REGION'S ONLY LEVEL III NEONATAL INTENSIVE CARE UNIT

SOURCE: Centers for Medicare and Medicaid Services

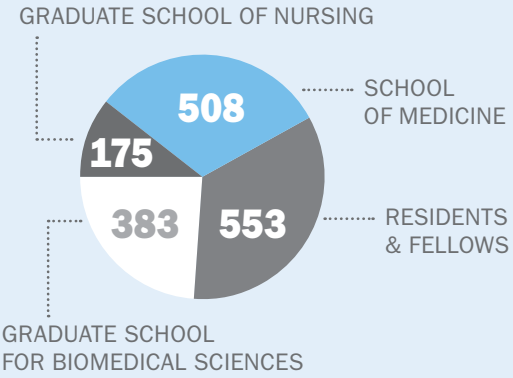
April 2015

UMass Medical School by the numbers

The Commonwealth's Medical School



Academic Community



$29.9 million
LICENSING REVENUE

78
U.S. PATENT APPLICATIONS

6,100
EMPLOYEES

MOST AFFORDABLE MEDICAL SCHOOL IN NEW ENGLAND

BEST GRADUATE SCHOOL RANKINGS

BEST GRAD SCHOOLS U.S.News EDUCATION

TOP 10% IN PRIMARY CARE
TOP 50 IN RESEARCH

OUTSTANDING FACULTY

Our outstanding faculty includes a Nobel laureate, a winner of the Lasker and Breakthrough Prizes, six Howard Hughes Medical Institute Investigators and five members of the national academies.

COMMUNITY ENGAGEMENT

Carnegie Foundation

RECOGNIZED FOR DYNAMIC AND NOTEWORTHY COMMUNITY ENGAGEMENT.

ECONOMIC IMPACT

$41 RETURN ON EVERY $1 INVESTED

SOURCE: Donahue Institute

April 2015

UMassMemorial Health Care

Visit www.umassmemorialhealthcare.org

For more information. 508-334-8586

University of Massachusetts Medical School

Explore www.umassmed.edu to learn more.

For more information. 508-856-8989

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toll free 800-842-9375

About Commonwealth Medicine

Our comprehensive, innovative health care solutions draw on our team's academic knowledge and public health service expertise.

Ready for today and tomorrow

As the health care consulting division of UMass Medical School, Commonwealth Medicine uses academic research to make evidence-based recommendations. With our help, government agencies, nonprofits, and managed care organizations are able to meet today's health care challenges — and are prepared for what's to come.

Our *public university–state agency model* offers state agencies a unique approach to improving health care outcomes while controlling costs.

As leaders in the development and implementation of health care reform, we understand current health care trends. We also recognize, and plan for, the potential impact change can have on health care delivery systems — and on patients.

With the goal of providing better access to health care, we use this knowledge in a variety of ways:

- Customize our services to meet the current needs our clients
- Maintain flexibility to adapt to the health care trends of the future
- Anticipate the potential needs of special populations
- Build health care delivery systems that address immediate requirements
- Create accountable care organizations and medical home models
- Develop and use quality measures to meet our high standards for excellence

Improving quality, controlling costs

With our customized programs and services, many state and local health care agencies have been able to control health care costs, while increasing the value of their health care spending. At the same time, we help at-risk and uninsured populations gain better access to quality health care.

Services

Commonwealth Medicine's innovative, evidence-based health care solutions help our clients improve patient outcomes while controlling health care costs.

Care Management

Commonwealth Medicine's innovative, evidence-based health care solutions help our clients improve patient outcomes while controlling health care costs.

Consulting

Commonwealth Medicine consultants support for organizations seeking to improve health outcomes and generate cost savings. Our health care expertise includes financing, public partnerships, pharmacy, reform, quality, and technology.

Financing

Our financing services — federal revenue recovery, savings initiatives, program integrity, school-based claiming, and third-party liability — help simplify the process of running state Medicaid programs.

Health Care Reform

We develop, implement, and maintain health care reform measures that expand coverage, improve quality, and contain costs.

Laboratory Services

Our three major laboratories improve and protect public health by diagnosing and tracking tuberculosis, screening newborns for rare disorders, and developing molecular diagnostic tests for genetic and infectious diseases.

Pharmacy

We provide pharmaceutical cost-containment and disease-management strategies ranging from data analytics to drug utilization review to formulary management and more.

Policy

We develop, analyze, and implement health policy in a variety of areas: disability and employment, long-term care financing, health care systems, health information technology, pharmacy analytics, and substance abuse.

Research

Researchers at Commonwealth Medicine are studying public health topics such as intellectual and developmental disabilities, end-of-life and long-term care, quality measures, substance abuse, and survey techniques.

Technology Solutions

Our technology tools can be customized to analyze Medicaid data, improve formulary management, and streamline accessibility of benefit enrollment and eligibility data.

Training

We offer training programs on HIV/AIDS, cultural competence, and foster care and adoption. Our training experts also provide opportunities for minority and disadvantaged youth to learn more about health care careers.

History

Commonwealth Medicine was established in 1999 to provide a centralized structure for the groundbreaking public-sector work initiated by UMass Medical School faculty and staff.

These pioneering individuals sought opportunities to have a direct and profound impact on the people of Massachusetts. By reaching beyond the traditional boundaries of academia, they were able to launch research initiatives, training programs, and clinical services to achieve that goal.

Creating health care solutions

Their success led to the development of Commonwealth Medicine as UMass Medical School's health care consulting division. And their approach continues to inform our wide array of public-sector initiatives, such as the following:

- Health care reform
- Health care financing
- Care management
- Laboratory services

Improving health care access

Commonwealth Medicine has grown to meet increasing demand. Our ability to provide clear, unbiased information and practical new ideas enables our clients to make evidence-based decisions that lead to positive patient outcomes through cost-effective health care solutions.

Today, we operate dozens of individual programs and centers. We serve public-sector agencies and nonprofit clients in 20 states and around the globe. While our programs are diverse in scope and function, all are united under Commonwealth Medicine's mission to serve special populations. With our unparalleled skills and experience, we rise to the challenges of improving health care delivery systems, leading health care reform initiatives, and increasing health care access for all.

Our University Relationship

Since 1999, Commonwealth Medicine has facilitated the process of sharing UMass Medical School's expertise with public agencies. Today, as the health care consulting division of the Medical School, we are fulfilling that mission in two ways:

- Implementing a unique *public university partnership model* to provide enhanced services to other public entities, such as state Medicaid agencies
- Incorporating knowledge coming out of Medical School into the health care solutions we create for our clients

Public university / state agency model

Commonwealth Medicine developed the *public university partnership model* to facilitate collaborations with state agencies. As a public entity, we are able to institute innovative health care initiatives and meet aggressive cost savings targets on behalf of our state clients.

The *public university model* enables our team to maximize federal reimbursement programs and employ sophisticated cost avoidance methods to generate significant savings for our clients.

Our deep understanding of federal processes and data exchanges, for example, have enabled our financing experts to develop savings initiatives that have helped our clients avoid millions of dollars in costs.

Our team has years of experience forging and maintaining public-to-public partnerships. We now advise other public universities that are interested in adopting similar models with their own state agencies. We have also developed relationships with other academic institutions as part of a Public University Medicaid Partnership initiative.

Collaboration with UMass Medical School

Commonwealth Medicine's reciprocal relationship with UMass Medical School provides us with access to the clinical research, academic knowledge, and resources of our colleagues there. This expanse of information enriches our ability to develop innovative, effective health care solutions for government agencies, nonprofits, and managed care organizations.

In turn, Commonwealth Medicine's programs offer unique opportunities for the Medical School's faculty and students:

- Our research data on special populations is available to faculty members.
- Faculty members have the opportunity to collaborate on projects beyond the scope of their usual work.
- Medical students enjoy hands-on opportunities to learn and train in our clinical, community-based environment.

This sharing of physical and intellectual resources exemplifies the spirit of collaboration between Commonwealth Medicine and the Medical School.