

the Front Line

A newsletter for preceptors of the
UNC-CH School of Medicine

The University of North Carolina at Chapel Hill - Office of Educational Development

Volume 10 Fall 2004

Conferences and Continuing Education

JANUARY

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3rd Annual Women's Health Symposium. Health and Health-care Professionals: Choosing Healthy Lifestyles for You and Your Patients. Koury Convention Center, Greensboro. Contact Jane Radford, 336-832-8226.

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Orthopaedic Decision-Making in Primary Care. UNCW Executive Development Center, Wilmington. Contact Paula Studebaker, 910-343-0161, x325.

FEBRUARY

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Heart Failure Arrhythmias: An Update for Primary Care Physicians. Hyatt SouthPark, Charlotte. Contact Tamara Tillman, 704-697-6534.

11-12

Challenges in Geriatric Practice. The Friday Center, Chapel Hill. Contact Kris Medinger, 919-962-2118.

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16th Annual New Hanover Health Network Trauma Symposium. Hilton Wilmington Riverside, Wilmington. Contact Paula Studebaker at 910-343-0161, x325.

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25th Zollicoffer Lecture To Precede Service Day



Lisa A. Cooper, M.D., M.P.H.

The UNC School of Medicine will observe two milestones during the weekend of February 18-19: the tenth anniversary of the founding of the Eugene S. Mayer Community Service Honor Society, and the 25th annual Lawrence Zollicoffer Lecture.

Two dozen preceptors and four dozen medical students will be inducted into the Mayer Honor Society as the culmination of Community Service Day Saturday morning, Feb. 19. UNC School of Medicine's first Community Service Day was held in conjunction with a Preceptor Appreciation Day in the spring of 1995. At that

time, the first members were inducted into the newly formed community service honor society for medical students, the Eugene S. Mayer Society, named for the late director of the North Carolina Area Health Education Centers Program. In 2001, membership in the society was opened to preceptors with a record of service to their communities beyond their regular clinical and teaching responsibilities.

The Zollicoffer Lecture, scheduled for Friday, Feb. 18, celebrates more than 40 years of minority presence at the School of Medicine and gives students an opportunity to meet minority role models in the field of medicine. The lectureship honors Lawrence Zollicoffer, M.D., the fourth African American graduate of UNC School of Medicine and founder of the Garwyn Medical Center in Baltimore. This year the Merrimon family is joining in sponsoring the lecture, which will double as the annual Merrimon Lecture as well. Lisa A. Cooper, M.D., M.P.H., associate professor of medicine, epidemiology, and health policy and management at the Welch Center for Prevention, Epidemiology and Clinical Research, Johns Hopkins Medical Institutions, will be the 2005 Zollicoffer/Merrimon lecturer.

After graduating from Emory University, Dr. Cooper received her medical degree from the University of North Carolina at Chapel Hill, where she was a summer teaching assistant in the Medical Education Development (MED) Program to prepare underrepresented minority and disadvantaged students for health professions schools. She received her M.P.H. from Johns Hopkins Bloomberg School of Public Health and is a board-certified general internist, health services researcher, and medical educator. Dr. Cooper's research focuses on patient-centered strategies for improving outcomes and overcoming racial and ethnic disparities in health care. Her work explores and attempts to better define the roles of patient-physician communication, physician cultural competence, and patient attitudes in understanding and eliminating racial and ethnic disparities in health care.

Dr. Cooper's 4:00 p.m. lecture in the Old Clinic Auditorium on February 18

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Hobgood is Associate Dean for Curriculum



Cherri D. Hobgood, MD, FACEP

Cherri D. Hobgood, MD, FACEP, has been named Associate Dean for Curriculum and Educational Development in the School of Medicine. She assumed the newly created post November 1. As associate dean, Dr. Hobgood will oversee the work of the school's curriculum and course director committees and will direct the Office of Educational Development, which provides support for the medical school curriculum.

A North Carolina native, Dr. Hobgood graduated cum laude from the University of North Carolina at Greensboro; received her M.D. from UNC-Chapel Hill, where she was a Holderness Research Fellow; and completed a residency in emergency medicine at UNC Hospitals.

She was medical director of emergency services at Person County Memorial Hospital in Roxboro prior to joining the faculty of the Department of Emergency Medicine at UNC-CH.

Dr. Hobgood is the recipient of a number of awards as a medical educator, most recently receiving the 2004 American College of Emergency Physicians National Faculty Teaching Award and the UNC 2003-2004 Teaching Faculty Award for excellence in teaching. In 2003, she was named the winner of the Emergency Medicine Residents Association Excellence in Teaching Award, a national award presented annually to one faculty member who most personifies excellence in teaching and commitment to resident education and is an outstanding role model for emergency medicine residents. Residents in the UNC Department of Emergency Medicine presented her the 2002 Renaissance Award, given to the faculty member who best displays the combination of clinical and academic excellence as well as a balanced family life.

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OFFICE OF EDUCATIONAL DEVELOPMENT

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Conferences and Continuing Education

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Cardiology Update for the Primary Care Provider. Gaston Day School, Gastonia. Contact Tamara Tillman, 704-697-6534.

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Community Service Day. Medical Biomolecular Research Building, Chapel Hill. Contact Suzanne Marchionini, 919-966-0730.

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Pain, Addiction, and the Law. The Friday Center, Chapel Hill. Contact Iretta Litchfield, 919-962-2118.

25-26

Utilization of Ultrasound in Ob/Gyn. Hilton Executive Park Hotel, Charlotte. Contact Tamara Tillman, 704-697-6534.

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Recognizing and Treating Onset of Mental Illness in Adolescents and Young Adults. The Friday Center, Chapel Hill. Contact Kris Medinger, 919-962-2118.

MARCH

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11th Annual Eastern AHEC/ East Carolina University Community Faculty Workshop. Monroe AHEC Conference Center, Greenville. Contact Katherine McGinnis, 252-744-3082.

18-19

5th UNC Integrative Medicine Conference. Improving Outcomes Through Integrative Practice. The Friday Center, Chapel Hill. Contact Deirdre Boyer, 919-962-2118.

31-April 1

Multidisciplinary Management of Gastrointestinal Malignancies. Westin Resort, Hilton Head. Contact Gail Wilkins, 919-962-2118.

Guidelines for Grading

Merry-K. Moos, RN, FNP, MPH, FAAN

Professor, Department of Obstetrics and Gynecology
Course Coordinator, Ambulatory Care Selective

Even the most ardent teachers often shudder at the prospect of grading students' work: Will the grade be fair? Will it be supportable? Will it have an unfavorable impact on the student's further education or career? If someone else were giving the grade, what assessment would be made? The grading process becomes even more unsettling for many clinical preceptors, especially if they interact with only a few students every year, because the process becomes so subjective. Beyond assessing specific skills, considerations such as style and personality fit with the preceptor can influence perceptions of performance.

The School of Medicine calls upon community-based preceptors to guide its students in "real-world" educational experiences. Every medical student interacts with these invaluable teachers in the first two years of school in the Introduction to Clinical Medicine (ICM) course, through the third-year clerkships, and in the fourth year during the month-long Ambulatory Care Selective (ACS). This article is offered to help our community-based preceptors appreciate their role and responsibilities in assigning a grade for students in the ACS and to, hopefully, relieve some of the discomfort of assigning grades.

For the ACS, the community-based preceptors do not actually assign the grade—rather, the ACS coordinator for the clinical department overseeing the specific selective recommends a grade to the course director, who oversees the entire ACS. This structure is in place to allow the course director to appreciate grading trends among the various clinical departments to avoid students' being advantaged or disadvantaged by the grading tendencies of a particular departmental coordinator. For instance, as ACS coordinator for the Ob-Gyn ACS, I review all of the evidence presented to me for each student who spent the month in an Ob-Gyn practice and recommend a grade to Axalla Hoole, MD, course director for the entire ACS course. Dr. Hoole then reviews my recommendation relative to grade recommendations for other students and makes a final determination for the specific student.

The departmental coordinators rely, in part, on the information shared in the Preceptor Evaluation Form (those of you familiar with the course may know this form as "2A") in making their recommendations. This form asks you to assess the student on 15 abilities. For each of the abilities (e.g. "basic medical knowledge," "performs focused physical exam") you are directed to choose among six boxes that outline performance benchmarks. For example, under "performs focused physical exam," the preceptor is to choose one of the following to indicate the student's observed skills:

- Consistently uses faulty technique, performs inappropriate exam, misses major findings.
- Frequently misses findings and performs inappropriate or faulty exam.
- Performs exams of appropriate scope and accuracy within a reasonable time.
- Meets criteria for previous box [statement]. In addition, exam thorough, accurate and timely; uncovers important findings.
- Meets criteria for previous box [statement]. In addition, exam superb, uncovering subtle and important findings.
- Insufficient observation or data.

The degree of care taken to complete this form is critical to student growth and to assigning an appropriate grade. Too often the forms are returned to the various course coordinators with the highest benchmarks circled for all 15 of the abilities, irrespective of the students or the level of progression through their fourth-year training. In the example above, it is difficult to imagine that every student seen at a specific site, whether it is the first or last rotation of the fourth year, performs superb exams, uncovering subtle and important findings and, in addition, exceeds expectations in every other area as well. Preceptors often look at the choices and determine that each box represents a specific grade and, not wanting to disadvantage the student, use the form to lobby for "Honors" by circling only the boxes on the far right of the form. This approach does not provide the student with a realistic assessment of his or her skills and provides little meaningful information to the departmental coordinators or the course director.

A more meaningful way to use this form and also indicate your overall impression of the student is to carefully assess the student compared to other students you have had at a similar level of training for each of the 15 abilities; then detail your more general impressions on the last page, which asks for your summary comments. When I read comments such as "One of most outstanding students ever assigned to this course" from a preceptor I know to provide thoughtful assessments, I am swayed to consider an "Honors" for the clinical portion of the course. Most of us are not swayed by forms that indicate no differentiation between any of the students ever assigned to a specific site.

Additional important information to be included in your summary comments relates to the student's progress in meeting the two clinical objectives he or she specifically

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Medical School Receives Eight-Year Accreditation

Following an extensive self-study and a site visit by a survey team from the Liaison Committee on Medical Education (LCME), the University of North Carolina School of Medicine received word in June that the LCME had voted to continue the school's accreditation for an eight-year term.

Under the leadership of Cheryl McCartney, MD, Executive Associate Dean for Medical Education, five committees of medical school faculty and professional staff conducted the Institutional Self-Study examining the school's adherence to LCME guidelines in five areas: institutional setting, educational program for the M.D. degree, medical students, faculty, and educational resources. At the same time, the medical school's student government organization, the Whitehead Society, designed and administered a survey of UNC medical students to document their experiences and perceptions. These undertakings provided an opportunity for the school to take an in-depth look at its medical education enterprise and to identify challenges and areas of strength.

The LCME accreditation letter confirmed institutional strengths in nine areas:

- The medical school is extremely successful in meeting its mission to provide comprehensive health care to the state, excelling in both primary care and research.
- The statewide AHEC is a major resource for the medical school and its students.
- Former Dean Jeffrey Houpt, "through extraordinary personal commitment and a wise use of institutional resources," succeeded in filling 21 chairs in seven years.
- The faculty are recognized by students as being highly collegial and talented educators.
- There are well-organized opportunities for faculty development and institutional support in education and research.

- The Medical Education Development program is a highly successful summer enrichment program for underrepresented minority and disadvantaged students.
- Efforts to identify funding support for medical student research resulted in over 62% participation by the class graduating in 2003.
- Students are exceptionally motivated to participate in their governance; the student self-study was outstanding.
- The Student Health Action Coalition operates four major projects that serve the surrounding community, including a free medical clinic (the oldest student-run continuously operating free clinic in the country), and home health visits for local seniors.

The LCME identified several areas needing improvement in order to comply fully with accreditation standards. According to the report, "While content related to cultural competence is present in some courses, students identified problems with residents and faculty demonstrating cultural sensitivity when dealing with patients and students." In an interview in the Fall issue of the *UNC Medical Bulletin*, Dr. McCartney noted, "We are making many efforts to improve this. We are revising and expanding our medical student curriculum in cultural competency, but in order to reach our faculty as well, we are planning to use our invited lectureships this year to have respected national experts educate us." The Zollicoffer-Merrimon combined lecture in February is part of this effort. (See p. 1, *The Front Line*.)

The LCME pointed out the finding of the student survey that students were dissatisfied with the school's mistreatment policy, which did not address humiliation and belittlement. According to Dr. McCartney, as a result of the survey findings "[w]e have made presentations about the findings of student perceived mistreatment

and about our policies to address these problems to the departments, to the AHEC faculty, to the incoming residency class, and to our students. I have already heard from administrators and students that these concerns are being taken seriously."

Other areas needing attention included the following:

- Some students are not being evaluated early enough during a unit of study to allow time for remediation. This is true not only in short block courses in the second year but also in some of the third-year clerkships, where mid-clerkship feedback is not uniformly provided.
- A conceptual plan is needed for the curriculum. Although the school has a strong system of educational program assessment, it has not led to changes to address problems identified by the assessments.
- "With the exception of obstetrics-gynecology, the numbers and types of patients needed to meet the educational objectives of the individual clinical clerkships have not been defined. There is no system in place to monitor the patients seen by students during their clinical rotations." Preceptors in the clinical clerkships can expect to see some changes in the stated objectives for those courses as directors work to specify patient types and numbers.

Several areas examined by the LCME were in transition: multiple building and renovation projects, new tenure and promotion guidelines, and a failure for state funding to keep up with library costs, resulting in cutbacks in print journal subscriptions. The accreditation committee voted to conduct a limited survey visit during the 2005-2006 academic year to observe the results of the changes that are underway. In preparation for that visit, the school will compile a "mini-database" of information requested by the survey team.

AHEC Support Enables Community Placements

Over the past decade, the number of student months that UNC medical students spend each year training in ambulatory community-based sites in North Carolina has increased from 294 (1993-1994) to 783 (2003-2004). These experiences have been developed and supported by the North Carolina Area Health Education Centers (AHEC) Program, working through the Offices of Regional Primary Care Education (ORPCE) in each of its nine AHECs. These ORPCE offices identify community preceptors, conduct preceptor development programs in collaboration with the Office of Educational Development and various clinical departments at UNC as well as other statewide resources, and provide logistical support for the placement of students throughout the communities of North Carolina.

The number of preceptors required to support this rapid rise in community-based student experiences has grown significantly. These community practitioners are located in private physician offices, community and migrant health centers, health departments, and a variety of other ambulatory settings, and they play a vital role in the education of our students.

The tables below show the number of student months that UNC medical students were placed in each of the AHECs during the last three years.

North Carolina AHEC Program UNC-CH Medical Students: Ambulatory Community-Based Student Months by AHEC

Fiscal Year 2001-2002	
AHEC	Total Months
Area L.....	48.85
Charlotte.....	94.55
Coastal.....	82.75
Eastern.....	14.25
Greensboro.....	177.97
Mountain.....	69.35
Northwest.....	30.00
Southern Regional.....	29.25
Wake.....	146.50
Total.....	693.47

Fiscal Year 2002-2003	
AHEC	Total Months
Area L.....	55.50
Charlotte.....	96.22
Coastal.....	90.20
Eastern.....	18.00
Greensboro.....	209.65
Mountain.....	66.50
Northwest.....	33.90
Southern Regional.....	34.75
Wake.....	164.00
Total.....	768.72

Fiscal Year 2003-2004	
AHEC	Total Months
Area L.....	59.50
Charlotte.....	83.52
Coastal.....	81.80
Eastern.....	19.25
Greensboro.....	214.95
Mountain.....	67.75
Northwest.....	38.10
Southern Regional.....	32.50
Wake.....	185.90
Total.....	783.27

Zollicoffer Lecture (continued from page 1)

is open to the public. Her topic will be “Racial Disparities in Health Care: Let’s Talk About It.” A reception and banquet in Dr. Cooper’s honor will follow at the Carolina Club in the George Watts Hill Alumni Center. Preceptors wishing to attend the dinner may contact Suzanne Marchionini at smarch@med.unc.edu.

The weekend will continue on Saturday morning with Community Service Day activities in the Medical Biomolecular Research Building (off of Manning Drive behind the Thurston-Bowles Building). From 9:00 to 10:30, a buffet brunch will be served while participants view poster presentations by student inductees into the Mayer Honor Society. Beginning at 10:30, students selected to give slide presentations of their community service work will speak, followed by an induction ceremony for the new preceptor and student members of the honor society.

Featured speakers will include

Brooke Morgan, Noel McFadden-Gerber, Angela Smith, Mary Fox, and Maria Trent. Morgan will discuss her work with the Student National Medical Association’s 4th annual medical mission to Ada, Ghana. As a member of the HIV ambassador team, she helped educate secondary school students who had been selected by their schools to be trained as HIV ambassadors in Ghana, returning to their home villages to educate others about HIV and AIDS. McFadden-Gerber worked through Boston Healthcare for the Homeless at the McInnis House, an inpatient facility designed to care for homeless people who are too sick to be on the streets or in shelters, but not sick enough to be admitted to a hospital.

The remaining presenters conducted projects in North Carolina. Angela Smith worked with Wake Teen, a teen health clinic, and A Safer Place Youth Network to develop support groups for lesbian, gay, bisexual, transgendered,

queer, and questioning (LGBTQQ) youth in the Wake County area. As North Carolina Schweitzer Fellows, Fox and Trent developed programs with the support of the Albert Schweitzer Community Service Fellowship Program. Fox worked with adolescents and children in Durham County to address diabetes, obesity, and nutrition. Trent also focused on obesity, targeting minority girls ages 8 to 11 in Chapel Hill with a program she called Steppin’ for Life. In addition to teaching participants the fundamentals of proper nutrition, she emphasized the importance of exercise by teaching the art of “Step,” which gives children an enjoyable and energetic form of exercise that requires no special equipment. She has continued to implement the program this year, fostering teamwork among the girls as they learn and perform their “step” routines in unison for family and friends.

Guidelines for Grading (continued from page 3)

identified before starting the rotation. Each student's educational objectives are detailed in the Learning Contract to be shared with you on the first day of the rotation. Assessing the students' growth in the areas they identified as important and providing written feedback will be very valuable for them and for the departmental coordinators. Finally, this same area of the evaluation form can be used to describe specific student performance characteristics that might be noted in letters of recommendation such as the Dean's Letter. In other words, the importance of attentive and individualized comments on the last page of the preceptor evaluation form cannot be overstated.

The ACS also includes a non-clinical requirement that students spend approximately one-third of their time on health care skills and knowledge acquired outside of the clinical setting but likely to have an impact on their understanding of the population served by the specialty or on their future practice. Examples of investigations by students involved in the Ob-Gyn ACS are the impact of malpractice on family medicine doctors doing obstetrics, the Latina paradox in perinatal outcomes, and consent issues in caring for adolescents. While the lo-

For a student to receive a recommendation of "Honors," he or she must be assessed by the departmental coordinator to have done Honors work in both the clinical portion of the course (which accounts for 70% of the grade) and the non-clinical portion (30% of grade).

cal preceptor is often instrumental in steering students toward resources to explore their chosen topics, the preceptor is not responsible for grading this portion of the course.

At the conclusion of the rotation, students meet with their departmental coordinator and present a short paper or discussion of their non-clinical topic. Specific criteria are provided to determine if the level of student understand-

ing and synthesis regarding their chosen topic meets or exceeds expectations. On the basis of these criteria, a grade is assigned for the non-clinical requirement. Once the preceptor evaluation form has been reviewed, a course grade recommendation can be made. For a student to receive a recommendation of "Honors," he or she must be assessed by the departmental coordinator to have done Honors work in both the clinical portion of the course (which accounts for 70% of the grade) **and** the non-clinical portion (30% of grade).

This explanation of the grading process and the importance of your thoughtful and individualized feedback will help you feel more comfortable with your contributions to the final grades received by students you precept for the Ambulatory Care Selective. As the medical school assesses issues around grading, including fairness and the potential impact of grade inflation, it is critical that we recognize that all students are not equal in their abilities, performance, interests, or growth. Without this appreciation, our most outstanding students cannot be differentiated from the crowd, and the students requiring more attention will be lost in the masses.

Hobgood (continued from page 2)

As the author of numerous articles and research presentations, Dr. Hobgood has recently focused on medical error and patient safety in emergency medicine. She served on the Patient Safety Task Force of the American College of Emergency Physicians as well as the ACEP Rural Emergency Medicine Task Force, the Ethics Committee, and the Academic Affairs Committee. She is immediate past president of the North Carolina College of Emergency Physicians and was elected in October to the national board of the ACEP. Dr. Hobgood will continue with her clinical work in addition to her new educational responsibilities.

Dr. Hobgood was the principal investigator on two grants—a Junior Faculty Development Grant from UNC-CH and an Innovations in Emergency Medicine Education grant from The Emergency Medicine Foundation—that supported her work in developing an educational intervention to improve residents' death notification skills. The method she developed is known by the acronym "GRIEV_ING." As the recipient of a curriculum development grant from the UNC School of Medicine, she has chaired a committee that is developing a new integrative curriculum unit for the fourth year of medical school. The resulting Capstone Course will be taught to UNC students for the first time in the spring semester. Currently Dr. Hobgood is directing a subproject under a federal grant to the UNC Center for Education and Research in Therapeutics designed to improve therapeutic use in the pediatric population through research and education. She will conduct a survey of emergency physicians followed by focus groups to determine why they do or do not follow published bronchiolitis guidelines.

Dr. Hobgood has recently focused on medical error and patient safety in emergency medicine.

Déjà Vu

Erik Kouba

A knock on the door.
Hot meal, cold juice and milk in hand,
And pleasant smile on face.
Black cat rubbing against leg.
Long wait, footsteps.
My grandfather opens the door, grinning, despite trembling hands.
The meal is placed on the table,
The visitor says goodbye,
And the black cat runs inside.

Later we visit; I'm twelve, my brother ten.
Immediately we go to the old cookie jar
And finish the extra carton of delivered milk with smiles.
A familiar smell of wood polish pervades the air
As a train whistle resonates from the distant track.
My grandfather remains silent in his chair,
With the shakes of Parkinson's.
Again the black cat has found its way inside
And lies curled up at my grandfather's legs.

Years later, another knock on a door.
Again, a hot meal, cold juice and a milk in hand.
Smile on face as steps are heard inside the house.
As the door slowly opens,
A familiar scent of antiquity.
The meal is placed on the table,
A grinning lady resumes her seat as a conversation ensues.
The lady remains seated;
A bad heart drains her strength.
Goodbyes are exchanged, and the door shuts behind.
While a gray cat sleeps in the midday sunshine,
I return to the car and drink a familiar, extra carton of milk.



Erik Kouba is a third-year student in the School of Medicine. His late grandparents were Meals on Wheels recipients, and Erik was a Meals on Wheels volunteer for three years before entering medical school. His mother currently delivers meals in Winston-Salem. This poem appeared in the Spring 2003 issue of *Insight Out*, a journal dedicated to exploring the value of community service that is produced by students in the health affairs schools at UNC-Chapel Hill.



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Information Please

FPIN Clinical Inquiries

The Family Physicians' Inquiries Network (FPIN), (<http://www.fpin.org>), is a national, not-for-profit academic consortium dedicated to using information technology to improve health care. One of the goals for FPIN is to provide evidence-based answers to family physicians' questions. The answers to these questions are called Clinical Inquires and are published in the Journal of Family Practice (JFP) and on the FPIN website.

What exactly is a Clinical Inquiry? Procedures for creating Clinical Inquiries begin when clinicians submit potential questions via the FPIN website. Family physicians decide which questions are the most important and vote through a web-based voting system. Next clinicians select a question to author and are paired with an FPIN medical librarian co-author who provides a thorough, evidence-based, standardized literature search. The clinician author examines the evidence and writes a 700-word summary that will become a Clinical Inquiry. This summary proceeds through peer review, a commentary from a practicing physician is added, and three editorial reviews take place before it is published in JFP.

Sample Clinical Inquiries: Should the varicella zoster vaccine be given to all children to prevent chicken pox? What is the best treatment for dizziness in patients with benign positional vertigo? Are tricyclic antidepressants more effective than anticonvulsants in decreasing the pain of polyneuropathy in diabetes mellitus? Is exercise treadmill testing useful for detecting heart disease in women? How long can we safely use proton pump inhibitors?

For additional information, please check the FPIN web site <<http://www.fpin.org>> or the Journal of Family Practice.