Patient education caught the interest of potential "DOCs" during the National Conference of Family Practice Residents (NCFPR) and Student Affiliate Members (NCSAM) Labor Day weekend in Kansas City.

What could have been "just another topic" of the many resident workshops became the most sought after knowledge by the 162 residents and 90 medical students attending the NCFPR and NCSAM. Patient education in the form of DOC (Doctors Ought To Care) appealed to the conference members and many wanted to learn how to start DOC organizations in their cities and states.

DOC was first organized in Miami in 1977 by Dr. Alan Blum. Dr. John William "Rick" Richards of Spartanburg, S.C. later adopted DOC in his city. Both residents (at the time) felt the need for preventive medicine by stopping bad health habits before they started. So they declared war on the "most wanted" bad health habits — smoking, alcohol and drug abuse, teenage pregnancies and poor nutrition.

After introducing DOC during a luncheon program, Drs. Blum and Richards were deluged with questions, many of which were answered during two patient education workshops. Attendance at those workshops topped 150 persons.

The primary concern of the residents at the workshops was how to start their own DOC programs and how to attack bad health habits.

Dr. Richards explained present campaigns are being waged through posters, a speakers' bureau, newspaper cartoons and columns, radio shows and advertisements.

For example, park benches now dot Miami and South Carolina with such slogans as "Emphysema — the disease that only takes a decade to make," parodying an advertisement for Decade® cigarettes. The Decade® ad claims it's the cigarette with the taste that took a decade to create.

When asked how to get other residents involved, Dr. Richards said to convince them they need to learn how to communicate with patients to be good doctors.

"Get them to talk before grade school students. If you can't communicate as a doctor, you'll fail," he said.

Dr. Blum urged residents to take advantage of speaking to groups by talking about more than the groups ask for. If asked to speak on venereal diseases, he said to explain about the disease and then ask pertinent questions such as what the audience knows about venereal diseases or birth control.

"You can present V.D. in 10 minutes," he said. "Ask other questions. You can open a whole new can of worms."

Before speaking to student groups, however, he advised giving the lectures to PTA (continued on page 15)
The 1980 officers for the NCSAM are Maria Tobin, chairman; Sylvia Corral, delegate, and Herb Young, delegate.

Conference
(continued from page 1)
groups or faculty members so they would know what the students would be hearing.

Dr. Blum pointed out that it would be easy for new DOC groups to be formed since residents could use gimmicks and resources the present DOC programs now have. Both doctors are willing to travel to help form new DOC programs.

Interest in DOC prompted a number of resolutions and charges to be adopted by the residents during their business sessions.

The resolutions, which are to be presented to the 1979 Congress of Delegates in Atlanta, include urging the AFFP’s Commission on Public Health and Scientific Affairs and Public Relations Committee to establish and promote positive public health education, primarily but not exclusively for youth, with such programs as DOC. In addition, the NCFPR urged that such programs be funded.

With that in mind, they also passed a resolution condemning the sale of cigarettes in health care facilities and urged that "no smoking" policies be enforced in such facilities.

Among the many other charges are:

- The Residency Review Committee for Family Practice (RRC), the Residency Assistance Program (RAP) and the Commission on Education should identify where residents can call for help when a program is in trouble and the program director will not respond.

- A minority affairs task force should actively recruit minority residents to participate in NCFPR/NCSAM and family medicine.

- A two-day practice management workshop should be offered before the conference begins in future years.

- Program directors should disseminate to residents what application procedures are necessary to acquire hospital privileges.

Students attending the NCSAM accepted resolutions that a full-time faculty position in behavioral science be required in all medical schools and that smoking (continued on page 16)

New NCFPR leaders are (standing) Dr. Cynda Johnson, STFM Board of Directors representative; Dr. Doug Henley, chairman; (seated) Dr. Bob Urata, delegate; Dr. Phyllis Hollenbeck, delegate.

Dr. Hugh Upton of Mountain View, Calif., (left) commented on the future of family medicine, complete with a slide show of bungalows in the 21st Century. Academy President W. Jack Stelmach spoke on "Preventive Medicine: an Area of Increasing Study and Emphasis," which included a discussion on the Lifestyles/Personal Health Care Conference held in June. Dr. Upton was chairman of the Committee on Resident and Student Affairs during the past year.
should be prohibited at all of their meetings. They also formed a fact-finding committee to study the possibility of student representation on all AAFP committees and commissions.

Dr. Doug Henley of the University of North Carolina-Chapel Hill, was elected chairman of the NCFPR for 1980. Emphasizing the need for key contact systems, Dr. Henley told residents during his campaign speech, he would attempt to identify a key contact person in each residency program in the country. "If successful, communication will be improved not only nationally, but also on a state-wide basis," he said.

Other goals he hopes to achieve during the next year include increasing communication between residents and commissions and committees, increasing involvement and support of medical school family practice clubs, maintaining close contact with STFM, RAP and RRC and to continue to strengthen residents' relationship with the Academy staff and Board members.

Resident delegates are Bob Urata, University Hospital, Seattle, Wash., and Phyllis Hollenbeck, St. Joseph Hospital, Syracuse, N.Y. Dr. Cynda Johnson, a third-year resident at the University of Kansas, was re-elected to represent the NCFPR on the STFM Board of Directors.

Students also selected Herb Young, University of Wisconsin-Madison School of Medicine, and Sylvia Corral of Stanford University School of Medicine, Santa Barbara, Calif., as their AAFP delegates for 1980.

Dr. Richard Kiovsky presided at the residents' conference, which consisted of two sets of workshops as well as business sessions. The practice management and physician well-being workshops drew the most attendance on the first day. Other workshops offered were residency graduates as teachers of family medicine, evaluation mechanisms and behavioral science.

In addition to the patient education workshops offered on the second day were sessions on research and journalism, legislation and government affairs, minority affairs, education and health care services, state organizations, mental health and RRC and RAP programs.

Members of the American Bar Association (ABA) attended the workshops to discuss a liaison with the NCFPR. Residents later voted to create a liaison with the ABA as one of their future goals.

Under the leadership of Carl Osier, medical students listened to panel discussions on "What Is a Family Physician?," "Organizing and Maintaining Local Family Practice Interest Groups" and "Family Practice or Primary Care Internal Medicine — Contrasts and Comparisons."

Academy President W. Jack Stelmach, AAFP Board Chairman Wallace E. Mathews and AAFP Board Member Harmon E. Holverson attended the conference to meet with residents and students and answer questions.

Including members of AAFP commissions and committees, registration at both resident and student meetings totaled 279 persons, up slightly from last year's registration of 260.