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End of an Era: CRMEF Closes Its Doors

Its official name, Cedar Rapids Medical Education Foundation (CRMEF), says nothing of Family Medicine, of a residency. It hints of nothing more than a dispensary of grants, scholarships and advocacy. However, from its very inception, it was the Cedar Rapids Family Medicine Residency; a training ground for more than 300 Family Medicine physicians. Some migrated east and west afterwards, but most stayed right here in Iowa with many in the Iowa City/Cedar Rapids Corridor. Graduates established practices, some that have been providing primary care for decades and will continue to do so.

By whatever name, the residency got its start just as Family Medicine did as a specialty. Family Medicine emerged as a specialty in 1969, offering its first certification exam the following year. Just two years later, Cedar Rapids started the first Family Medicine residency in Iowa. It was built on the infrastructure of a one-year internship begun by St. Luke’s Hospital (now UnityPoint Health - St. Luke’s Hospital) in 1918 and shared since 1962 with Mercy Medical Center. In these early times, an internship was a new concept designed to standardize physician training. Following an internship, a newly graduated physician could hang out a shingle and practice. Prior to 1900, no physicians did an internship. By 1923, 75% of medical school graduates were completing an internship.

An intern’s stipend in those days may well have been just room, board and laundry. For years, too, it was expected that interns be unmarried, some promising upon acceptance not to marry or to risk dismissal. They lived in the hospital, hence the terms “residents” and “house officers.” When interns began to receive a salary around 1954, the average intern only made $1,034 per annum.

The first Program Director, when the residency program started in 1971, was Dr. Robert Martin and he held the position for three years. Dr. Carl “Curly” Aschoff served as Program Director from 1974-1988, and Dr. Curt Reynolds followed him until 1995. Dr. Gordon Baustian took the helm in 1995 until 2008. (cont. on page 2)
With its first graduating class in 1974, the Cedar Rapids residency started to fulfill part of its mission of placing family physicians in Cedar Rapids. The pace of placement accelerated in the 1980s and 1990s, as the two hospitals bought practices and expanded their own outpatient networks. By the early 2000s, as many as 80% of the Cedar Rapids community family physicians were graduates of the program.

In a way, the living history of the Cedar Rapids residency begins in 1978, with the arrival of Dr. Ronald Reider on the faculty. Fresh out of the Air Force, Dr. Reider made the move from Arizona to Cedar Rapids, never imagining that 42 years later he would still be on the faculty and a beloved figure. He is known for his teaching points: “Never go to bed without a plan for each patient; it may change by morning, but at least you’ll have a plan.” and “You’re the doctor, doctor.” And for his “Ronaldisms” by those with whom he worked: “Some people think the glass is half empty. Some think it’s half full. I think it’s spilled over.” Such is Dr. Reider’s memory that he can almost always place a graduate by class and often recall more about that person. Of CRMEF’s nearly 370 physicians-in-training, 98% were trained by Dr. Reider. Residents and colleagues alike came to know his boyish smile, his curious penmanship, the sense of humor he doesn’t know he has, his devotion to patients, and his concern for all around him.

During my initial years in the program, I came to know Dr. Baustian as Program Director. He took pride in keeping the residency, not on the cutting edge, but, as he put it, “on the bleeding edge” of technology. The residency adopted an EMR in the late 1990s, well in advance of most clinics and even most hospitals. By then, St. Luke’s and Mercy had formed a not-for-profit foundation, giving the program a new name, the Cedar Rapids Medical Education Foundation. (cont. page 3)
Through the ‘80s and ‘90s, life for a resident was mostly predictable, as it had been for decades: rotations, inpatient, lots of OB, and clinic at our own clinic. That changed in late 2007 when the residency clinic became a Federally Qualified Health Center (FQHC) clinic, then under the name Linn Community Care, now the Eastern Iowa Health Center. The residency contributed its space, its equipment, its patients, and its EMR to the new enterprise. CRMEF was also named that year as one of 14 AAFP-sanctioned p4 residencies nationwide, each of the 14 looking to address the future of Family Medicine in its curriculum. As that new clinic was just getting started, the Flood of 2008 came to cost CRMEF its office and the clinic site. The day was saved only by faculty wading in the rising waters in the basement to rescue the internet servers as sewage fountained from the toilets.

The Flood, biblically enough, was followed by an exodus in late 2008; most faculty resigned. Several faculty chose to stay on, and happily, the program was saved. Dr. Dónal Gordon became Program Director and remained as the director until the end of 2019; Dr. Robert Beck was appointed the last Program Director and led CRMEF through its final days.

Statistics only tell part of the CRMEF story. The residency, founded almost 49 years ago, was the oldest in Iowa. Some 323 residents completed the three-year course and graduated. At least 44 residents spent a transitional year at CRMEF. Only six permanent Program Directors guided the program in all those years, lending impressive stability. Today, almost 60% of the family physicians in the Cedar Rapids area are graduates of the program.

The statistics do not speak to the likes of Dr. Reider, the devotion of Program Directors or the commitment of those who weathered the Flood and the Exodus, and those who remained to face what seemed to be an Apocalypse. Further, the statistics cannot speak to the loss of CRMEF by the community and its many individual patients who benefited from the kind of hand-holding EIHC and CRMEF were well-equipped to provide.

In the end, things change, priorities, too. What seemed new 49 years ago, what was promising in 2007 with the advent of an FQHC, what difficulties were survived, all now become part of our story. This story is especially about the hundreds of graduates, each seeing thousands of patients each year. Those graduates and their patients are CRMEF’s legacy, yesterday, today, for many decades to come.

Author, Dónal Kevin Gordon, MD, FAAFP, is a CRMEF alumnus, former longtime Program Director, last Executive Director

The last group to enter a CRMEF residency class.

The last R2 CRMEF residency class.

The last class of residents to graduate from CRMEF.
Wendy Hudson Retires from NEIMEF

Ms. Wendy Hudson, Northeast Iowa Medical Education Foundation’s (NEIMEF) Residency Educational Coordinator, retired June 30, 2020, after 29 years. She began working in the Family Practice Center in 1991 and became the Educational Coordinator (commonly referred to as Program Coordinator) in 2004. As a valued asset in that role, Wendy helped achieve and maintain full-accreditation with zero citations for 7 years running. She helped recruit excellent physicians to train, and she helped them develop into outstanding physicians. Her influence in the training of so many physicians cannot be emphasized enough. So many of the time management, communication, and professional skills the residents acquire begin to develop during the residents’ interview process and progress through their orientation, academic tracking and the inevitable personnel challenges. Wendy helped each of NEIMEF’s residents learn to manage these throughout their residency experience.

Ms. Hudson said that her favorite thing about working at NEIMEF was the “family atmosphere,” and as the Educational Coordinator, “the opportunity to meet and interact with so many different people.” She said the medical students, resident physicians, faculty and staff have all been “amazing!” Wendy and her husband will continue to reside in Cedar Falls to be close to their parents and two of their six children and grandchildren. Retirement will allow for them to spend more time visiting the four children who live in Colorado, Illinois, Pennsylvania, and Rhode Island. Additional travel will include time exploring state and national parks.

Educational Assistant, Crystal Zikuda, has assumed the role of Educational Coordinator on an interim basis.

OSCEP Announcements

2020 Calendar of Events

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<td>Iowa Family Medicine Residency Program Directors’ Meeting - Virtual</td>
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<td>September 3</td>
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<td>September 11</td>
<td>Advanced Life Support in Obstetrics (ALSO) Provider Course - Virtual</td>
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<td>September 24</td>
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<td>September 28</td>
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Generation X is described as ambitious, independent, and striving to balance competing demands of work, family and personal life. We are often called slackers or the “MTV Generation” (for those who could afford cable) and are the first children to have access to computers. My first phone was twelve inches long, and I typed reports on a typewriter. I am a Generation X physician teaching in the Broadlawns Family Medicine Residency. Medicine and medical education have advanced in the past ten years, even more so in the past few months as COVID-19 has transformed our interactions with each other and our patients.

Initially, teaching involved small groups, case discussions, and handwritten paper handouts. My skills ‘advanced’ to Word documents and PowerPoint presentations with a variety of fun transitions. Just as I was mastering my ‘new’ teaching tools, my learners changed. Generation Y, or Millennials, who grew up with technology had shorter attention spans. My lectures morphed into condensed, bullet point topics divided by frequent transitions and details of ‘Why’ the information was important. Again, my learners changed. Generation Z has had handheld internet technology and a plethora of information readily available since a young age. Most have had smartphones since junior high and are adept with social media. Students and I now have medical journals, calculators and images in our pockets. What would I do without MedCalc, VisualDx, DynaMed Plus or even Notability on my phone? Medical schools have also incorporated this technology in a variety of ways: video recording students performing a history and physical for feedback, online required readings (when was the last time you bought a medical text?), and electronic case-based learning. During lectures, I see students hidden behind their laptop screens or an empty auditorium while students are at home waiting to listen to my recorded lectures on double-speed.

Now, COVID-19 has demanded social and physical distancing. I have had the task of presenting relevant, succinct, and engaging lectures using Zoom and WebEx. I had not even heard of these prior to COVID-19. Before my first online lecture, I spent time deciding on a non-distracting background and the best angle of my camera. I survived, but I needed help to engage my learners instead of sending them into a stupor. Fortunately, I have my own Generation Z tech support, my children. My daughter attending college emphatically described which online lectures were effective and those that were less so. To avoid appearing as a troglodyte, I incorporated her suggestions and viewed a couple of YouTube videos so that I was ready for my next lecture.

Teaching at the Broadlawns Family Medicine Residency has been transformed. Students have been absent for three months and resident gatherings for lectures have ceased. We still have impromptu clinical pearls from our “One-Minute Preceptor” skillset and visiting professors continue to lecture using Zoom. In our search for additional educational opportunities, we have tapped a plethora of free, online learning resources, individual hands on POCUS training, and podcasts for residents to access. Moving forward in the academic calendar, our lectures will be shared on WebEx and recorded for future reference to allow access for all students and residents. We are creating small groups linked together virtually, to provide procedural, hands-on training essential for practice. (Sorry residents, no TikTok.)

Patient care also transformed quickly. When our hospital transitioned to the electronic medical record, it took months. Within weeks of COVID-19 shutting down the state, our physicians transitioned to telephone and virtual visits with patients, even when patients didn’t speak English. We taught residents (and ourselves) how to effectively communicate with patients during these visits to keep them connected with their healthcare. For example, internet connection is always slow and it takes longer to wait for their response. Education needs to be given in short blocks with “teach back” to ensure understanding.

Recruitment is also transitioning into the electronic realm. Interviews this year will be conducted virtually. (I am already helping my colleagues change their background!) Instead of walking through the clinic, hospital and resident housing on interview day, applicants will have access to a virtual tour. I envision a “virtual open house” video similar to that of realtors, maybe a fancy “commercial” presentation selling our residency or even some other idea I can’t even imagine. It will be difficult to convey the support and comradery the residents develop at Broadlawns. All residencies will face similar challenges as we prepare for virtual recruitment.

Teaching residents and students will continue to evolve with new technologies, opportunities and challenges. As a Generation X physician, I continue to embrace novel technologies younger generations rely on and physical exam skills of older generations as I help my “Boomer” colleagues bridge the gap. For now, we will continue to care for our patients through a variety of modalities, learn new skills for teaching, and create new learning environments virtually or together, 6-feet apart, in groups of less than ten.

Author, Dana Danley, MD, is a Family Medicine Physician and Faculty at Broadlawns Medical Center.
A Publication for the University of Iowa Statewide Medical Education System

The final group of faculty, staff, and residents of the Cedar Rapids Medical Education Foundation’s Family Medicine Residency Program.