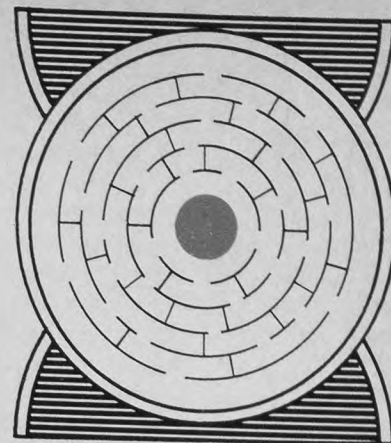# Research Summaries

The Research Summary section affords a means of communication and coordination of research activities in Family Practice in North America. These summaries have been developed through the efforts of the North American Primary Care Research Group. *The Journal of Family Practice* encourages the reporting of active research projects to the two coordinators for this section — Robert Westbury, MD, 4012 Comanche Road, Calgary, Alberta T2L0N8 (for Canada) and Maurice Wood, MD, Department of Family Practice, Medical College of Virginia, MCV Station, Richmond, Virginia, 23298 (for the United States).

TITLE OF PROJECT	INVESTIGATOR(S) AND LOCATION	STATUS & FUNDING	ABSTRACT OF PROJECT AND COMMENT
Automated Patient Information System	William L. Stewart, MD Margaret Peisert, MA Myrna Newenham, MD Ramon Robertson Southern Illinois University School of Medicine Springfield, Illinois 62708	In progess. Family Practice Residency Training Supplemental Grant Bi-State RMP	A multipurpose automated patient information system is partially completed. Patient care uses focus on the promotion of continuity of preventive medicine and health maintenance in patient care. Instructional uses include identification of patients for instructional purposes, monitoring the clinical experience provided by residents' practices, and comparing treatment procedures with norms established for selected illnesses. When completed, the data in the system will be available for research purposes; it presently produces both patient care and billing data.
Computer Aided Instruction in Medical Education	Gerald Fleischli, MD University of Nebraska Medical Center 42nd & Dewey Omaha, Nebraska 68105	Underway. Local funding.	We are acting as users in the Biomedical Communications Network of NLM's Lister Hill Center for Biomedical Communications. A microwave link was established to Minneapolis which gives us access to CAI programs from Massachusetts General Hospital and the Ohio State University. It will be permanently located in the Family Practice Center. We are informally evaluating user acceptance and effectiveness of this mode of instruction.

TITLE OF PROJECT	INVESTIGATORS AND LOCATION	STATUS & FUNDING	ABSTRACT OF PROJECT AND COMMENT
Analysis of Automated Ambulatory Medical Record Systems	R. Henley, PhD J. Dervin, MD J. Rodnick, MD Gio Wiederhold (Project Manager) M. Jenkin, MD (Minneapolis, Minnesota) E. Mesel, MD (University of Alabama at Birmingham) D. Ramsey-Klee, PhD (Malibu, California) I. Kuhn (Stanford University, School of Business) University of California Office of Medical Information Systems, A-16 San Francisco, California 94143	Completed. National Center for Health Services Research	The objectives, methodology, and effectiveness of computerized medical records in outpatient care were analyzed for dissemination to health planners. The use of medical data from the record for ongoing individual patient care as well as for health services management was stressed. The study involved visits to a number of sites, 17 of which were analyzed in detail. A report which presents the findings in a comparative manner may be obtained from the funding agency, National Center for Health Services Research, Parklawn Building, Rockville, Maryland.
Development of Chart Audit Instrument(s)	Robert E. Rakel, MD (Co-Principal Investigator) Dorothy J. Douglas, PhD (Co-Principal Investigator) Sharon Henderson, MPH (Project Director) Family Practice Research Unit Department of Family Practice College of Medicine University of Iowa Iowa City, Iowa 52240	In progress. Funded December 1, 1974, through January 31, 1976. American Board of Family Practice	The intent of this study is to develop alternative methods of medical record audit for assessing the specific care rendered to patients with preselected diseases/conditions in a volunteer sample of ABFP diplomates' office practices. The alternative methods include, but are not limited to, the following: (1) physician self-assessment, (2) chart audit by physician reviewers, and (3) chart audit by non-physician reviewers. All alternative methods will be compared with respect to physician acceptability, validity, reliability, and cost. Components of the study include application of the Delphi technique to the definition of minimal care criteria for the preselected disease/condition areas; development and pilot testing of a procedure for random selection of medical records in an office practice (the procedure should be amenable to use accurately and efficiently by clerical personnel); and recommendations for a computerized system for utilization of the selected instrument on a large-scale basis in the recertification process.
Human Communication Systems	Harold Hofstrand, MD Department of Family Practice University of Minnesota School of Medicine Minneapolis, Minnesota 55455	Underway. Departmental funding.	This project deals with the evaluation of the suggestive information processing system as it relates to rapport states (in doctor-patient relationships) in humans, and the ontological development of such a system with its consequent relationships to abnormalities of communication or affect.

TITLE OF PROJECT	INVESTIGATORS AND LOCATION	STATUS & FUNDING	ABSTRACT OF PROJECT AND COMMENT
Family Practice Management Survey	Richard H. Hosfield, MD Blackstone Family Practice Center 820 South Main Street Blackstone, Virginia 23824	Completed. Local funding.	A survey was made of 100 family practices throughout Virginia to establish guidelines in the areas of fees, employee salaries, employee-physician ratios, and numbers of patients seen by physicians per day. There was about 58 percent response to the mailing with 55 percent of the surveyed practices being applicable to the study. Fees vary according to the size of the community from an average of $6.15 in rural areas to $10.08 in large, urban areas. Salaries in the study showed considerable variation, and probably are based on local standards rather than state-wide criteria. Each physician probably requires 2.5 to 3.0 employees in his practice, and most physicians see about 30 patients per day.
Description of Family Practice Resident Evaluation System	Myrna Newenham, MA William L. Stewart, MD Department of Family Practice Southern Illinois University School of Medicine Springfield, Illinois 62708	In progress. Department funding.	For 18 months, our program has been developing and implementing a resident evaluation system. There are three facets to the system: (1) Evaluation of clinical competence — diagnostic and research, (2) Evaluation of the resident program at the end of each service, and (3) Evaluation of specific content of the resident experience by use of a patient contact log. Evaluation is at three levels of competence; at the lowest level of performance, a problem-oriented comment is made. Resident evaluation forms are under review and development.
Evaluation of a Model Community Health Center at Muscatine, Iowa	Dorothy J. Douglas, PhD (Principal Investigator) Richard W. Redman, MD (Project Director) Family Practice Research Unit Department of Family Practice College of Medicine University of Iowa Iowa City, Iowa 52240	In progress. Funded November 1, 1974, through October 31, 1975. Supported by the Iowa Regional Medical Program	This research project is designed to evaluate the level and quality of care delivered by a team of health professionals (physicians, physician assistants, and health technicians) functioning in roles appropriate to a family practice group setting. The specific goal of the project is to develop evaluation techniques and tools that will help the model community health center reach a level of performance that will make practical its replication in other parts of the state. Components of the project include: (1) designing, testing, and evaluating treatment protocols to serve as a means for accurate assessment of the quality of ambulatory care provided by the physician assistants, (2) developing a disease/problem index file and concomitantly a practice profile method, and (3) testing and evaluating a method for auditing primary care medical records.