



KAFP JOURNAL

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ICE STORM 2009

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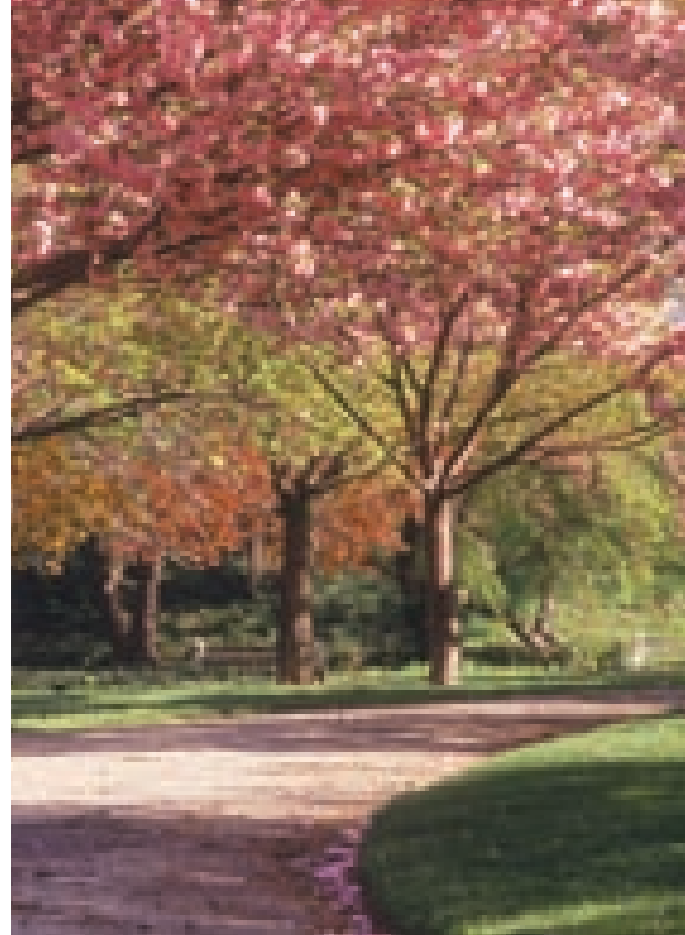
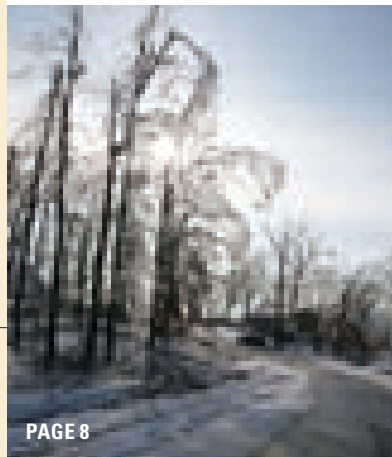


TABLE OF CONTENTS

- 4 ► **KAFP Directory**
- 6 ► **Message from the President**
R. BRENT WRIGHT, M.D.
- 8 ► **Ice Storm 2009**
PATRICIA ELLIOTT-WILLIAMS, M.D.
- 11 ► **Experiences from Ice Storm 2009**
- 16 ► **KAFP Scientific Assembly**
- 17 ► **KAFP Scientific Assembly Highlights**
- 18 ► **KAFP Scientific Assembly Schedule**
- 19 ► **KAFP Scientific Assembly Registration Form**
- 20 ► **Get Involved**
- 22 ► **Call for Resolutions for 2009 KAFP Congress of Delegates**
- 22 ► **Official Call for the 2009 KAFP Congress of Delegates**

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April 23-25, 2009

Hyatt Regency Crown Center
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2009 NATIONAL CONFERENCE OF FM RESIDENTS AND STUDENTS

July 30 - August 1, 2009

Kansas City Convention Center-Bartle Hall
Kansas City, MO

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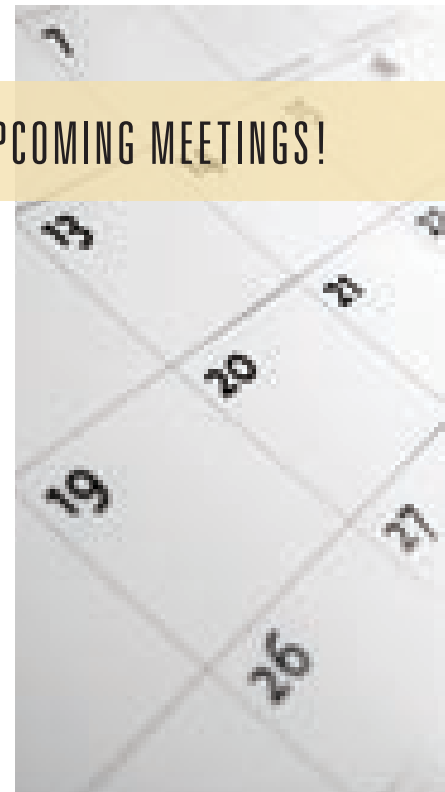
October 12-14, 2009

Weston Boston Waterfront/
Boston Convention and Expo Center
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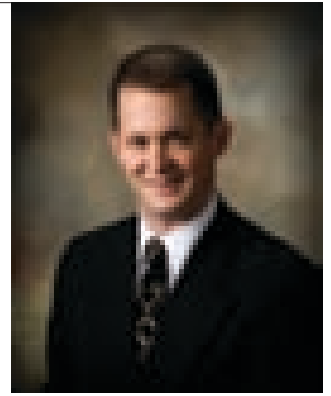
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▶ **message** from the **PRESIDENT**



“IF YOU ARE A FAMILY
PHYSICIAN, YOU ARE
MY FRIEND.

-- **Larry S. Fields, M.D.**,
Past-President AAFP for 2005-2006

Family medicine represents something different for each and every one of us who are fortunate to practice within the depth and breadth of our current specialty. For some, it is a chance to make a difference within the town where we were born. For others, it is the chance to answer a higher spiritual calling to serve their fellow man in times of emotional and physical illness. Yet for others, family medicine is a chance for us to spend time as educators for the next generation of medical students and residents who will answer the call to become a family physician. And finally, there are those who work within associated frameworks to advocate for the specialty as their passion dictates.

Speaking of others that have answered a higher spiritual calling to serve, I want to thank Dr. Pat Williams for volunteering to be your guest editor for this issue. Pat, like many of us, had a rough time with the weather this year. She provides in this issue a historical record from not only the family physician's view of this event but from our patients' views. I will cherish this issue as yet more proof of how as Kentuckians and family physicians, when confronted with difficulty, we rise to the occasion and make a positive difference.

Also, in this issue is information on our upcoming scientific assembly to be held May 14 through 16 at the Crowne Plaza-Campbell House in Lexington. You will note that we will have both clinical and practice management top-

ics of current interest. Our resident and student reception followed by our resident quiz bowl has been one of the highlights of our program in the last three years. The family medicine residents of the University of Louisville will be defending their title against our programs from East Kentucky, Glasgow, Lexington, St. Claire, St Elizabeth and Trover. Our meeting offers a great opportunity to learn, network with your peers and to have some fun!



Serving as the president of the Kentucky Academy of Family Physicians during the past year has been an honor. I have had interactions and discussions with physicians throughout the state which have humbled me to be a member of our profession.

Please join me and my family in Lexington this year, and let's again make a commitment that this year we will work together to bring about the health care reform that we know is the best for our patients. I look forward to seeing each and every one of you.

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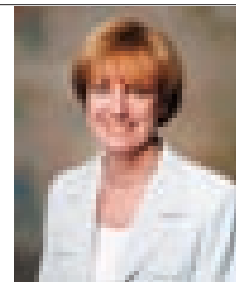


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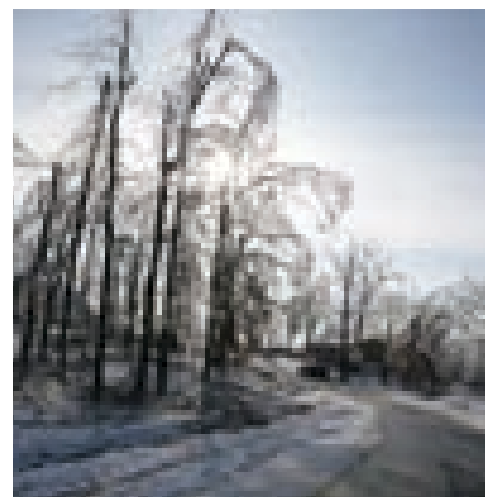
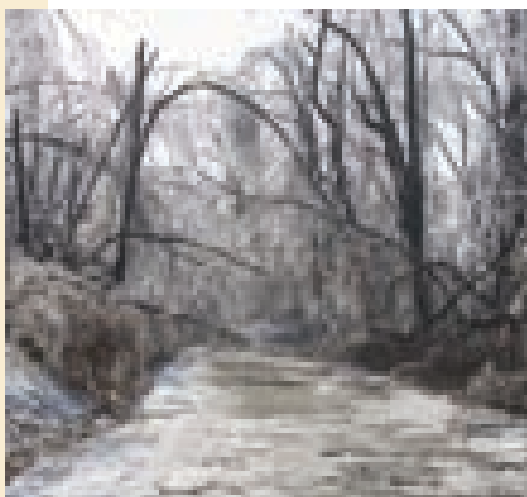
▶ ICE STORM 2009

- By Patricia Elliott-Williams, M.D.



The Ice Storm of January 2009 devastated an area of the country that was already struggling. The town of Mayfield had lost three large plants employing over 3000 people within the last three years. The area had experienced power failures in the past, mainly due to tornados and high winds. The last one was in the summer of 2008 associated with Hurricane Ike, where power was out for four to five days. The people in this area are prepared for similar events of ice storms and power failures; however, when we woke up on the morning on January 27th, the surrounding town and countryside was shocking. It appeared to be a war zone where every tall, mature tree had been broken in half and was lying on the ground from the weight of three to four inches of freezing rain that had fallen overnight.

THE ICE STORM
OF JANUARY 2009
DEVASTATED AN AREA
OF THE COUNTRY
THAT WAS ALREADY
STRUGGLING.



We got up and prepared to go to the hospital and make rounds. However, it took two to three hours to get from our home to the hospital due to large trees lying over the major highways. Much of the initial clearing of the roads was done by ordinary citizens trying to get out of their homes. We had a neighbor who arrived on the highway across from our house with a chain saw and tractor and helped clear the trunk of a tree off the road. Traveling further down the road, we saw power lines broken and draped over the road with only small areas to pass

to avoid contact with them. In addition to no power, there were no telephone lines or cell phones except for certain companies. There was no availability of 911 or other emergency services in the town. The townspeople were asked to remain inside, and only necessary trips for supplies were allowed on the roads. There was a curfew at night starting at 6 p.m. until the next morning, again to avoid any unnecessary traffic on the roads.

Many local hardware stores ordered hundreds of generators each day, but they were usually gone within several hours of

arriving. People on wells could not get water from their well and were collecting icicles to keep food cold and carrying buckets of water to their home for other uses. People pooled their food together. In very remote areas, churches were warming centers during the day and offered meals. Some churches even offered hot showers. Many people heated their homes with kerosene heaters or used their gas cook stoves for heat. Many lost the contents of their homes due to the blackening effects of these heaters. The National Guard patrolled remote areas of the county using megaphones, driving up and down streets instructing people to put a list of supplies need-

lines for up to four hours to get five gallons of gas. This would be enough to run a generator for about seven to 12 hours. In the county, no one could get water from their well. Families and neighbors grouped together in one room. One home would have a wood or gas stove and another might have water from their well on a generator. People pooled their food together. Many did not have a hot meal unless they went to the shelter.

THE HOSPITAL

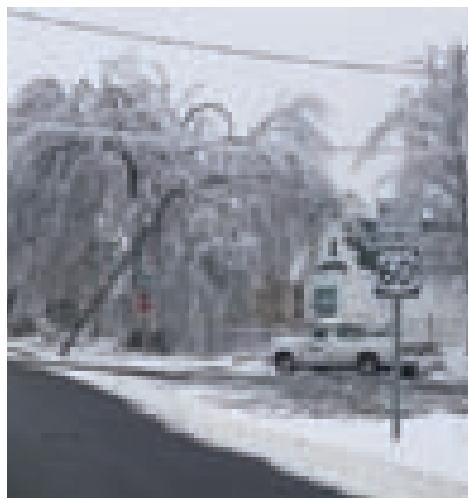
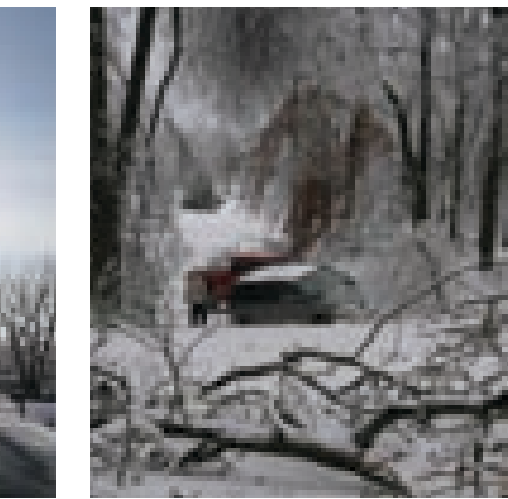
When we arrived at the hospital, it was running on a generator. Multiple electricians and crews were sent down to help keep this in good repair. We did have generator failures off and

On the second day of the storm, a main water line broke in the town, and there was no water available in the hospital for four to five hours. Surgeries were cancelled due to no suction in the operating room. One family physician went to his office and brought back a portable suction unit to use for an emergency EGD done that day.

Everybody pulled together to get things done. Nurses converted from computer to paper records, and despite this, stayed very organized and accurate. There were neighboring hospitals from outside the disaster area that donated hot meals for the hospital staff - a great treat after many days of cold sandwiches. The hospital opened up their staff shower rooms to support staff and had a schedule where workers that did not have hot water at home could come in and get a shower during their shift.

The lobby was full of patients afraid to leave for fear of running out of their oxygen or nebulizer treatments. Many of the chronic

The people in this area are prepared for similar events of ice storms and power failures; however, when we woke up on the morning on January 27th, the surrounding town and countryside was shocking.



ed in their mailboxes, and the next day tried to bring back MREs (Meals Ready-To-Eat) or kerosene for their heaters. The airport also was a drop off for supplies. Many people waited in lines, but within an hour or two, the supplies were usually gone.

After three days, some of the banks opened but were only allowing withdrawals of no more than \$200 cash at a time. After several days, one local drugstore opened up for refills of medication. It was dimly lit on a generator. Gas was scarce since the pumps could not pump out gas without the power. People bought gas generators and waited in

on. At one point in the middle of the night, the generator was down for two to three hours. Patients in the intensive care unit on ventilators were bagged by hand until ambulances could arrive to transfer those patients to another facility. The phone lines had fallen alongside the power lines. Physicians sent their families out of town and spent the next few days and nights in extra rooms of the hospital or slept on the floors of their offices in order for the hospital to be able to contact them during an emergency. Hot food was served to the patients in disposable, carry-out containers, while hospital staff had sandwiches.

lung patients that had tried to stay at home came to the emergency room after two to three days with exacerbation of their COPD. There were long lines that stretched from the cafeteria out into the hallways whenever the cafeteria opened. Many of the support staff stayed for days at a time working, and the hospital provided food for the extra staff as well as any visitors that remained in the hospital. The lobby became much more crowded, and the hospital went into lock down and transferred any non-visitors staying in the lobby to the Red Cross Shelter across the street.

continued on page 10



THE RED CROSS SHELTER

The area high school commons area was converted to a shelter, thus consolidating many local shelters run by local churches in the town. At one point, there were up to 800 people eating and sleeping there, sleeping side-by-side on small cots. Many of the people staying there had no other options for food or a warm place to sleep. One patient stated that he went there during the day to get meals since he did not have any cash to purchase any supplies at home until the banks were open several days later. All of the area cafeterias sent their food to the shelter, and the school cafeteria staff and janitors worked around-the-clock cooking and cleaning. There were ill residents that were placed in several classrooms away from the general population, and local physicians visited them or the shelter arranged transfer to the emergency room if necessary. After three days, showers were provided, which was a welcomed relief to those staying there. Generally, they stayed on their cots with a few possessions in plastic bags waiting for any word of power restoration in their neighborhood. After five days, power was slowly restored in various parts of the town, and the number of residents at the shelter began to dwindle.

THE AFTERMATH

There were many hardships experienced from the storm, many of which are in stories included in this article.

Many of the people lost their food in their deep freezers. The first few days were bitter cold and where food could be left outside, but after several days it warmed up and this food was lost. Frozen vegetables from large gardens that were prepared and in freezers along with venison were lost. For many people, this was a good portion of the food that they had planned on for the winter.

The power companies were quick to respond, but much of the power loss was at the TVA level. Trucks came from all parts of the country to help, and they reported up to 38,000

power lines and poles down. There was a man from Michigan who lost his life repairing a line, leaving a wife and 4-year-old daughter at home. Power boxes were torn from many houses, and the power company could not restore their power until it was repaired. This cost up to \$1,000 in many cases. Some were in rental homes where the landlord may or may not invest in this type of repair.

Older couples unable to clear the timber from their properties were getting estimates of up to \$2,000 to cut and remove trees from their front yards. There was also a lot of outside volunteer work that came in to help. One group of 20 from the Church Of Christ in Atlanta, Ga., drove up for a day with chain saws and other equipment and cleared land for an elderly couple. They spent all day working. In the end, they went to the couples back porch and only asked that they all say a prayer together before they left.

Many of the people during the storm were out of work for weeks at a time, some because of inability to get out of their homes to drive to work, and others due to the companies shutting down due to lack of power. There were many people who spent a large amount of money on fuel to run generators as well as on the purchase of the generators. Some farming businesses required these to keep their barns warm in order to save their animals.

In general, the people of this area are very resilient and have moved on. They are doing the best they can to restore order in their homes. They appreciate all the prayers and support they received during this crisis.

Patricia Elliott-Williams, M.D. our Guest Editor is a Past-President of the Kentucky Academy of Family Physicians and has been in private practice in Mayfield, KY since 1986. She graduate from medical school at the State University of New York at Syracuse (Upstate) and completed her family medicine residency at St. Joseph Family Practice in Syracuse, NY.

EXPERIENCES FROM ICE STORM 2009

VICKI'S STORY

- *Written by Vicki King*

My 13-year-old granddaughter, Danielle, lives with me, and the two of us were probably more prepared than some. I had a kerosene heater, enough stored water and food for three to four days, a portable tv/radio, batteries, flashlights, and kerosene lamps. I was ready - not!

The first night of ice was then followed by a second night of freezing rain. With no electricity, the smell of kerosene and the quiet took some getting use to. I closed off part of the house and only heated the kitchen, bath and one bedroom. I found you can even cook on a kerosene heater if you have to. At bedtime (early), I would shut the kerosene heater down and sleep until I got really cold. Then I would get up, light the heater again for an hour or so and watch it. I was afraid of carbon monoxide poisoning, so I wouldn't sleep with the heater burning. Still the sounds of snap, crackle, and pop continued outside. And, if I listened, I could hear a generator running somewhere down the road.

It was interesting to watch my granddaughter, who is use to her cell phone attached to her ear and the computer, suddenly be without those "necessities." She was in kind of a stupor, wide eyed and following me around. The first day or two, we played Scrabble, talked, laughed, and even read by lamplight. Those are good memories.

Thursday came and my famous last words of "at least we have water" were met with no water. The phone didn't work. The kerosene for my heater was running low. Worse, the warmth it provided for my kitchen had unfrozen my refrigerator.

"Have suitcase, will travel," became my motto.

First, we stayed at my 74-year-old mom's house for two days and nights. Her and her companion didn't have power either, but they had a gas water heater and had rigged up a gas heater. There were already some neighbors staying with them, but two more didn't matter. They pulled the gas grill into her sunroom and cooked out there. I brought an old percolator over so we even had perked coffee. You cook a lot when everything is thawing and you hate to let it ruin.

Then, for fear my granddaughter would drive her great-grandmother and her friends crazy, we packed our bags and went 40 miles to my sister's house for the weekend. They had their power restored. Her son lives next door, but he didn't have power. That was pretty much the story everywhere, one person would have power, the next one wouldn't.

When the clinic where I work reopened, I packed my bags and went back to Mom's house. I would be closer to work and home. I could check on my animals and warm up the house every afternoon to keep the pipes from freezing. Danielle stayed on with my sister.

One night while I was at home feeding my dogs outside, Danielle called me and asked if I was outside with a flashlight. I replied, "Yes... how did you know that?" My neighbor had seen the flashlight and thought someone was prowling around and called my sister. Neighbors were watching out for neighbors.

Things like this tend to bring out the best in people. We check on our friends, family and neighbors. We offer assistance to people in need. Harder still, we accept offered assistance - when we'd rather be giving it. I am thankful.

JERRE'S STORY

- *Written by Jerre Jardison*

I had been having a wonderful week of vacation in Fort Myers, Fla. in 70 and 80-degree weather when I received a phone call from my daughter on Monday, January 26. The topic of conversation centered around the latest weather report that Western Kentucky was due to be hit by an ice storm the next day. We were due to fly out of Fort Myers at 1:30 p.m. the following day.

When I awoke the next morning, the Weather Channel was already reporting from Paducah on the devastation of the ice. Frantic phone calls were coming from my daughter urging us not to come home. However, we flew out from Fort Myers to Atlanta. Our flight was delayed in Atlanta, and we did not reach Nashville, Tenn. until 7:00 p.m. on Tuesday. My husband and I decided to drive to Clarksville, Tenn., which is about 125 miles from our home, and stayed for the night. Our plans were to drive home the next day.



By the next morning, after talking to our family at home and watching reports of the ice storm on the Weather Channel, we knew that there was no way we could get home. Our daughter and son-in-law tried for three days to get to our house to check on it, but downed trees and power lines prevented them from getting to our house. I remember my son-in-law saying to me, "no matter how bad you are imagining it to be, it is worse." He was right.

When we were finally able to reach home on Friday afternoon, January 30, I could not believe how bad the destruction was. With all the trees and limbs that were down, it was a miracle that nothing had fallen on our house.

Our electricity was out for seven days, but we were fortunate to have a friend in South Fulton, Tenn., who opened her home to my daughter, son-in-law, husband, and me.

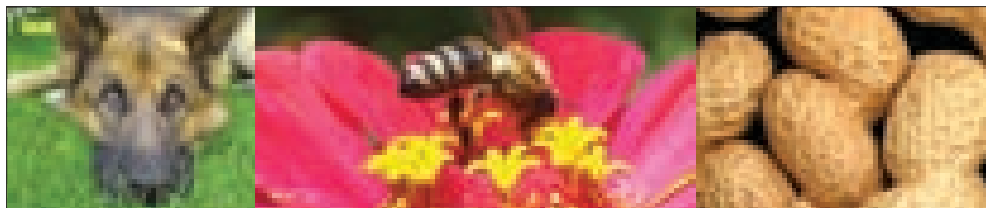
TOBY'S STORY

- *Written by Tammy Bone, paternal grandmother of Toby Lee Jackson*

It has been 48 hours since an ice storm has ravaged Western Kentucky and left us without electricity. There is no Wal-Mart, no groceries, no restaurants, no gasoline. Some have running water, some do not. Few people have home telephone service and fewer still have cell phone service. So it is with a sigh of relief that Blake and Carissa Jackson enter the

OB department at Jackson Purchase Medical Center and find a generator running and Dr. Alan Christenson sitting at the desk. A family practice physician, Dr. Phillip Kiser, is on call for the nursery. This is the Jackson's first child, and multiple ultrasounds and an uneventful pregnancy predict a healthy baby. Nothing seems amiss other than the slightly

dim lights, cold waiting room, and the lock down of the hospital at 7 p.m. due to fear of looters. Just across the interstate, hundreds are being sheltered from the cold at the local high school. A normal labor ensues and at 9:03 p.m. a nine pound, eight ounce baby boy is delivered; ten fingers, ten toes. Perfect in every way, or so it seemed. We celebrate and talk of how we will tease him about being born during Kentucky's first natural disaster. Within two hours, concerned faces and hushed voices discuss abnormal heart sounds and an inability to oxygenate. We are told that the baby has a heart condition requiring specialized care. A telephone call is placed to Kosair with a request for transport by helicopter. The answer is no. The weather is too bad for flight. The same call to Vanderbilt ended with the same response. The only option is to attempt to stabilize the baby while Vanderbilt's NICU makes a two-and-a-half hour drive to pick him up. Vanderbilt recommends a medication which is not in stock at JPMC. It is located at another facility, and Mike Ragsdale, director of respiratory therapy, uses his own vehicle and precious gasoline to make a very speedy 40 mile round trip to procure the medication. Behind the nursery glass: prayers for restored health. Prayers for the speedy arrival of the NICU. Prayers that the generator does not fail and leave us in darkness with no equipment and an infant with a faulty heart. At approximately 4:25 a.m., the NICU arrives and whisks the baby away. A frightened father follows, while a new mother waits because she is unable to leave the hospital. By 8:30 a.m. a diagnosis has been made: transposition of the heart vessels. An immediate surgery is done to place a stent for temporary stabilization. Ten days later, a major surgery is done to repair the defect. Thank you Vanderbilt, for what you considered routine care, we thought of as exceptional. And a very special thank you to the staff and physicians of JPMC. You gave our little guy a chance for a healthy and happy life. You indeed proved that extraordinary people do extraordinary things when faced with extraordinary circumstances.



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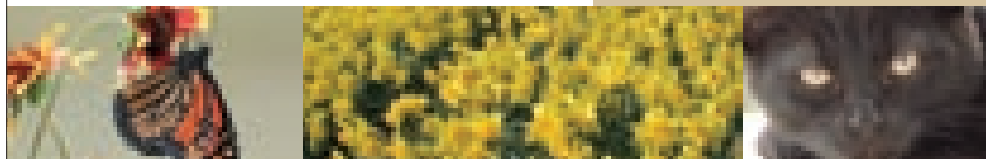
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BONNIE'S STORY

- *Written by Bonnie Orduna*

For a few days before the storm, News Channel 6 and local radio stations predicted that we would receive some bad winter weather with snow, sleet, freezing rain, and ice beginning on Monday evening, January 26. Like always, we tried to prepare by stocking up on a few days worth of extra groceries and staples that weekend and Monday morning. We didn't realize that the storm we were about to receive would be the worst natural disaster to ever hit Kentucky. Although we tried to be ready for bad weather, everyone was unprepared to deal with the magnitude of our situation.

Our power went out around 9:00 a.m. Tuesday, January 27 after receiving sleet, freezing rain, and ice since the evening before. Everything was coated with a thick layer of solid ice. Trees, power lines, and utility poles were breaking under the weight of the ice. Without electricity, we had no heat and no running water, no lights, and our land-line phones were not working. Our refrigerators and freezers were not running, so the food we had on hand was in danger of spoiling.

My husband Samuel and I live in Melber, just south of Lone Oak. I take care of an elderly woman, Thelma, in my home. My mother Bea Brown lives next door to us. My daughter Rhonda and grandson Todd live in the next house past my mother. So we had three households struggling to manage without electricity and other basic necessities during a brutal winter storm with freezing temperatures.

Luckily, we had some kerosene heaters stored away, and Tuesday afternoon we began gathering them along with fuel that we happened to have on hand. Initially, we divided the heaters and kerosene so that each of the three homes would stay warm. Sam did all of the hardest work by carrying the heaters, setting them up, filling them from heavy jugs, and keeping them lit for everyone for several days.

We had a small amount of bottled water on hand, and on Tuesday afternoon, Rhonda had gotten a few jugs of water from a friend who still had electricity and water. So we had enough to drink, make coffee (an ABSO-



National Guard troops were deployed to our area and then National Red Cross, electric companies, utilities, and other organizations...

LUTE necessity for some of us), and cook. We were also able to catch a supply of water as it ran off the eaves of the house. Sam gathered every empty tub, plastic basin, and large pots and pans we had to catch the rainwater and ice melt. Some of this we used to flush the commodes. We thought we would have power back on in a couple of days, never dreaming it would be nine days.

I went outside the first day to help my husband gather supplies for everyone. The noise was like something I had never heard. There was a creaking, squeaking, screeching sound coming from tree limbs that were bending under the heavy ice. All around loud gunshot-like noises could be heard from every direction. It was constant and never-ending. It was so scary I told Sam I was going back inside since people were shooting. He told me it was actually trees breaking. Huge limbs were falling all around us. It didn't take long

to realize how dangerous the situation was.

As the day wore on, we decided we better gather whatever survival instinct we had and get busy. We set up a make-shift kitchen in the garage by putting the gas grill inside the garage so we could start cooking. Since the refrigerators were no longer cooling, we emptied all of the food into coolers and tubs and made plans to cook these supplies before they could spoil. Since the outside temperatures were still frigid, just setting the tubs of food outside the garage door was sufficient to keep it cold.

One of my biggest concerns was the 93-year-old bedfast woman I take care of. I had to keep her warm, fed, clean, and dry. Her bed linens have to be changed daily, and it quickly became apparent that we didn't have any way to do laundry.

We were fortunate enough to have a generator, but we didn't know how to hook it up to the electric box in order to provide electricity for our home. Instead, we would run it using extension cords to one appliance at a time. Then we were able to make coffee or tea and keep our freezers from thawing. We found an old washing machine, set it up in the edge of the garage near the door, and plugged it into the generator. Samuel would haul five gallon buckets of water and fill the washing machine so I could wash Thelma's bedding and clothes in the icy water. The garage ended up being our place to cook, eat, work and plan our next projects in order to take care of the needs of everyone. Sam had a small television in the garage that worked using rabbit ear antenna. We were able to listen to the local TV station updates on the weather and quickly heard of the dire, dangerous situation throughout our part of the state. The region was crippled by the lack of widespread power outages, major roads blocked due to debris, limbs and dangerous power lines down everywhere. With the help of these broadcasts, we quickly learned that the situation was so dangerous and widespread that emergency crews, utility companies, first responders, police and fire department were overwhelmed by the destruction and devastation. The local TV

continued on page 14

and radio stations were running on emergency generators just to be able to continue broadcasting. Gov. Steve Beshear requested federal assistance from newly elected Barack Obama. National Guard troops were deployed to our area and then National Red Cross, electric companies, utilities, and other organizations began sending volunteers from all over the country to help our state. Communications became a huge problem for everyone due to several damaged cell phone towers and all AT&T customers were without service for several days.

By Wednesday, a few brave souls were trying to travel from our rural area into Paducah and surrounding towns looking for supplies and shelter. Reports coming from town were bad. Gas stations couldn't operate without electricity. Only three to four stations were open with the use of generators; cars were lined up for several blocks, gas was rationed, supplies extremely limited. It was the same with stores selling kerosene and food. Police were stationed at the few open businesses due to fights from short tempers and people cutting in line. Curfews were imposed.

Everyone realized that due to the supplies of gasoline, food, and kerosene being rationed that this situation would last for a much longer period of time than we originally anticipated. So on Thursday morning, we made the decision to consolidate the three households into one. Rhonda and Momma would move into my home so we could conserve our remaining kerosene by heating one home instead of three. This was a huge blessing for Sam. It would lessen the amount of work for him since he could quit carrying the heavy buckets of water and jugs of kerosene to the other homes. He had a constant backache from all the lifting. Momma, age 83, is a big believer in a dose of Milk of Magnesia every other day. So she really kept Sam busy keeping her commodes flushed.

My daughter Regina came by daily to check on us and frequently went on supply scouting missions to town trying to find supplies of milk, bread, eggs, and other food staples as well as gasoline and kerosene for us. When Rhonda was finally able to get her car out of her driveway, which was blocked by fallen trees, she also traveled to town to

bring back supplies of kerosene and gasoline and food.

Neighbors would stop by to check on us (usually at meal times) and swap information and join us for coffee or breakfast from our makeshift kitchen. Since Momma, Rhonda, and I had pooled our groceries, we would fix a large breakfast each day on the grill, usually of biscuits, eggs, bacon, gravy, and pancakes. I mastered the BBQ grill, and I never knew you could cook up some really decent meals on a grill. Neighbors would fix a plate to take home to their wives.

On Thursday morning, we heard that a neighborhood grocery in Lowes was open with a generator hooked up in order to run the gas pumps. They were selling a maximum purchase of \$20 of gasoline to each person. We needed gasoline to run the generator, so Rhonda and I loaded all of the empty fuel jugs into her truck since she was the only one in the family with the foresight to fill her car's gas tank prior to the storm. All of the other vehicles were setting on empty. Lowes is about four miles away on a narrow curvy road. Like all the other roads, it was ice-covered with downed limbs, trees, and power lines which made it difficult to travel. On the slow drive, we decided that there were a couple of people, Marcia and Billy, that live on that highway that we knew that we should check on. I knew that Marcia had several health problems. We decided to go get our gas first and stop on the way back through to check on the family. As we drove past their house, I saw a SOS sign made of sticks in the edge of the yard by the road. We backed up and pulled into the edge of the driveway as close as we could near their mobile home. I got out and walked down towards their home. As I got closer, I could see her husband outside with a campfire he had built since there was no heat inside the home. She was laying on a fold out lawn chair as close to the fire as he safely put her. She was wrapped up with quilts and coats. She wasn't moving at all. It scared me really bad and I was thinking the worst. I asked him how she was. He said she had just had cancer surgery on her face a few days before the storm and that she really needed to be inside somewhere to get warm. His truck wouldn't start so he couldn't take

her anywhere. I persuaded them to come home with us. I had a spare bedroom for them and made her bed with lots of warm blankets. It was rough for a while. She was coughing non-stop and very weak and frail. She had a machine she was supposed to be using for breathing treatments but couldn't without electricity. She hadn't had a breathing treatment in several days. I was afraid she would get pneumonia, but as the days passed, she began to improve. Her favorite food was blueberry waffles, so we fixed her right up with a batch that weekend. Her husband did the best he could trying to take care of her and keep her warm and well in the primitive circumstances. He was constantly attentive to her needs and care. He was also a big help to Samuel. He brought his chain saw and helped Samuel cut trees and limbs out of our doorways and paths so we could get to the garage.

On Friday, my son-in-law Dale came over and hooked up our generator to our electric box and life got a little easier. We were able to do a limited amount of cooking inside, take showers, do laundry, and have lights and occasionally TV. The weather warmed up into the 50s that weekend, and the ice melted, making it easier to start cleaning up limbs and debris. Sunday evening was Super Bowl weekend, and Sam and Rhonda watched the big game, thanks to the generator.

We were seeing utility crews and trucks from all over the United States in our area. They worked around the clock trying to restore electricity for everyone.

After nine long hard, cold trying days, our electricity finally came back on. Everyone was so happy and exhausted. We vowed not to take it for granted again. It felt good to be able to return to normal. Momma, Rhonda, and the couple who stayed with us moved back to their homes. Many of us began to assess the damage and found many appliances and electrical items damaged by power surges. We made plans to file claims with insurance companies.

I really have a better appreciation for the convenience of electricity. Samuel did strain his back with all of the lifting. He still has to be careful when lifting or bending over. He hasn't given in yet and gone to see a doctor.

JANICE'S STORY

- *Written by Janice Emerson*

We were without power for nine days but had gas logs and cold water after day four. We were able to cook on the outside grill and heat water also. We carried water from the pond behind our house for the bathroom facilities. We read at night with miniature flash lights that our nice neighbor gave to us.

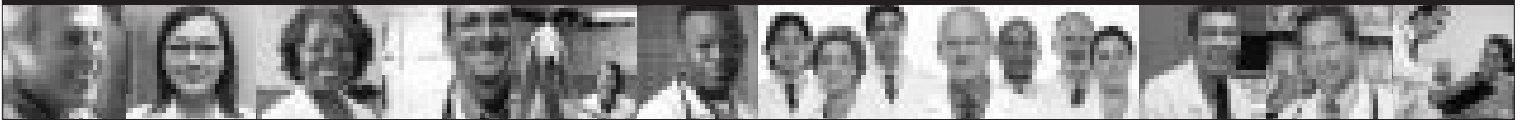
Our biggest problem was keeping my parents going during the storm. We went over every morning and took 10 gallons of pond water for their bathrooms and fed and watered the horse, dogs and donkey. It took four hours the first morning after the storm to clear their driveway enough to be able to get a vehicle out. On the second day of the storm, it took three hours to clear the same driveway out. We got them a generator on day four and went back at 6:00 p.m. that day and filled it up. (During the storm, my dad lost two sets of his hearing aides, a lift chair for my mom, and he tore up a new ventless gas heater in their den. All have been replaced now.)

Something like this makes you appreciate how well we have it and how much we have to be thankful for.

We were much more blessed than many. We have lots of good friends and neighbors who helped each other during this time, and we were also able to help out some of our neighbors who didn't have anyone. Our church has had two crews going out daily and cleaning up yards. We were able to participate by feeding the crews that were out working everyday. Something like this makes you appreciate how well we have it and how much we have to be thankful for.



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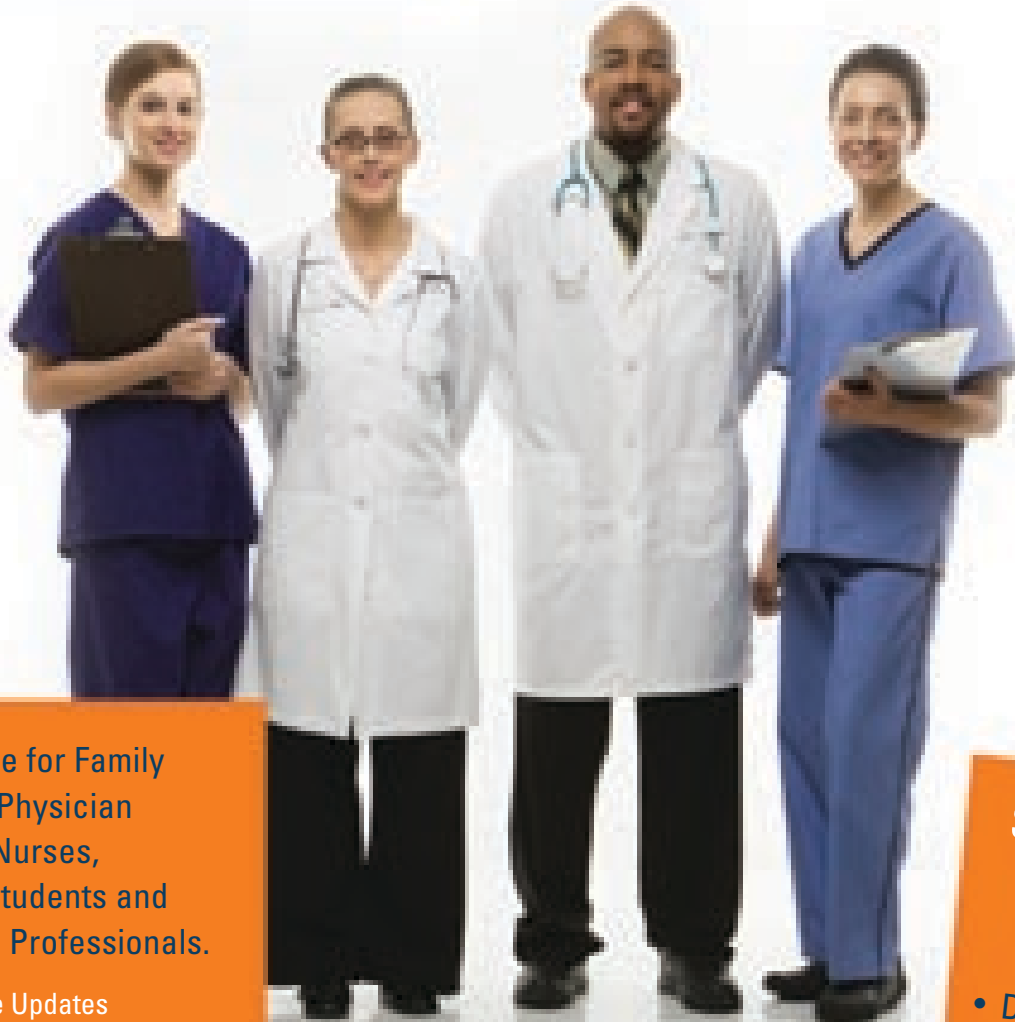
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PROGRAM GOALS

Registrants for this program will receive current information on a variety of medical topics pertinent to patient care in the daily practice of family medicine. Subject matter was chosen based on assessed education needs of the KAFP membership. At the conclusion of the program, registrants should have a working and applicable understanding of the topics.

CME CREDITS

The Scientific Assembly is being reviewed for 23.5 prescribed credits through the AAFP AMA PRA Category I and AOA Category 2-A. and 15 ABFM credit hours for SAMs Prep Session.

WHO SHOULD ATTEND

Family [hysicians and other health care providers including MD/DO specialties, PAs, RNs, Medical.

WHY ATTEND

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Attendees will be offered tools and information needed to build a better practice and improve patient care.

SAMS PREP SESSION

Attendees at this workshop will work through the first portion (exam) of the American Board of Family Medicine (ABFM) Asthma Self Assessment Module (SAM). Those who complete this workshop will be credited as completing this portion of the SAM by the ABFM. To receive CME credit for this portion, attendees will need to complete the clinical scenarios portion of the SAM online through the ABFM Web site. CME credit for both portions is currently 15 credit hours and can only be obtained after both portions are completed.

CHRONIC OBSTRUCTIVE PULMONARY DISEASE: USING SPIROMETRY TO DIAGNOSE COPD IN THE FAMILY PHYSICIAN'S OFFICE WORKSHOP

This Evidence-Based CME workshop is designed to improve the knowledge and use of spirometry within the primary care office setting. The workshop will be interactive, small group learning methodology to assure the learning objectives are met. At the end of the program, family physicians will be able to:

- Appropriately use a spirometer to **diagnose** patients with COPD.
- Appropriately **integrate** spirometry into the management of patients with COPD.
- Accurately **interpret** the results of spirometry in patients with COPD.
- Apply appropriate procedure codes to receive **payment** for the use of spirometry in diagnosing COPD.

EVIDENCE-BASED LECTURES

- **Getting the Jump on Type 2 Diabetes**
Attendees will learn the pivotal roles of early diagnosis and individualized management.
- **No Referral Needed: Primary Care Management of IBS and Chronic Constipation**
Participants will break the barriers of communication, accurately diagnose, implement an individualized approach to managing patients and formulate an appropriate treatment.
- **The Care of Returning Service Members and Their Families: What a Family Physician Should Know**
- **Spirometry Workshop**

TOURETTE SYNDROME

This workshop on Tourette Syndrome (TS) offers training for medical professionals on the complexities of the recognition diagnosis and treatment of TS. The history, definition, epidemiology, genetics, diagnostic criteria, course of illness, and common symptoms of TS are all discussed. Information on differential diagnosis is discussed as well as common co-morbid conditions such as Attention Deficit Hyperactivity Disorders and Obsessive Compulsive Disorders. The Tourette Syndrome Association in partnership with the U.S. Centers of Disease Control and Prevention also provides authoritative learning materials in disk and or/print format to all attendees.

KENTUCKY WOMEN'S CANCER SCREENING

Kentucky physicians play an integral part in assuring that uninsured women in Kentucky who need breast and cervical cancer diagnostics and treatment can access care through the Kentucky Women's Cancer Screening Program (KWCS) and the Breast and Cervical Cancer Treatment Program (BCCTP). The Kentucky Cancer Program at the University of Louisville developed this presentation to enhance utilization of these programs. This presentation explores health care disparities that women from diverse populations experience. The presentation contains video vignettes of real Kentucky women discussing their experiences accessing health care. It is hoped that those who attend this presentation will help change referral patterns and thereby decrease the number of women from Kentucky who fall in the category of being never or rarely screened for breast and cervical cancer.

KAFP 58TH ANNUAL SCIENTIFIC ASSEMBLY SCHEDULE

THURSDAY, MAY 14, 2009 -- WORKSHOP

1:30 p.m. - 4:30 p.m. Break 2:30-2:45 p.m.	COPD SPIROMETER WORKSHOP by <i>Robert Morrow, M.D.-Bronx, NY</i> (Limited Space-30 available) (EB-CME)
7:00 p.m. - 10:00 p.m.	BOARD OF DIRECTORS AND COMMITTEE DINNER MEETING

FRIDAY, MAY 15, 2009 -- MORNING SESSION

7:00 a.m. - 7:50 a.m.	REGISTRATION/CONTINENTAL BREAKFAST/COMMERCIAL EXHIBITS/RESIDENT RESEARCH POSTER EXHIBITS	
7:50 a.m. - 8:00 a.m.	<i>Welcome By: R. Brent Wright, M.D. - KAFP President</i>	
8:00 a.m. - 8:15 a.m.	<i>Overview of Scientific Program by: James O'Brien, M.D. - Program Chair</i>	
8:00 a.m. - 10:15 a.m.	SAMs Prep on Asthma 8:15 a.m. - 5:15 p.m. - <i>Michael King, M.D.</i>	"Future of Health Care IT"
10:15 a.m. - 10:45 a.m.	BREAK/COMMERCIAL EXHIBITS/RESEARCH POSTER EXHIBITS	
10:45 a.m. - 11:45 a.m.	SAMs Prep on Asthma - <i>Michael King, M.D., Univ. of KY</i>	"Integrated Mental Health into the PCMH" - <i>Richard Munger, Ph.D., Duke Univ. Med. Ctr.</i>
11:45 a.m. - 1:45 p.m.	LUNCH/COMMERCIAL EXHIBITS/RESEARCH POSTER EXHIBITS CONGRESS OF DELEGATES LUNCHEON MEETING (2 HOURS)	

FRIDAY, MAY 15, 2009 -- AFTERNOON SESSION

1:45 p.m. - 3:45 p.m.	SAMs Prep on Asthma - <i>Michael King, M.D., Univ. of KY</i>	"Where Have You Gone, Dr. Welby?" - <i>Stephen M. Petraney, M.D., Marshall University</i>
3:45 p.m. - 4:15 p.m.	BREAK/COMMERCIAL EXHIBITS/RESEARCH POSTER EXHIBITS	
4:15 p.m. - 5:15 p.m.	SAMs Prep on Asthma - <i>Michael King, M.D., Univ. of KY</i>	"Practice Quality Improvement Project - EQUIPS Diabetic Program" - <i>Kevin Pearch, M.D., Univ. of KY & Robert Wood, M.D., Trover Fnd FMRP</i>
6:30 p.m. - 10:30 p.m.	RESIDENT/STUDENT RECEPTION AND QUIZ BOWL	

SATURDAY, MAY 16, 2009 -- MORNING SESSION

7:00 a.m. - 7:50 a.m.	REGISTRATION/CONTINENTAL BREAKFAST/COMMERCIAL EXHIBITS/RESIDENT RESEARCH POSTER EXHIBITS	
7:30 a.m. - 9:00 a.m.	"Getting the Jump on Type 2 Diabetes" (EB-CME) - <i>Stan Schwartz, M.D., Univ. of PA Presbyterian Hospital</i>	
9:00 a.m. - 10:00 a.m.	"Who Are the Never and Rarely Screened? KY Women Share Insights about the Impact of Their Care and How Physicians and Their Practice Can Make a Difference" - <i>Kristin Paul, MSN, ARNP, University of Louisville</i>	
10:00 a.m. - 10:30 a.m.	BREAK/COMMERCIAL EXHIBITS/RESEARCH POSTER EXHIBITS	
10:30 a.m. - 12:00 a.m.	"No Referral Needed: Primary Care Management of IBS and Chronic Constipation" (EB-CME) - <i>Brooks Cash, M.D., Uniformed Service Univ. of the Health Science</i>	
12:00 a.m. - 1:00 p.m.	LUNCH/COMMERCIAL EXHIBITS/RESEARCH POSTER EXHIBITS PAST PRESIDENTS LUNCHEON	

SATURDAY, MAY 16, 2009 -- AFTERNOON SESSION

1:00 p.m. - 2:00 p.m.	"Major Depressive Disorder & Generalized Anxiety Disorder-How Does the Family Physician Recognize and Treat These Disorders?" - <i>Roger McIntyre, M.D., FRCPC, Univ. of Toronto-Psychiatry & Pharmacology</i>	
2:00 p.m. - 3:00 p.m.	"Diagnosing and Treating Tourette Syndrome" - <i>Leon S. Dure, IV, M.D., Univ. of Alabama-Pediatrics, Neurology & Neurobiology</i>	
3:00 p.m. - 3:30 p.m.	BREAK/COMMERCIAL EXHIBITS/RESEARCH POSTER EXHIBITS	
3:30 p.m. - 4:30 p.m.	"The Care of Returning Service Members and Their Families: What a Family Physician Should Know" - <i>Speaker TBA (EB-CME)</i>	
4:30 p.m. - 5:00 p.m.	Audience Question and Answer	
6:00 p.m. - 10:30 p.m.	RECEPTION/ANNUAL BANQUET/AWARD CEREMONY CASINO NIGHT	

REGISTRATION FORM: KAFP 58TH ANNUAL SCIENTIFIC ASSEMBLY
MAY 14-16, 2009

PLEASE COMPLETE THIS FORM AND SEND WITH PAYMENT TO:
 KAFP, P.O. Box 1444, Ashland, KY 41105, fax to 1-888-287-0662

Name: _____ Profession (MD, PA, RN, etc.): _____
(PLEASE PRINT)

Address: _____

Spouse/Guest Attending: _____

City/State: _____ Zip: _____

Phone/Work: _____ Fax: _____ E-mail: _____

FULL CONFERENCE	BEFORE MAY 1ST	AFTER MAY 1ST	
KAFP and other AAFP Members	\$225.00	\$275.00	_____
Life Members	N/C	N/C	_____
Non Members of the AAFP	\$325.00	\$380.00	_____
Health Care Professionals (PA, RN, etc.)	\$105.00	\$155.00	_____
Resident and Students (no charge except Banquet)	N/C	N/C	_____
ASTHMA SAMS PREP SESSION ONLY	\$80.00	\$90.00	_____
SPIROMETRY WORSHIP - LIMITED SPACE	\$25.00	\$30.00	_____

SPECIAL EVENTS:

Friday, May 15, 2009 Resident and Student Reception/Quiz Bowl	N/C	_____
Friday, May 15, 2009 Spouse Tea Social (2:00 p.m. - 4:00 p.m.)	N/C	_____
Saturday, May 16, 2009 Past President's Luncheon (Past Presidents and Spouses Only)	N/C	_____
Saturday, May 16, 2009 Reception/Awards Banquet/Entertainment	\$60 per couple or \$35 each	_____
	TOTAL AMOUNT	_____

CANCELLATION POLICY: *We encourage you to register early to help with our counts and avoid any delays the day of meeting. We will give 100 percent refund if notified in writing or by phone by **May 1, 2009**.*

FULL CONFERENCE PLEASE BILL ME VISA MASTERCARD AMERICAN EXPRESS

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HOTEL RESERVATION INFORMATION: Cut-off Date is April 14, 2009

Contact: The Crowne Plaza-Campbell House

1375 Harrodsburg Road

Lexington, KY 40504

Group Code: KFP

Conference Date: Thursday, May 14, 2009 - Saturday, May 16, 2009

Rate: Single/Double \$139.00 (+ 13.42% tax)

Reservations Call: 1-859-519-1337

FAX REGISTRATION FORM TO KAFP
1-888-287-0662



GET INVOLVED

The Kentucky Academy of Family Physician's Executive Committee needs your involvement. A standing committee list with a brief synopsis is listed below. If you are interested in serving, you can either send us your preference by faxing this page to (888)287-0662 or by e-mailing janice.hechesky@kafp.org.

We recognize your time is valuable, and therefore, we structure our committee meetings as needed. Typically, committees meet as directed by their chairs via conference call. The agenda is sent in advance of conference call with the objective of holding the meeting under 50 minutes. Delegates to the KAFP Congress typically meet annually at the Scientific Assembly for approximately two hours.

ADVOCACY COMMITTEE: *Chaired by Nancy Swikert, M.D., and Brent Wright, M.D.;* this committee identifies members' interests and use mechanisms to advocate for those interests, effectively and efficiently using the resources of the KAFP; identifies the needs of our patients and advocates for those interests, effectively and efficiently using the resources of the KAFP; and educates the public, private and governmental agencies about the importance of a "Medical Home."

BYLAWS COMMITTEE: *Chaired by E.C. Seeley, M.D., and Monty Wood, M.D.* This committee is responsible for providing guidance to KAFP leadership on policies and procedures for Chapter Governance.

COMMUNICATION COMMITTEE: *Chaired by Bill Crump, M.D.,* with the assistance of **Stevens Wrightson, M.D.,** and **James O'Brien, M.D.;** this committee is responsible for communicating the activities of the KAFP as it pertains to the present and the future via journal, Web site and e-mail.

EDUCATION COMMITTEE: *Chaired by Paul Dassow, M.D., and Charles Kodner, M.D.;* this committee is responsible for developing CME that is targeted to the needs of membership.

FINANCE COMMITTEE: *Chaired by Robert Thomas, M.D., treasurer;* this committee is responsible for financial operations of the KAFP.

KAFP FOUNDATION: *Chaired by Nancy Swikert, M.D., and Baretta Casey, M.D.;* this committee is responsible for the operation of the philanthropic organization that support undergraduate and graduate education in KY, and KAN's research initiatives that support private practice of family medicine.

DELEGATES TO THE KAFP CONGRESS: *Chaired by the Speaker Rick Miles, M.D., and Vice-Speaker Drema Hunt, M.D.;* the KAFP Congress of Delegates meets annually or as called by the Board of Directors of the KAFP to review future and prior year programs and proposals, resolutions submitted by districts to be presented at the AAFP, and provide guidance to the KAFP Board of Directors on activities of the KAFP. *Scheduled meeting Friday, May 15, 2009, at 11:45 a.m. at the Crowne Plaza, Campbell House, Lexington, KY.*

YES, I AM INTERESTED IN:

print name

list committee/committees preference

e-mail/fax number

HEALTH & NUTRITION

Nutrition recession: too many calories, too few nutrients

Eating nutrient-rich foods first is a solution, experts say

As the recession continues to impact the economy, many Americans are cutting back on food. But experts say that eating nutrient-rich foods first is a solution to the problem of too many calories and too few nutrients. The 2005 Dietary Guidelines for Americans recommend eating a variety of nutrient-rich foods, including fruits, vegetables, whole grains, and low-fat dairy products. These foods are rich in vitamins, minerals, and fiber, which are essential for good health. Eating these foods first can help you get the most nutrition from your food and avoid excess calories. Experts say that this approach can help you eat a healthier diet, even if you are on a budget.

Research shows that eating nutrient-rich foods first can help you lose weight and improve your health. A study published in the *Journal of the American Medical Association* found that people who ate a diet rich in fruits, vegetables, and whole grains had a lower risk of heart disease and other chronic conditions. Another study found that people who ate a diet rich in fruits and vegetables had a lower risk of cancer. These findings suggest that eating nutrient-rich foods first is a healthy choice that can help you live longer and better.

Experts say that eating nutrient-rich foods first is a simple and effective way to improve your diet. You can start by eating a serving of fruits or vegetables first, followed by a serving of whole grains, and then a serving of protein. This approach can help you get the most nutrition from your food and avoid excess calories. Experts say that this approach can help you eat a healthier diet, even if you are on a budget.

Research shows that eating nutrient-rich foods first can help you lose weight and improve your health. A study published in the *Journal of the American Medical Association* found that people who ate a diet rich in fruits, vegetables, and whole grains had a lower risk of heart disease and other chronic conditions. Another study found that people who ate a diet rich in fruits and vegetables had a lower risk of cancer. These findings suggest that eating nutrient-rich foods first is a healthy choice that can help you live longer and better.



Six key criteria for nutrient profiling systems*	
Objective	Based on accepted nutrition science and labeling practices
Simple	Based on published daily values and meaningful amounts of food
Balanced	Based on nutrients to encourage and nutrients to limit
Transparent	Based on published algorithms and open-source data
Validated	Agreed measures of a healthful diet
Consumer-driven	Worthy to guide better food choices and more healthful diets

*Adapted from the criteria of criteria in creating food-based dietary guidelines.

Shimizu A, Lipman HJ. Determining criteria for nutrient profiling. *Nutrition Journal*. 2010.

In recent years, Americans have learned **how to eat** by learning **what not to eat**. Is it working?

AMERICANS CONTINUE TO BE OVERWEIGHT AND UNDERNOURISHED.

Now a shift in thinking is under way to help Americans “get more nutrition from their calories,” as recommended by the 2005 Dietary Guidelines for Americans.

As health professionals, you can play a pivotal role in educating your patients on how to base their food decisions on a food’s total nutrient package rather than solely on what to avoid, such as calories or fat.

The nutrient rich foods approach is a fresh, realistic solution to help people evaluate food and beverage choices and get more nutrition per calorie, build healthier diets and achieve better health. Based on the concept of nutrient density, a long-standing dietary principle and the cornerstone of the Dietary Guidelines and MyPyramid, the nutrient rich foods approach

can help Americans learn how to choose nutrient-dense foods and beverages first within each basic food group – milk, fruits, vegetables, meat & beans, and grains. Recent research shows consumers view the nutrient rich foods approach to eating as a new and positive way to think about making healthy choices – they like that it shifts their thinking from how not to eat to what to eat.

Help your patients embrace the nutrient rich foods approach. Show them that nutrient rich foods are familiar and easy to find, so healthy eating doesn’t have to be difficult, stressful, or negative. Visit www.3aDay.org for more information, including science-based resources, recipes, meal ideas and a supermarket shopping list to help your patients build and enjoy a nutrient rich lifestyle.



These health and nutrition organizations support 3-A Day™ of Dairy, a science-based nutrition education program encouraging Americans to consume the recommended three daily servings of nutrient-rich low-fat or fat-free milk and milk products to improve overall health.



Tidbits on Resolution Writing

“Whereas” clauses explain the problem and/or situation the resolution is addressing, and “Resolved” clauses are action statements and/or the desired end result if this resolution is approved.

CALL FOR RESOLUTIONS for 2009 KAFP Congress of Delegates

Please note the following deadlines for submission of Resolutions to be presented to the 2009 KAFP Congress of Delegates:

Deadline for receipt of Resolutions for reproduction and inclusion in Delegates’ handbook is April 1, 2009. If a Resolution is not received by the KAFP office prior to April 1, 2009, any member of the KAFP may present in WRITING at the opening of the KAFP Con-

gress of Delegates’ meeting on May 5, 2009, any Resolutions pertinent to the objectives of the KAFP. Resolutions so offered shall be presented to the Congress of Delegates without debate at that time. Resolutions presented from the floor of the Congress are to be provided in triplicate form, with one copy to the KAFP speaker, one copy to the KAFP executive vice president and one copy retained by the presenter.

OFFICIAL CALL FOR THE 2009 KAFP Congress of Delegates

Notice is hereby given of the 58th Annual Scientific Assembly Session of the Kentucky Academy of Family Physicians to be held in Lexington, Ky., May 4-6, 2009, at the Crowne Plaza-Campbell House.

Pursuant to Article VII Bylaws of the Kentucky Chapter, American Academy of Family Physicians, the 49th Annual Meeting of the Congress of Delegates will be held May 15, 2009, at 11:45 a.m. - 1:45 p.m. to receive and act

upon reports of officers and committees, to elect officers, and to transact any and all business that may be placed before Congress.

All officers, AAFP delegates/alternate delegates, and regional/district directors are requested to register in advance. Registrations will be mailed out in February and can be accessed from the KAFP Web site www.kafp.org. *If you should have any questions, please contact Janice Hechesky at 1-888-287-9339.*

Join our Team!



Join the Womack Army Medical Center team in an exciting practice at the Army's largest Base. We offer full spectrum family practice in clinics that serve a vital role in supporting the Army's Mission.

Serves as a Medical Officer, Board Certified/Board Eligible in the specialization of Family Medicine Practice, assigned to a large Primary care Clinic at Womack Army Medical center to provide family medicine care to beneficiaries of all ages. Will work under general supervision of the Senior Military Physician at the Health clinic and under the Chief of the Department of Family Medicine.

Family Physician will care for 20 to 25 patients per day in office setting. No call responsibilities. Outstanding nursing and administrative teams allow you to focus on care without office management burdens. Excellent package includes competitive salaries, benefits, weekends and holidays free of clinical responsibilities. **More information contact: Ms. Patricia Eglivitch at (910)907-6107 or email resume to wamcdbocpb@amedd.army.mil.**

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at 800.561.4686

OR EMAIL
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Odds of a child becoming an Olympic athlete: 1 in 28,500

Odds of a child being diagnosed with autism: 1 in 150

Some signs to look for:

No big smiles or other joyful expressions by 6 months.

No babbling by 12 months.

No words by 16 months.



To learn more of the signs of autism, visit autismspeaks.org



AUTISM SPEAKS™
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The Kentucky Academy of Family Physicians

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Contact Susan Decareaux or Jesse Lawler at mkt@svmic.com or call 1-800-342-2239. svmic.com



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