

# Fellowship Symposium



Department of Family Medicine  
and Community Health

UNIVERSITY OF WISCONSIN  
SCHOOL OF MEDICINE AND PUBLIC HEALTH

December 4, 2025 – 8:00 am – 12:00 pm

Department of Family Medicine and Community Health Administrative Office

Oak Room, 2<sup>nd</sup> Floor

610 Whitney Way, Madison WI, 53705

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This symposium will feature short presentations by fellow representatives of the following Department of Family Medicine and Community Health fellowships:

Academic (A)

Primary Care Research (PCR)

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## Schedule of Events

7:30 am – 8:00 am	<b>Room opens – Presenting Fellows Technology Check</b>	10:10 am – 10:30 am	<b>Break</b>
8:00 am – 8:30 am	<b>Breakfast</b>	10:30 am – 10:50 am	<b>Kate Cornwall, PhD (PCR)</b>  The Paradox of Environmental Action: Perceptions of Ecological Decline and the Association with Well-Being
8:30 am – 8:40 am	<b>Welcome &amp; Opening Remarks</b> Earlise Ward, PhD, LP Director, Primary Care Research Fellowship	10:50 am – 11:10 am	<b>Elizabeth Ver Hoeve, PhD (PCR)</b>  Primary Care Clinician Perspectives on Care Management During Cancer Treatment
8:40 am – 8:45 am	<b>Academic Fellowship Intro</b>  Jessica Dalby, MD Director, Academic Fellowship	11:10 am – 11:30 am	<b>Michael Jaeb, PhD, RN (PCR)</b>  Examining the International Function of Patient Self-assessment in Clinician-Patient Interactions During Outpatient Chronic Condition Management Visits
8:45 am – 9:05 am	<b>Kim Krawzak, MD (A)</b>  Evaluating the Efficacy of a Tomato Model for IUD Related Procedure Training	11:30 am – 11:50 am	<b>Laura Andrea Prieto, PhD (PCR)</b>  Feasibility of a Community-Based Dance Program for Latino/a Older Adults in Wisconsin
9:05 am – 9:25 am	<b>Kyle Sherwin, DO (A)</b>  Structure and Function: How OMM Benefits a Newborn	11:50 pm – 12:00 pm	<b>Closing Remarks</b>
9:25 am – 9:30 am	<b>Primary Care Research Fellowship Intro</b>  Earlise Ward, PhD, LP Director, Primary Care Research Fellowship	12:00 pm	<b>Lunch</b>
9:30 am– 9:50 am	<b>Emily Claypool, PhD (PCR)</b>  Shifting Paradigms: A Strategic Action Fields Analysis of the Overdose Prevention Field in Wisconsin		
9:50 am – 10:10 am	<b>Melissa Neal, PhD (PCR)</b>  Healthcare Experiences Assessing Resilience, Toxic Stress, and Prenatal Quality of Care (HEARTS-PQC)		

**Name:** Kim Krawzak, MD (A)

**Title:** Evaluating the Efficacy of a Tomato Model for IUD Related Procedure Training

**Abstract:**

**Objectives:** To test the efficacy of a tomato uterine model in teaching tenaculum blocks, paracervical blocks, cervical dilation, and IUD retrieval to clinicians.

**Background:** The intrauterine device (IUD) can empower patients to prevent unintended pregnancies and can treat dysmenorrhea, endometriosis, endometrial hyperplasia and menorrhagia (Bahamondes, et al). However, access to this critical contraceptive can be dependent on the clinician's comfort with inserting the device, removing it, and addressing associated complications. We created a workshop using a novel tomato model to teach solutions to common IUD challenges including pain, cervical stenosis, and missing strings with the aim of improving provider confidence in offering IUDs.

**Methods:** Employing Roma tomatoes as uterine models, participants practiced IUD procedural challenges during a regional conference and a resident education session. Specifically, participants learned techniques for pain management with paracervical and intracervical lidocaine blocks, how to use dilators for cervical dilation, and used a variety of tools to retrieve missing IUD strings. Qualtrics surveys were used before and after the workshops to assess participants' knowledge of these topics as well as comfort levels with these procedures.

**Results:** Our preliminary results show that after completing the workshop, average confidence level increased for obtaining informed consent, performing, and offering paracervical blocks to patients. Similar results were found for intracervical block, cervical dilation, and retrieving IUDs with missing strings with the biggest difference found in confidence offering intracervical blocks.

**Discussion:** We found that a tomato uterine model broadly improved provider confidence in IUD related procedures like pain management, cervical dilation, and retrieval of missing strings. This work offers a low cost, highly accessible, and easily reproducible model for large scale distribution and training of clinicians. Further work is needed to see if improved provider confidence leads to increased accessibility of IUDs to patients.

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## Abstracts

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**Name:** Kyle Sherwin, DO (A)

**Title:** Structure and Function: How OMM Benefits a Newborn

**Abstract:**

**Background:** Allopathic physicians and the public are becoming more aware of OMM as the number of DO physicians is increasing, but many are unaware of how OMM can benefit an infant with feeding difficulties. A new pilot program for inpatient Osteopathic Manipulative Medicine (OMM) in the postpartum and nursery units at Meriter. The main indication for OMM consultation for a newborn is feeding difficulties including shallow latch, uncoordinated suck pattern, and limited ability to open jaw. Feeding can be quickly improved with a small number of OMM treatments, which is a crucial part of early development.

This presentation will focus on the connection between structure and function to illustrate why these treatments are effective. Objectives will be to review fetal anatomy, describe etiology of feeding difficulties, and understand the anatomical connection to said etiologies. The exploration of structure and function is the fundamental essence of how an osteopathic physician is trained to think. I hope to share this perspective in a way that makes the listener consider how else they can support the development of this specific population of patients.

**Name:** Emily Claypool, PhD (PCR)

**Title:** Shifting Paradigms: A Strategic Action Fields Analysis of the Overdose Prevention Field in Wisconsin

**Abstract:**

**Introduction:** Rising rates of overdose have compelled coordination between law enforcement, public health and harm reduction organizations across the U.S. Indeed, numerous studies have shown that policing and drug enforcement can have detrimental and even life-threatening consequences for PWUD. As de-facto overdose first responders in non-metro areas, law enforcement come into frequent contact with PWUD and have considerable discretion during these events, including whether to refer a person to substance use treatment or harm reduction services or issue naloxone and a warning instead of arrest, or search for open warrants. Emerging evidence shows that law enforcement's adoption of harm reduction practices (or de-implementation of punitive ones) can reduce overdose risk for PWUD, for example by deflecting PWUD to health and harm reduction services in lieu of arrest. Law enforcement buy-in for integrating such approaches and the absence of evidence-based strategies to facilitate this integration remain significant barriers to progress.

**Methods:** This study uses Strategic Action Fields (SAFs) theory to analyze the contested social field of overdose prevention in a mid-sized Wisconsin city. We conducted in-depth, semi-structured interviews with 20 key actors: 10 harm reduction advocates (harm reduction advocates, community health workers, treatment providers who adopt a harm reduction approach) and 10 law enforcement officers of varying ranks involved in overdose response. Guided by SAFs theory, abductive analysis was used to identify the relational strategies, framing tactics, and institutional pressures that shape the uptake of nonpunitive responses by law enforcement.

**Anticipated Findings:** This presentation will present emerging findings from harm reduction interviews as well as how this project will leverage this pilot data for a future K01 under development. The K01 study will first use a mixed-methods approach to identify the key barriers and facilitators that impact the equitable implementation of rural pre-arrest deflection programs, with a focus on organizational and cross-system relationships.

**Conclusion & Implications:** By identifying the specific framing and relational strategies that foster collaboration, these findings will offer a transferable roadmap for public health advocates seeking to promote health-centered practices in their communities. This work provides a critical foundation for developing evidence-based implementation strategies that can successfully reduce the punitive consequences of drug use.

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**Name:** Melissa Neal, PhD (PCR)

**Title:** Healthcare Experiences Assessing Resilience, Toxic Stress, and Prenatal Quality of Care (HEARTS-PQC)

**Abstract:**

**Background:** In the United States, maternal mortality disparities among African American/Black women have existed for decades and continue to widen. Adverse pregnancy outcomes, such as hypertensive disorders of pregnancy (HDP), are among the leading contributors of these disparities. African American/Black (AA/BL) birthing people are disproportionately affected by HDP in the United States. HDP significantly affects future cardiovascular health, with AA/BL birthing who experience HDP being at increased risk of heart failure within five years postpartum. Understanding the mechanisms that lead to these disparities is essential.

While depression and anxiety screening are conducted in prenatal care, women in pregnancy may experience a high amount of stress without clinical depression and anxiety. Screening only for depression and anxiety may miss early opportunities to identify AA/BL women at risk for depression, anxiety and HDP. The Healthcare Experiences Assessing Resilience and Toxic Stress to Improve Prenatal Quality of Care (HEARTS-PQC) Wisconsin project will seek to improve HDP disparities among AA/BL birthing people through the exploration of stress, resilience and prenatal quality of care.

**Methods:** This pre-implementation study is Guided by the Exploration, Preparation, Implementation, and Sustainment Framework (EPIS). We will conduct semi-structured interviews with approximately 30 participants (10 clinical providers, 10 community stakeholders, and 10 AA/BL birthing people with lived experience of HDP) to explore perspectives on stress, resilience and prenatal quality of care. Transcripts will be analyzed using thematic analysis in MAXQDA.

**Expected Results:** Findings will identify acceptability and feasibility of stress-screening and stress reduction interventions. Results will inform the development of a culturally responsive stress-reduction intervention among AA/BL birthing women.

**Implications:** HEARTS-PQC Wisconsin will fill a critical gap in prenatal care by understanding perspectives of stress, resilience and prenatal care quality, informing an intervention to improve HDP and cardiovascular outcomes, and advancing health equity for AA/BL birthing people.

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**Name:** Kate Cornwall, PhD (PCR)

**Title:** The Paradox of Environmental Action: Perceptions of Ecological Decline and the Association with Well-Being

**Abstract:**

**Objective(s):** This research developed a survey scale to measure the Locus of Responsibility for Climate Action (LORCA), then implemented that scale to understand how perceived responsibility and other factors might contribute to emotional outcomes and the need to disengage from the climate crisis.

**Question(s):** To what extent do psychometric analyses demonstrate evidence of validity for the LORCA scale? In relation to the current state of the climate, what factors are associated with the select dependent variables of (1) optimism, (2) negative emotions, and (3) disengagement?

**Methods:** To establish evidence of validity for the LORCA scale and answer the first research question, pilot data were collected for exploratory factor analysis (N=297). Additional data were collected for confirmatory factor analysis (N=450). The second research question was answered by applying ordinary least squares regression models across Study 1 (N=747) and Study 2 (N=450).

**Results:** Both exploratory and confirmatory analyses insisted that two factors exist within the LORCA construct, proximal ( $\alpha=0.94$ ) and distal. ( $\alpha=0.83$ ). A chi-square difference test demonstrated that the 2-factor model fit the data best  $\chi^2(1, n=372) = 414.05, p<.001$ . The results of the regression models revealed several significant associations between the dependent and independent variables ( $p<.05$ ). Optimism was positively associated with the proximal locus of responsibility and nature connectedness; it was negatively associated with concern for the climate and exposures to environmental events. Negative emotions was positively associated with concern for the climate and exposures to environmental events. Disengagement was positively associated with the proximal locus of responsibility, nature connectedness, and exposures to environmental events.

**Conclusions:** The perception of responsibility for climate action could contribute to individuals' emotional responses to the climate crisis, and this line of inquiry should be studied further. Independent variables were associated with multiple outcomes, highlighting the complexity of human emotions in the climate crisis.

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**Name:** Elizabeth Ver Hoeve, PhD (PCR)

**Title:** Primary Care Clinician Perspectives on Care Management During Cancer Treatment

**Abstract:**

**Objective:** Primary care providers (PCPs) play a critical role in supporting the health and wellbeing of cancer survivors, but their involvement during cancer treatment is less defined. This study explores PCP perspectives and experiences of managing care for patients with multiple comorbidities undergoing active cancer treatment.

**Methods:** PCPs in Wisconsin completed a brief survey via REDCap. Participants described their perspectives on care management and evaluated the extent to which they had experienced specific challenges in their clinical practice. Univariate analyses described PCP characteristics. Bivariate analyses identified relationships between PCP characteristics, perspectives, and challenges.

**Results:** Participants (n = 153 PCPs) varied by clinical degree (55% physician, 45% advanced practice provider), with 39% in rural locations and 43% in the same health system as an NCI-designated cancer center. Most (95%) believed that the PCP should be responsible for managing patients' pre-existing conditions during cancer treatment. Perspectives on the difficulty of managing care during cancer treatment varied, with approximately half (48%) identifying it as "somewhat challenging". Notable challenges included: 1) lack of guidance about how specific cancer treatments may impact comorbidity management, 2) patients not scheduling appointments with PCP, 3) lack of time for communication and coordination. Although most PCPs felt they could access the electronic medical record system used by patient's cancer center, PCPs in rural locations were significantly more likely to report experiencing this as a challenge ( $p < .001$ ). Advanced practice providers were significantly more likely to report experiencing a lack of notification from oncology regarding patient cancer diagnosis and treatment plan compared to their physician counterparts ( $p = .01$ ).

**Conclusions:** Wisconsin PCPs believe that they should continue managing care for patients with comorbidities undergoing active cancer treatment, but they also experience challenges with this process. Demographic and geographic differences were associated with the degree to which PCPs experienced challenges.

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**Name:** Michael Jaeb, PhD, RN (PCR)

**Title:** Examining the Interactional Function of Patient Self-assessment in Clinician-Patient Interactions During Outpatient Chronic Condition Management Visits

**Abstract:**

**Background:** Chronic condition management requires ongoing collaboration between clinicians and patients to interpret data, adjust treatment plans, and discuss health behaviors. Prior research examined the interactional functions of clinician-patient agenda-setting and clinician assessments during primary care office visits. It is less clear what purpose patients' own assessments serve during these visits, especially when discussing patients' health.

**Objective:** This study explored how patients deploy self-assessments and the interactional functions these self-assessments serve during chronic condition management visits.

**Methods:** This is a secondary analysis of 20 clinician-patient interactions collected in five outpatient clinics (family medicine, internal medicine, psychiatry) in the Midwestern United States. Most of the interactions were audio recorded (n=16), and the remainder video recorded. We used Conversation Analysis to identify patterns in the clinician-patient interactions, including the turn-by-turn structure of how one or more individuals' talk influence the pattern of the interactions. In each interaction we analyzed what the patients and clinicians' talk was accomplishing.

**Results:** Patients used self-assessments in two main ways during chronic condition management visits. First, they presented self-assessments and accompanying accounts to demonstrate knowledge of desirable lab values and self-management behaviors, often pre-empting potential clinician critique. Second, patients used self-assessments as a conversational resource to transition the interaction toward a personal concern. Clinician responses to self-assessments varied, such as solicitation for additional information and acknowledgments.

**Conclusions:** Patient self-assessment functions as an interactional tool within chronic condition management visits. It enables a patient to display competence and actively guide the trajectory of the conversation toward salient concerns. These findings expand current understanding of actions that assessments accomplish during visits. Self-assessments serve as a mechanism through which patients co-construct care and exercise agency. Future research should explore how this patient practice manifests across more diverse samples and care contexts.

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**Name:** Laura Andrea Prieto, PhD (PCR)

**Title:** Feasibility of a Community-Based Dance Program for Latino/a Older Adults in Wisconsin

**Abstract:**

Dance, is known to maintain balance, enhance quality of life, and mitigate social isolation with age, there's a scarcity of tailored community-based PA and dance programs for Latino/a older adults. This study aimed to evaluate the feasibility, acceptability, and preliminary effectiveness of Activate Bailando, a community-based dance program for Latino/a older adults. Latino/a older adults (12 females, 1 male) ages 64 to 81 ( $73.4 \pm 5.44$ ) underwent pre and post-tests. Feasibility was assessed by tracking recruitment, attendance, and retention. Acceptability was evaluated via post-program semi-structured interviews, that were analyzed using thematic analysis. Measurements on mobility, balance, loneliness, and social engagement were evaluated pre and post. During the 6-week program, the average attendance was 16 participants, and 72% of those who completed the pre-test ( $n = 18$ ) also completed the post-test ( $n = 13$ ). Reasons for absences included lack of transportation and illness. Preliminary analysis suggests potential improvements in socialization and PA engagement. Preliminary evidence suggests that Activate Bailando was a feasible and acceptable program for Latino/a older adults. The data collection process was deemed acceptable, suggesting potential for further investigation. A larger pilot study is needed to determine its effectiveness and explore its application for those aging in Wisconsin. Additionally, these findings emphasized the importance of tailored community-based interventions for Latino/a older adults to achieve a healthy and active life. Integrated dance programs within health promotion initiatives show promise in improving social well-being by addressing disparities in PA and health outcomes.

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