

May 30, 1990

Name Johanna Shapiro, Ph.D.

FACULTY SELF-ASSESSMENT

I. Faculty Role: please describe in detail your faculty activities and responsibilities within the department and the institution. Include what you feel are notable accomplishments during the past year and obstacles you have encountered. Assess your overall performance during this past year and list your professional goals for the 1990-91 academic year.

I have several major roles in the department: 1) Director of Behavioral Sciences. In this capacity I coordinate the entire behavioral sciences teaching program; spend 2-1/2 days in actual resident teaching (counseling clinics, clinic attending, small group lectures); and supervise psychology trainee(s) who are working in our program. 2) Researcher/Chair of the Committee on Academic Development. I am responsible both for maintaining my own research and scholarly program, as well as for stimulating research in the department at both the faculty and resident levels. Approximately 3-4 sessions per week are spent in these activities. 3) Private practitioner. I currently spend 1-1/2 days in private practice. This includes approximately 4 private patients, 2 parent support groups for the Irvine Children's Educational Center, and may involve support groups for psoriasis patients, in conjunction with the Department of Dermatology. 4) In addition to these primary functions, I am involved with both the residency and undergraduate programs through my participation on committees such as the Resident Review and Resident Selection committees, and in activities such as the OSCE and the medical student ethics seminars.

My involvement with the larger institution consists primarily of my participation on the hospital Bioethics Committee, and my chairing of its Education Subcommittee; my membership in the UCI Faculty Women's Association; and serving as an interviewer for the Medical Student Admissions Committee.

I am also a reviewer for six professional journals, including Family Medicine and Qualitative Health Research.

Accomplishments 1989-1990: I have maintained a high level of publication, producing articles relevant both to my interests in family coping and in resident education. I also participated in a presentation on qualitative research at the STFM Family Conference which made a significant contribution to the development of these methodologies within family medicine. The behavioral science program was radically restructured to include both counseling clinics and didactic teaching sessions. The counseling clinics in particular I regard as an innovative achievement in the integration of behavioral science and family medicine. Advances in departmental research have also been accomplished through the

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CAD committee. We have succeeded in promoting regular dialogue among the three senior research faculty; effecting consultations with 5 junior to mid-level faculty; and developing a model for implementing research-related activities at the resident level. During this time period, I was also responsible for organizing a system-wide UC Hospitals Bioethics Conference, which examined ethical implications of indigent care.

Obstacles: In terms of the behavioral science program, occasionally I encounter the obstacle of resident resistance to behavioral science teaching. The department, and in particular the residency director, are supportive and have provided concrete problem-solving. Obstacles to research include lack of time and resources, particularly lack of graduate student level individuals to participate in research projects. Again, the department has been supportive both of the content of my research, and my general approach to scholarship.

Performance and Goals: Overall, I am very satisfied with my performance in the above-mentioned areas. For the upcoming year, my primary concern is that the momentum achieved both in the areas of behavioral science and research not be lost. I am somewhat concerned that follow-through will be an issue, especially in terms of research. Personally, I see an opportunity for me to bring to conclusion several projects many years in the making; specifically, my Mexicali research on families with orthopedically handicapped children (two outstanding articles need to be revised and submitted for publication); and my research project on parallel process in medical education (still in the data collection phase). I also see an opportunity to become involved in new major research, and have been exploring various possibilities with Dr. Coggan (qualitative evaluation of the primary care clerkship and/or the OSCE); with Drs. Rubel and Tobis (the effects of ethnicity and age on caregivers' response to disabled individuals); with Dr. Ken Tittle, from Calexico, CA (an intervention study with Mexican physically disabled adolescents). I am also hoping to develop the beginnings of a major clinical program with psoriasis patients in collaboration with Dr. Jerry Weinstein. In terms of behavioral science, my goals are to refine and modify the program innovations adopted last year. I am also developing a paper for presentation at the annual Behavioral Sciences and Family Medicine Conference in Chicago, focusing on the use of genograms with residents. Finally, I would like to be involved in a collaborative grant-writing effort, possibly in the area of medical education or geriatrics, which could develop my skills in this area.

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II. Activities inventory: please list all publications, presentations, university service activities, organized medicine activities, and community service you have completed during the 1989-90 academic year.

Shapiro, J. Stress, depression and support group participation in mothers of developmentally delayed children. Family Relations, 38:169-173, 1989.

Shapiro, J. The stone boy and the crazy lady: The understanding and regulation of emotion in clinical teaching. Family Systems Medicine, 7:72-82, 1989.

Shapiro, J., Tittle, K. Maternal adaptation to child disability in a Hispanic population. Family Relations, 39:179-185, 1990.

Shapiro, J., Talbot, Y. Family medicine as family. Family Systems Medicine, 8:_____ 1990.

Shapiro, J. Parallel process in the family medicine system: Issues and challenges for resident training. Family Medicine, accepted Sept. 1989.

Shapiro J., Larsen, K., Jacokes, D. The psychosocial M & M. Family Medicine, accepted, March 1990.

Shapiro, J. Patterns of psychosocial performance in the doctor/patient encounter: A study of family practice residents. Social Science & Medicine, accepted May, 1990.

Shapiro, J. (1989). Childhood cancer. Book review, Chester M, Barbarin O. Childhood cancer and the family. Institute for the Advancement of Health.

Shapiro, J. (1989). Coping with stress: The nursing perspective. Book review, Bailey R & Clarke M. Stress and coping in nursing. Stress Medicine.

Blacher, J., Shapiro, J. 1989. A family affair: Placement issues for parents of handicapped children--the physician's role. Training video for resident physicians on psychosocial dimensions of placement. Funded by March of Dimes.

Presentations:

Shapiro, J., Talbot, Y. Parallel process in family medicine: Implications for resident training. Tenth Annual Forum of Behavioral Sciences and Family Medicine, September, 1989.

II Activities Inventory

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Shapiro J., Kuzel, A., Talbot, Y. Qualitative methodology in family medicine: Prospects and possibilities. STFM Family in Family Medicine Conference, March 1990.

Recipient, MRES Education/Research Development Funds 1990

Conference Organizer, UC Hospitals Bioethics Conference on Indigent Care, 1989.

Participant, OSCE, 1989, 1990.

Small group leader, Medical Student Ethics course, 1989.

Member, UCI Faculty Women's Association

Member, UCI Hospital Bioethics Committee

Chair, Educational Issues in Ethics, subcommittee

Community Presentations:

Shapiro, J., Shapiro, D. Jews of the Soviet Union: Changing realities. Jewish Federation of Orange County, Tustin, June 1989.

Shapiro, J. The many faces of coping: A personal and professional journey. UCI Academic and Professional Women Association, January 1990.

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III. Identify and support what you believe should be the three principal goals of the department during the next three to five year period. Relate these goals to your identified professional objectives.

1. Strengthening its influence in the medical school: I see this primarily in terms of influencing the content and process of undergraduate medical education; and in addressing the issue of indigent care.
2. Developing a solid atmosphere of scholarship and research. This goal is most closely related to both my departmental roles and professional objectives, in that I envision both more collaborative research and more research consultation for myself.
3. Departmental stability: Fiscal, staff, and faculty. This goal underlies the other two. A sound fiscal base would give us more flexibility in supporting pilot research efforts within the department, and developing the infrastructure necessary for research (statistical consultants, computer system, research assistants etc.). This relates to my own efforts in private practice and to possible linkages with Dermatology. Faculty stability should involve acquisition of 1990 state funds for chair and other physician faculty.

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- IV. Resource inventory and needs assessment: please identify what departmental resources you currently utilize, i.e., secretarial support, research support, computer support, etc. Indicate what additional resources you feel will be necessary to meet your future objectives. Describe what faculty development you would desire in order to meet your future objectives.

I have half-time secretarial support, which is allocated through 1990 funding. This also requires computer (eg., word processing) support, and funds for xeroxing. Ideally, I might like access to departmental funds to support a research assistant, cover statistical analysis, or purchase software designed for qualitative research. I am also aware, however, that junior faculty should be the primary candidates for such support. I would be interested in additional faculty development in qualitative research.

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SUMMARY OF RESEARCH AND PROFESSIONAL ACTIVITIES
Johanna Shapiro, Ph.D.

RESEARCH AND CREATIVE ACTIVITY

Impact on Field of Research

There are two major areas in which I have made scholarly contributions: 1) Parental coping with chronic childhood illness 2) the interface of behavioral sciences with family medicine, especially as it impacts the doctor-patient relationship.

1. Parental coping

Twelve years ago, when I first joined the department, family medicine was just beginning to attempt to clarify its relationship to the psychological discipline of family therapy; and was also just beginning to contemplate a transition from purely clinical activities to developing a substantive research component. My research in the area of family coping became a part of a burgeoning effort within family medicine to encourage research with a specifically family focus. As a psychologist with background in family therapy, I was uniquely positioned to bring insights from this perspective to the world of clinical medicine, and vice-versa. Thus, both my theoretical work and data-based, empirical investigations have contributed to the literature by emphasizing a truly family-oriented approach in family medicine research.

My second contribution in this area lies in having helped to introduce a cross-cultural perspective in investigating family functioning from a family medicine perspective. Much of my research and clinical work has been done with Hispanic families, until recently a somewhat neglected study population. With the changing demographics of American society, this dimension has assumed increasing importance in primary care medicine.

Finally, I have examined and contributed to the coping literature not from a social psychological perspective, as has been most prevalent, but from an applied clinical reference point. This has been particularly significant in creating a bridge between a clinical science such as family medicine and the more abstract, theoretical propositions of social psychology. Thus, I have been able to address questions in the field of coping of particular relevance to physicians and nurses.

As evidence of these contributions, I would cite the reprinting of two major articles on coping in nursing textbooks; regular requests for use of my articles on coping in undergraduate and nursing courses; and requests for copies of my articles on coping both

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within the U.S., as well as from countries in Eastern and Western Europe and Latin America. Other evidence includes being hired as a research consultant on this topic by both the University of Texas School of Nursing, and a March of Dimes grant held by a professor at the UC Riverside School of Education. This latter project resulted in a training video to be used with resident physicians and medical students. For the past 6 years, I have also served as a clinical consultant to the Irvine Children's Educational Center, a nonprofit organization which works with developmentally delayed children and their families. Finally, my selection as a specialized reviewer on this topic by several professional journals, as well as invitations to review books in the area of coping, attest to recognition of some degree of expertise.

II. Interface of Behavioral Science and Family Medicine

A second area of major expertise is the integration of behavioral science theory and techniques with the specialty of family medicine. Here too my role has been primarily one of helping to define a nascent sub-field within family medicine. My theoretical writing has articulated some of the major issues confronting the interface of these two disciplines, and my research has addressed several of these issues. For example, I was one of the original people to examine the role of the behavioral scientist in academic medicine. Subsequent work has focused on how the knowledge, attitudes, and perspective of social science can best be transmitted to physicians-in-training.

As evidence of contributions in this area I can point to being chosen as the keynote speaker at the Behavioral Sciences Forum of the 1988 Society for Teachers of Family Medicine Annual Convention; and an invited speaker at the 1988 and 1989 STFM Family in Family Medicine Conference. Because of my behavioral science expertise, I have also served as program reviewer for the annual STFM Conference on the Family. I am regularly contacted by behavioral scientists from other family medicine programs seeking guidance about their work in family medicine. One researcher at the University of Wisconsin is currently studying the applications of parallel process theory to the teaching of family medicine residents; this is a concept which I was instrumental in introducing to academic family medicine and am also researching.

Discussion of Articles at Present Rank

Overall, I have published 40 articles in peer-reviewed journals, and of these, 13 have been published or have had accepted for publication at the associate professor step III level (1987-1989). The primary thrust of these articles has been in the field of family coping (see CV, #s 29, 32, 33,34; and accepted #3), and in

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the interface of behavioral science and family medicine (#s 30, 31, 35; accepted, #s 1,2,4,5). In the first area, I have produced 1 theoretical article, one clinical article, and 3 data-based articles. I have attempted both to overview the area of parental coping interacts with the doctor-patient relationship (#33), and to examine in an empirical fashion specific aspects of coping: a) relationship of parental communication to depression (#29); b) impact of support group participation on maternal depression and stress (#34); c) relationship of parental depression and prejudice to child adjustment (accepted #3).

In terms of behavioral science and family medicine, my published articles at this level include 5 theoretical works, 1 clinical and 1 empirical. In the theoretical writings I have attempted to raise significant challenges to both family medicine and behavioral science including: 1) the changing role of the behavioral scientist in family medicine (#31); 2) the directions for interdisciplinary research in family medicine (accepted, #4); 3) a systems analysis of family medicine (accepted #5); 4) the application of the analytic concept of parallel process as a method of resident training (accepted #2). The clinical article examines the issue of emotion in the doctor-patient relationship (#35), and the empirical investigation explores resident psychosocial performance in clinical interactions (accepted #1).

Professional Presentations

I have made a total of 33 presentations to professional organizations at the local, regional, and national level. At my current rank, I have a total of 12 presentations at professional meetings in family medicine. These presentations have represented both areas of academic interest discussed above. Presentations have been both of an applied clinical and research nature, and have been consistently well-received.

Relationship of Scholarly Work to Field/Creativity, Significance

My work in family coping is related to work by Ransome, Doherty, and McCubbin because it a) examines family coping within the context of health and illness b) takes an applied clinical research perspective. Its primary creativity and originality may be found in a) its cross-cultural dimension b) the examination of physical rather than mental disability c) the inclusion of the physician perspective. At the broadest level, the intent of this research is to provide physicians with practical information about how to help families cope with disabling and lifethreatening illness.

My writing in the area of behavioral science extends the work of

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major theoreticians such as Doherty, Glenn, and McWhinney, and attempts to address questions which lie at the core of family medicine as a field. This endeavor is significant in that it contributes to a clearer definition not only of the relationship of behavioral science to family medicine, but of the field of family medicine itself. It is my hope that by bridging the gap between the social sciences and clinical medicine, and by studying how psychosocial perspectives and techniques can best be integrated into clinical practice, the quality of medical care can be significantly improved.

Work in Progress

Work in progress continues to focus on the two areas described above. My colleague (Michael Winkelman, Ph.D., Arizona State University) and I have just completed an investigation looking at the effects of parental coping on psychosocial adjustment in physically disabled Mexican children. Future work in this area will include particular attention to attribution of meaning as a variable to be more closely defined; and factors which lead to a positive doctor-patient relationship in such situations. Whereas previously work has focused on a pediatric populations, future research will examine issues in family coping with a geriatric population as well.

In the area of behavioral science, I will continue to help refine the role of behavioral science in family medicine on both a theoretical and a data-based level. Work in progress includes interviews with family physicians and behavioral scientists addressing this issue (Yves Talbot, M.D., Mt. Sinai Hospital, Toronto); a survey of residency graduates in family medicine to identify areas of strength and weakness in behavioral science training; an assessment of resident psychosocial skills in clinical situations (Don Schiermer, Ph.D., Bowman-Gray School of Medicine). I am also conducting an exploratory study attempting to operationalize from an empirical perspective parallel process concepts relevant to resident supervision.

FUNDING

American Academy of Women Physicians	1979-1981	\$ 2,000
Research on psychosocial implications of pregnancy in women residents		
March of Dimes		
Research on Mexican families with physically disabled children	1981-1982	\$ 6,000
	1983-1984	\$ 8,000
AHEC		
Research on behavioral science training of residents	1985-1986	\$12,000
	1987-1988	\$14,000

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MEXUS

Research on Mexican families with physically disabled children	1985-1986	\$ 6,000
March of Dimes Consultant		
Preparation of training videotape on multihandicapped children/families	1985-1987	\$ 5,000

MRES

Research on utility of parallel process model for resident supervision	1989-1990	\$ 2,000
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EXTRAMURAL REFEREES

Howard Stein, Ph.D. (full professor, medical anthropologist, Department of Family Medicine, University of Oklahoma)
Yves Talbot, M.D. (Chair, Department of Family Medicine, Mt. Sinai Hospital, Toronto)
Gabriel Smilkstein, M.D. (William Ray Moore Professor, Department of Family Medicine, University of Louisville)
William Rodney, M.D. (Chair, Department of Family Medicine, University of Tennessee)
Donald Bloch, M.D. (Editor, Family Systems Medicine; full professor, Department of
Michael Crouch, M.D. (associate professor, Department of Family Medicine, University of Louisiana)
John Frey, M.D. (Editor, Family Medicine; full professor, Department of Family Medicine, University of North Carolina)
Shae Kosch, Ph.D. (associate professor, Department of Family Medicine, University of Florida)
Don Ransome, Ph.D. (full professor, Department of Family Medicine, University of California, San Francisco)
Dona Harris, Ph.D. (full professor, Department of Family Medicine, University of Utah)

TEACHING

Courses Taught

I teach two 2-hour seminars weekly during the course of the year. The first is a course on Family Dynamics, and includes introduction to basic concepts in family structure and dynamics, life-cycle development, overview of major family therapies, examination of relevant approaches to working with families for family physicians, and consideration of issues facing families responding to major health crises. The second course is on the Doctor-Patient Relationship, and examines such issues as the difficult patient, resident stress, and both psychoanalytic and systemic conceptualizations of the dynamics between doctor and patient.

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Clinic Precepting

In addition, I am involved in approximately 8 hr./week of behavioral science clinic precepting during the course of the year. This tutorial-type teaching emphasizes transmission of psychosocial interviewing skills to the resident, and guidance in psychosocial management of common patient problems such as depression, anxiety, and stress.

Total teaching load for the past 12 years has been approximately double that of most line-appointment faculty.

UNIVERSITY SERVICE

Contributions to Department

I am vice-chair for academic affairs of my department, chair of the Committee on Academic Development, and a member of the personnel action committee, which reviews faculty appointments and promotions. As such, I play a leading role in the academic development of the department. As director of the department's behavioral science program, I supervise one half-time psychologist and one half-time social worker, as well as one post-doctoral and one pre-doctoral psychology trainee. In this capacity, I have responsibility for design, implementation, and evaluation of the training program in behavioral sciences.

I am also involved in the residency program through my service on the Resident Review Committee, and the Resident Applicant Committee. I also spend approximately 2 hours per week serving as an informal advisor to residents.

Contributions to the College of Medicine

I have served the College of Medicine in several ways. I have served on various committees, including the Allied Health Committee (1979-1981), Promotions and Honors (1984-1987), and most recently the Hospital Bioethics Committee (1988-current). As part of my duties on this latter committee, I am chair of the Ethics Subcommittee on Education, and was responsible for organizing a major UC Hospitals Bioethics Conference, held at UCI in January, 1989. I have been a regular interviewer of medical student applicants, a member of 3 faculty search committees, a small group leader for the Ethics Undergraduate course (1988-1989), and a participant in the 1989 OSCE exam.

Contributions to the Campus

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I have served on the Representative Assembly, 1985-86, and 1988-89; and was also a member of the Academic Grievance Panel (1985-1987). I am an active member of the Women Faculty Association.

Contributions to the Community

I have served as a volunteer respite worker for families with developmentally delayed children. Through the UCI Speaker's Bureau, I have made several community presentations on the topic of family coping. I currently volunteer time to write a monthly column for the Temple Beth El newsletter.

PROFESSIONAL COMPETENCE

I am both a licensed marriage/family therapist and licensed psychologist in the state of California. I belong to numerous professional organizations, including the Society of Teachers of Family Medicine and the American Psychological Association. I have been elected Diplomate of the International Academy of Behavioral Medicine, and a Clinical Member of the American Association of Marriage and Family Therapists. I am a regular reviewer for six professional publications. I have been a regular consultant for the Irvine Children's Educational Center since 1982. For the past 3 years, I have also served as supporting faculty for the Psychology Division of the UCI Department of Psychiatry and Behavioral Sciences. In that capacity I have been involved in the Division's accreditation process for an APA-approved psychology internship program, and have supervised both pre and post-doctoral students in conjunction with this program.