Transitions
By Allison Macerollo, MD

Summer brings transitions. Graduations galore! Students of all ages move to the next grade in their schooling. Students at the end of each milestone graduate and start the next chapter, such as high school and college. At Wexner OSU College of Medicine we just saw our amazing medical students graduate and move all around the country to start the next stage of their lives and careers with residency. The 2015 graduating class had a record number of students entering Family Medicine. This was the second most chosen specialty behind Internal Medicine. This proves to me and others that primary care is on the rise. At the OSU FM residency we are lucky enough to have five OSU COM graduating seniors join our intern class this month. We of course were sad to see our senior residents leave, but these same residents in our program and the nation are starting independent work in the practice of medicine. How awesome is that?

I usually feel a mild sense of nostalgia around this time of year as the number of hellos and goodbyes has started to be really apparent in recent years. Working at OSU for the last 12 years means 12 years of medical students and 12 years of residents that I have had fly from the nest. While I feel sad to see them go, I am always so eager to see what they accomplish in their next steps. We have former students in almost every state in the U.S. and they accomplish amazing things. We have former students, who lead residency programs, teach in medical schools, travel globally to serve others and also serve here in the U.S. in areas of poverty. The other amazing thing is the willingness to be ambassadors of OSU about their experience during the search for residency and in current positions around the country.

Our department has had a major transition this summer as well with the retirement of our faithful employee, Becky Meeks-Weed. Becky started working in the department in 1983 and worked a whopping 32 years for OSU Department of Family Medicine. She was detail oriented and got the job done. Her messy desk was her signature style and we were not to be fooled as she could put her hands on any document in a moment’s notice. We will miss her tremendously.

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...Transitions continued.

My family has had several transitions as well. My children of course moved to the next grade, neither are moving schools, changing friends or had a graduation, so that makes life less overwhelming. What we did have was the loss of our Golden Retriever, Trudy who was over 14 years old. We are sad and miss her daily. However, we also had the arrival of a new puppy named Hazel-Nut Waffles. I’m glad my kids and husband are home for the summer as a new puppy is like having a baby, only puppies bite A LOT. She is almost house trained and sleeps through the night now so this transition is going pretty smoothly. As I write this, my husband has left to go out of town for five days so I guess I might discuss a new puppy differently next week.

As you read through this issue you will hear from one of our residents, Sandra Palmer, who just completed her intern year, discuss how to survive the transition to residency and from Gabrielle Paul, a third year medical student who discusses successful transition from pediatric to adult care through review of validated research. I hope you have time to reflect on the transitions you have in your life and the joys and occasional tears they bring. May your summer be filled with sunshine and happiness, learning, and fun.

Best thing about being a Resident
By Sandra Palmer, DO – FM Resident PGY-2

Think ahead to the start of your Family Medicine intern year...Congratulations! You've made it through four years of long lectures, longer study nights, sleepless nights, grueling tests that at least occasionally include random minutia that seem irrelevant in the long run, emotional trials, and, of course, pimping, so much pimping. You've come so far and starting residency is sure to bring with it an interesting mix of anxiety and excitement. Having worked side-by-side with residents for the past two years, you probably have few illusions about how much and how hard you will work. That being said, being a resident is actually awesome for so many different reasons and it is a big change from medical school.

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One obvious change is a salary. Yes, it is meager—particularly when compared to the vast amount of debt you have likely incurred. But, it is the first time you are going to be paid for knowledge you’ve taken years to obtain. The paycheck is certainly well deserved given the time and care you are going to put into your work, but I think it is significant for other reasons too. People trust you with medical decision making. They have looked at the work you have done so far and decided that you should receive compensation for your time, compassion, counseling, teamwork, learning, and planning. Great work! Your efforts are being recognized with money!

I think this flows seamlessly into another big change in residency. If you ever wondered in medical school if your efforts were making any difference, wonder no more! Yes, you need to discuss your plan with an attending, but you are finally actually making decisions and signing orders! You are the first point of contact for the patient and you are simultaneously the information collector, synthesizer, analyzer, and plan developer. What you say has weight and it doesn’t take long to see how much of a wonderful difference you can make in people’s lives.

Speaking of making differences in patient’s lives brings up arguably the greatest part of being a resident. As a family physician, you have a unique opportunity to majorly impact your patients’ lives. You share patient’s joy when they feel better because of your interventions. Whether it’s managing an acute or chronic illness or enacting preventive medicine, you get to make a difference in many lives. Knowing that someone’s life is better in part because of your hard work is an incredible gift that you truly begin to appreciate as a resident.

Residency is a big change from medical school, but it is an awesome one. There are certainly trials and no one doubts how difficult it can be, but, ultimately, this is a fun step up. Residency is great not only for the reasons I’ve brought up briefly above, but also so many other wonderful reasons you will discover as you continue on your journey. Good luck and get pumped!
In 2011, the American Academy of Pediatrics recommended using an objective measure to regularly assess transition readiness skills like self-management. Unfortunately, no validated objective measure exists yet. The Transition Readiness Assessment Questionnaire (TRAQ) developed by University of Florida’s College of Medicine-Jacksonville in 2009 has shown some promise in preliminary studies but has yet to show predictive value. The TRAQ is a 33 item questionnaire that evaluates patients in 2 domains—self-advocacy and self-management with five responses based on the Stages of Change Model. UNC-Chapel Hill’s College of Medicine has developed a similar scale, the TRxANSITION Scale, a 32 item questionnaire with 3 responses about different areas of healthcare such as insurance, support, self-management, reproductive issues, medication adherence, and nutrition. The hope is that in the future these questionnaires can be used by healthcare providers to identify weak points in an adolescent patient’s healthcare utilization skills and intervene to help the patient gain those skills.

The National Alliance to Advance Adolescent Health has developed a website (gottransition.org) with advice for different kinds of providers to help their patients with transitioning. They developed the Six Core Elements of Health Care Transition 2.0 based on the AAP/AAFP/ACP Clinical Report of Transition. These elements are a transition policy, tracking and monitoring, planning/integration, transfer to the adult approach to care, and completion/ongoing care. Their specific guidelines for family doctors recommend beginning at the ages of 12-14 with the discussion of a concrete transition policy. The patients that are beginning to transition should be identified and monitored in a registry to track their progress. Assessments of transition readiness should begin at age 14, and the doctor should start formulating healthcare goals and priorities with the patient and their family. A plan of care should be developed around these goals/priorities and the results of the transition assessments. The physician must be ready to provide information about community, legal, and other resources as well as connect patients to adult specialists if necessary. Topics like privacy and consent should be discussed, and the physician should begin seeing adolescent patients independently for at least part of their visits. Concerns about transitioning should be addressed and a transition assessment should be administered again before the transfer to the adult approach. During ongoing adult care, the physician should get feedback from the patient about their experiences with the transition and with adult health care.

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