This is the time of year when FMIG gets involved in educating youth about the dangers of smoking. FMIG has been setting up presentations with local fourth and fifth grade classrooms. Lots of volunteers from the Med I and Med II classes have gone to talk to these kids.

The presentation includes a discussion about the negative effects of smoking, both short term and long term, reasons why people smoke, and deceptive advertising. The groups bring some past smoking advertisements with them and talk about the tactics that were used in the past to get people to smoke.

Although tobacco advertising is not very prevalent anymore, kids still see smoking portrayed in a positive light by protagonists in cartoons, movies and television shows.

The goal of TAR WARS is to help the kids become aware of the reality of smoking and how to recognize when they are being exposed to tobacco advertising in any form.

We would like to thank the leadership for TAR WARS and the many student volunteers for their service in our community.
There are so many exciting ways to get involved in The Family Medicine Interest Group. If you are interested in leadership opportunities then FMIG is for you. There are multiple group leadership roles each year from event planning to treasurer and even helping with this newsletter. Outside the university there are many roles for students in local chapters of the OAFP and AAFP. The great thing is most of your efforts are sponsored so little or no cost to you to be active in a group that can change the face and identity of medicine in these difficult times.

There are two specific opportunities that are active right now. The first is a call for attendants to the spring conference in Newark, Ohio Saturday and Sunday April 18th and 19th. OAFP is proud to announce the availability of student scholarships to attend the 2009 Student Retreat set for Student Retreat April 18-19 at Cherry Valley Lodge in Newark, Ohio. This program serves as a forum for students to network with others interested in family medicine while gaining exposure to speakers, topics and procedural skills students might not have access to during medical school.

Scholarships are being offered on a first-come, first-served basis for five medical students from each school. Scholarship applications must be received by FRIDAY, March 27, 2009. Scholarships cover registration fees, program materials, refreshment breaks, lunch and dinner on Saturday, activities Saturday night, breakfast on Sunday, and Saturday night accommodations (two students per room, OAFP to make arrangements).

The second is attendance or involvement in the National Conference of Family Medicine Residents and Medical Students. The AAFP is now accepting applications for poster presentations at the 2009 National Conference of Family Medicine Residents and Medical Students scheduled for July 30 - August 1 (Thursday - Saturday), in Kansas City, MO. The poster categories are: clinical inquiry, community project, educational program and research. The contest is open to AAFP resident and student members, and the submission deadline is April 17. Winning entries will be displayed in the Exhibit Hall on Friday and Saturday. The top winners in each category will be recognized on Saturday. (There are no monetary awards for this program.) However there are many scholarship opportunities both through the Ohio OAFP and AAFP. For more information, including application forms, visit www.aafp.org/nc.

If you have any questions, please contact Ashley Jungles at ajungles@aafp.org or of course your local OSU FMIG advisor, me, Allison Macerollo, MD at Allison.macerollo@osumc.edu. I hope you have as much fun with FMIG as I do.

Med 1 Tips

Congratulations Med1s, you’re more than two thirds of the way done with your first year of medical school. You’ve conquered anatomy, studied detailed cellular and biochemical pathways, and memorized countless bugs and drugs. At this point in your medical school careers, you probably have a good understanding of how the blocks work and what to expect. But here are a few tips for navigating the rest of Med1.

Host defense is definitely heavy on memorizing facts. Though it is probably inevitable that you’ll forget most of the bacteria and antibiotics you’ve studied in class, it isn’t a bad idea to review them from time to time. This way when the occasion comes to study for the boards (where apparently, microbiology is a big deal or something) you’ll know more about bacteria than the fact that Yersinia pestis is alive and well in black tailed prairie dogs.

The final block of host defense is more of the same, except this time with viruses. Once you’re done studying virology, it’s finally time to get to the meat of the medical school.
The journey begins with neural science. Though the nervous system is complex, it provides a wonderful introduction to the Med2 style course work. In addition to lecture, there will be small groups in which students discuss patient cases. These case studies are a great opportunity to learn the lecture material in a new, and perhaps more meaningful way. I definitely recommend taking advantage of these sessions. For those students that cringe at the thought of anatomy, I must warn you that anatomy is back in neural science…and this time its heavy on the cross-sections. Kick your old best friend to the curb, because your new best friend will be the *Haines Neuroanatomy Atlas*.

You may spend so much time with this book that you’ll begin to see faces deep in its cross-sections (as my anatomy lab mate did). Do your best to understand the appearance of different regions of the brain and how they relate to one another. But don’t stress out too much about all of the different nuclei, because some of them are just impossible to find without the helpful outlining provided in class (for example, the nucleus ambiguous—I think the name says it all). Moving away from the brain, I would guess that most students have some sort of plan for their ten weeks of summer vacation at this point in the year. The best advice I can give, however, is to do something that you find enjoyable during these two and a half months.

While I understand the importance of exploring a new aspect of medicine (whether this be research, clinical experience, volunteer work, etc.) it is equally important to have some fun. Take a vacation, spend time with family and friends, and do the things that make you happy. This will pay off in the long run, leaving you refreshed and ready to begin the second year of medical school. Happy studies to everyone!

**Med 2 Tips**

Are you tired of the word “Boards” yet? Or, I guess more appropriately, “BOARDS!!!”

Step 1 is always there, in the back of your mind — and, let’s face it, probably sometimes wakes you up in a sweat in the middle of the night. You’ve heard enough advice about the test to last a lifetime, and I’m sure most of you are ready to just get on with it, already! But since Step 1 studying season is quickly approaching, we thought we’d impart some last minute tips before you dive in.

The best advice I can give you by far is to take the time to make a detailed schedule for your studying. You know, by now, which areas of the curriculum you are strong in, and which areas of the curriculum you find more challenging. You also probably already have most of the review materials you’re going to purchase. When you make your schedule, take everything you know about your studying habits, your strengths and weaknesses, and any other commitments you may have into account. Don’t overextend yourself, but also pack as much as you reasonably can into most days. Figure out what you’ll study each day, within each subject area, and what order you’ll give to the topics throughout the month. Decide when you’ll take practice tests, if you plan to do that. Look through your path and phys books to see which chapters you’ll use for each particular study area. Once you’re finished, your schedule will seem a little daunting…but you’ll also feel relieved once you see that you can, in fact, get through everything you need to in the time the COM has allotted for Step 1 studying. And then of course, once you’ve gone to all the trouble to make such a detailed schedule — make yourself stick to it!

In addition to creating your study schedule, you should also take a moment now to evaluate the review materials you have on hand and any you’re still thinking about purchasing. You should have a variety of resources at your disposal, but also remember that there is only so much you can read about a particular topic. The quality, rather than the quantity, of your materials is most important. Decide what question bank you’re going to purchase, if you think you’ll be going that route, and figure out when you need to purchase it to maximize its 30- or 60-day subscription. Talk to your friends to see what sources they used, but also remember that all materials have their pros and cons, and at some point you just have to go with what you have. As long as you have the core topics covered, you should be just fine.

Finally, while I know it is much easier said than done, try to manage your stress level and minimize your freak-outs (though they will occur!) as much as you can from now until you take Step 1. The test is both very frightening and very important, to be sure. But it is also just another test — one of many you’ll take throughout your career. Believe what the COM has told you all along…that, although you still have to work hard, you’re going to do well! You’ve mastered the curriculum and studied like crazy for the last 2 years. And while you’ll do, in April and May, some of the hardest studying you’ve ever done in your life, you’ll get through it. You’re prepared, you’re ready, and you’re going to be successful. Believe in yourself!

Best of luck to each of you — you’ll be great!
Hi Med 3s!! Hopefully, the year is getting easier as you are over half way finished. By now, the transition from one rotation to another should be less daunting. You should be able to carry a heavier patient load and feel as though you are an even bigger contribution to the patient care team.

Many of you may have probably already decided what specialty you will pursue in residency and may have already completed your rotation in this. It can be easy to say that since you have already worked hard on your field specific rotation, now you will relax for the rest of the year. Keep in mind that there are plenty of reasons to keep with each rotation, you should treasure the patient experiences you are exposed to. This is even more so for the services you may not see again in residency. This will be your one opportunity to learn about a specific field. And you never know, you may have a rotation you love so much that you decide to change which specialty you will pursue.

The second reason to keep up your hard work is the dean’s letter. Your grades from all your rotations will be on your dean’s letter and based on your grades, you will be put in a cluster which tells where you fall in the class. A higher cluster makes you even more competitive as a residency candidate.

Learning as much as can during a rotation, especially the ones at the end of third year, means less new learning that needs to be done when it comes time for studying for Step 2. No one wants to feel that they are learning a huge amount of information that they have never been exposed to. Rather, you want to be reviewing things that you have seen before.

Lastly, working hard now makes vacation time seem even sweeter! As always, if you have any questions feel free to contact me.
Residency Tips cont’d

5. Sleep when you can - Especially on those rotations where you have call every 4th night, your sleep schedule gets messed up and you can get pretty sleep-deprived and fatigued pretty fast. The nights before you are on call isn’t the night to go out and party until 2am, it’s time get rested before being up for 24+ hours the next day. Also, when you are on call, you may never know when you will have the chance to nap so lie down while you can.

4. Eat right and exercise - Residency can be very busy, especially during your intern year. It is easy to go home, stopping at your favorite fast food joint on the way, and be a vegetable on the couch all evening though it’s better for your mind and body if you don’t. You can’t look out for your patients correctly if you aren’t staying healthy yourself.

3. Be nice to the nurses and other hospital staff - As you’ve probably figured out during your medical school rotations, they can make or break you. As docs just starting out, most of the nurses and staff have been in medicine for longer than we have. The golden rule is very important in the hospital. You should be able to know that in the critical situations, you can work effectively with the other members of the care team to help the patient.

2. Know your limits and lose the ego - We are in training in residency for a reason. We do not know everything, but it becomes dangerous for your patients and your future if you pretend that you do. Don’t lie and don’t guess, if you don’t know, say so but you can always say that you would be willing to look up the answer and get back to them. Patients and attendings will appreciate your honesty. Your senior residents and attendings are there for a reason, use them while they are still there!

1. Don’t let medicine consume you - We all love medicine or we wouldn’t be in this job but there is more to life. There are always plenty of patients to see and topics to read about but you will lose your sanity if you never get away. Find some hobbies that don’t involve medicine and make sure to set aside some quality time to spend with your family and friends.

When you decide to be a family physician, you will find yourself entering a world that is both challenging and meaningful. It will take all of your intelligence, all of your compassion and all of your personal abilities to meet the needs of your patients. But, in return, you will receive a life that is fulfilling in a multitude of ways. Every day you will know that you will wake up to a day filled with meaning and purpose.

As a family physician, you will serve patients in a way that makes them feel valued and loved; you will partner with your patients in their pursuit of health and wellness; and you will discover the joy of relationship centered care. You will also join the ‘family of family physicians’, a group of people that care deeply about their patients and that possess ’the heart of a family physician’. Welcome to the family!

Linda C. Stone, MD
When I began to think about my most memorable patient, one person immediately came to mind. In fact, I have had many memorable patients and patient care experiences throughout the years but this one tops them all.

I met “MG” during my first year of practice after residency. I was practicing at OSU Family Practice in Gahanna and had recently taken over care for her and her family. They had just moved back to Columbus from South Carolina when I met her. She was part of a big family with two older sisters, one younger brother, and two loving parents. Her father had complications from a back surgery and while they loved living in South Carolina, his disability forced the family to move back to Columbus to be closer to their extended family.

When she first came to my office, she was 11 years old and I saw her several times for routine check ups and the occasional cold. She was initially very quiet as any 11 year old would be at the doctor, but as we got to know each other she became more talkative and relaxed. She came in to my office one day with complaints of chest pain. At the time, her pain was difficult to characterize and after a complete history, physical, and EKG her parents and I figured that she was just dealing with some anxiety.

After all, they had just moved and she was in a new school. She was clearly upset about the health issues that her father was dealing with so we decided to simply keep an eye on it and set a follow up visit to check on things in a few weeks. Before her follow up visit, the pain got worse and her parents took her to the ER. She was found to have a low blood oxygen level and was sent to Children’s Hospital. Eventually, she was diagnosed with primary pulmonary hypertension.

Unfortunately, her case was severe. I had the good fortune to continue to follow her over the next year or so while her specialists at Children’s aggressively treated her condition. Despite the fact that she became very weak and was using oxygen and continuous IV medications, she always had a smile on her face. Her fighting spirit was really something to admire.

Unfortunately, MG passed away about 1 year after her diagnosis. I vividly remember the day that her parents called to tell me that she had passed. Her family and I knew that this was inevitable but losing a 12 year old little girl was extremely difficult for me and I still cannot imagine what her family has had to endure. Towards the end of her battle, she and her parents talked about death. Amazingly, she wasn’t afraid. She was very insightful for such a young child. I attended her funeral and it was incredible how this little girl had touched the lives of so many in the community.

One of the great things about family medicine is having the opportunity to form lasting relationships with families. I still see her siblings and parents and we often talk about that amazing little girl with the big smile.

Thank You!
FMIG Word Search
Katy Meeker, Med II

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