It is a wonderful experience to see the bond between parent and child. One of my continuity patients demonstrated this connection to me during residency. My first experience with this family was during a simple newborn appointment. The mom was 16 year old Hispanic immigrant with her 3 day old daughter. Her questions that day were typical and her baby unremarkable, but her eyes were wide with the intensity of parenting. As she left that day I remember thinking that two weeks seemed like a long time until I would see her and the baby again. However, two days later she called because the baby would not eat and she didn’t know what to do. After talking to her I decided she should meet me at the emergency department.

Wow was her child sick! She had a fever and was literally limp in my hands and after an exam, blood work, chest x ray and lumbar puncture, I called the intensive care and asked for her to be admitted. She had neonatal sepsis with low platelets and petechiae and required a 10 day admission with IV antibiotics. Thankfully she made a full recovery. During that admission the mother watched on with questions that at times she wasn’t sure how to ask from the big team of doctors.

The experience bonded this mother, daughter and I together. I continued to see them for the next two years and saw this infant grow to a normal spunky toddler. This family taught me a lot of different concepts. It showed me real issues of young motherhood, dealing with poverty and the issues this brings such as transportation, access to assistance and how valuable a social worker can be. The other amazing thing I witnessed was this mom grow into a young lady and a responsible and caring mother. The many pleasures of family medicine were proven to me with just this one family. I recalled this family after I had the great pleasure to meet many of your parents this past weekend at the OSU COM Parents Weekend event. They are so proud of you and interested in all the things that you are doing as you progress through the start of your career. As a parent, I know just how amazing they think you are.

The parent’s weekend event had the feel of spring in its mood and as we move towards this wonderful season we all shrug off with winter malaise. While thinking spring, please enjoy this newsletter full of stories and advice and recall that each patient encounter is an individual that touches our lives.

Allison Macerollo, MD
Spring is here! At least it seems that way for now, and those of you from out of state can be proud to have survived your first Ohio winter. Just like spring finally came, the end of med 1 too will come, and hopefully I can share a few ideas about how to stay motivated and focused on your goals.

Getting to medical school is not an easy task, so remember what drove you to get to this point. Remember how excited you were when the first acceptance came, and then the first day of orientation. I think the passion and desire sometimes gets lost through the dreary winter, the books, exams, and the hours spent in the library. Working in the free clinics or preceptorships can be a great source of motivation. I distinctly remember the week we covered physical exam of the chest in CAPS, and that Friday I had a patient come in complaining of SOB on exertion, and I actually knew what to do! I might not have known what it all meant, but I knew how to perform the components of the physical exam that were important. Finally I felt like things I was learning were paying off.

I also have found a great deal of satisfaction and motivation being a part of the admissions committee. Interviewing excited applicants and hearing about their passion for medicine reminded me of why I am here, and what I am working towards.

These are just two examples of things that have helped me to stay motivated and focused on the goal of becoming a physician. Find what inspires you, what motivates you, and do it. Finish strong and good luck!

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**Family Medicine Information Corner**

This new feature will plan to define concepts of family medicine and goals of the specialty or training.

“Family medicine is the medical specialty which provides continuing, comprehensive health care for the individual and family. It is a specialty in breadth that integrates the biological, clinical and behavioral sciences. The scope of family medicine encompasses all ages, sexes, each organ system and every disease entity.”

Med 2 Tips

Congratulations, everyone – you’re almost done with your pre-clinical years of medical school! Take a moment to step back and reflect on how far you’ve come since that first day of med 1 orientation. You’ve probably worked harder than you ever have before, made some fantastic friends, and grown significantly in your development as a professional. As always, it’s time now to look towards the next step – your clinical rotations as a med 3.

You’ll hear all kinds of advice on how best to preference your med 3 schedule. Some will tell you to build your schedule around what you think your future career will be, putting that rotation in the middle of the year so you’re not too green or too burnt out when you complete it. Some will tell you to get the more time-consuming rotations out of the way first, leaving the easier ones for the end of the year. Some will tell you to do medicine before surgery, or vice versa, in order to maximize your opportunities to shine on those rotations. I would venture to say that in many ways, it doesn’t really matter. For many of you, the career field you’re currently planning to pursue may change drastically by the end of next year. And you will eventually complete all six of the core med 3 rotations, just like everyone else. I would only advise you, as you’re completing your preference list, to think about putting the rotation that matches with your current career aspirations before March of next year (in one of the first 4 rotation spots). You will be asked to schedule for med 4 in March, before you’ve completed all your rotations, and it will make things easier for you if you can start that schedule with a career goal in mind. However, don’t worry too much if you don’t get the med 3 schedule that you want, or if you change your mind about your future career several times during the next year. Med 4 scheduling is much more flexible than is med 3 scheduling, so everything will work out no matter how your rotation sequence falls for next year.

We’d also be remiss if we didn’t at least mention the upcoming Step 1 exam you’re all currently preparing for. You’ve heard enough about this test to last a lifetime, so I’ll keep my advice to 3 brief tidbits:

1) Make a detailed study 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. And of course, once you’ve gone to all the trouble to make such a detailed schedule – make yourself stick to it!

2) Get your review materials ready and in line. 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.

3) 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!

Best of luck to each of you – you’ll be great!
Near North Family Medicine Diabetes Outreach
Matthew Flynn, M2 & Vaughn Harris, M2

The diabetes screening and education program is a new community outreach project maintained by the Family Medicine Interest Group (FMIG). Our mission is to screen as many people as possible, as well as to educate people about screening results, diabetes, and ways to cultivate healthier lifestyles. With assistance from the Central Ohio Diabetes Association (CODA), we are able to provide free screening to approximately 25 people each evening we provide the service.

Currently we operate at the Rardin Family Practice Center two Thursdays every month to coincide with normal operations of the Columbus Free Clinic (CFC). Like the CFC, we see a diverse group of people, the majority of whom are without insurance or regular access to medical care. The program has been very well received by patrons of the clinic, as well as their family and friends; in fact we see several diabetic patients regularly as our service and the clinic provide one of the few opportunities for them to manage the disease.

Beginning in the month of March, we are excited to be part of a new CFC initiative to provide formal educational programs to community members about various disease topics. With the assistance of nurse volunteers from the James Cancer Hospital we are currently helping to design a diabetes education program for the evening of March 25th! This year four first-year medical students have been involved with the program as part of their community service project, under the leadership of FMIG members – we hope to build upon what has been an excellent year and expand the program to allow greater involvement & reach more underserved areas!

For questions regarding the Diabetes Outreach program, please contact Mathew.Flynn@osumc.edu or Vaughn.Harris@osumc.edu.
AAFP National Conference
National Conference Checklist:

1. Submit your 2010 poster entries by April 16.

2. Apply for a $600 conference scholarship by May 1.

3. Mark your calendars: Registration opens April 15th.

The National Conference of Family Medicine Residents and Medical Students offers new and innovative programming to help you find your place in your world. Join family medicine educators and peers from across the nation in Kansas City, Missouri, July 29-31.

This year’s conference theme is *Innovations in Education: Training Tomorrow’s Family Physicians*.

Contact Allison Macerollo, MD at Allison.Macerollo@osumc.edu with questions or information about scholarship stipends.
Tar Wars – The Battle Against Tobacco Use
Alexandra King, M2

Armed with a simple PowerPoint presentation, some classic smoking ads and a box of bright red pencils, Vicki Schunemann (M1) and I entered the classroom of ten students. As we set up a laptop for the presentation, the fifth graders excitedly pulled up chairs and crowded around an island of desks amidst exclamations of “I remember this from last year!” and “Oh yeah, we got red pencils!” The students’ memories served them well as most of our questions were met with hands desperately stretched in the air, proving the effectiveness of the Tar Wars program in educating middle school students on the negative effects of smoking and tobacco use. Vicki and I used the smoking ads to show our audience the type of tactics tobacco companies use to entice young adults to try smoking. And with the help of their own multiplication skills, they discovered the exorbitant costs of smoking one pack of cigarettes a day for a week, a month, and out to fifty years.

The importance of programs like Tar Wars is not only evidenced by the fact that smoking was again named the #1 cause of preventable deaths in the US in 2009, and that nearly half of all smokers were addicted before they started high school, but also by the misconceptions the students had about the percent of adults smoked. All assumed that over half of adults smoke with many guessing in the range of 80-90%, bringing to light the prevalence of tobacco use in their lives.

Throughout our 40-minute presentations, almost all of the students shared that they had at least one relative – a parent, an aunt, or a grandmother – who smokes and expressed their desire for them to kick the habit by pleading for them to stop, or hiding or throwing away the cigarettes. In fact, smokers are in the minority of every age group with 20% of adults being smokers and 80% of adults being non-smokers, thus proving statistically that not “everybody is doing it.”

This was also a learning experience for me. With nicotine as one of the most addictive substances – shown to be five to ten times more addictive than cocaine or morphine (a fact I learned from Vicki during our presentation) – it is imperative that we continue to educate the next generation whom the tobacco companies are targeting. And with these students going home and talking to their parents and guardians about smoking cessation, the program has a greater impact than I would have guessed. Taking part in the Tar Wars program was an opportunity for us, as medical students, to practice two important principles of every physician – preventative medicine and patient education – while providing a fun, interactive, and memorable experience for our audience.

“smokers are in the minority of every age group with 20% of adults being smokers and 80% of adults being non-smokers, thus proving statistically that not “everybody is doing it.”
As Family Medicine Physicians, we often recount the obscure diagnoses, the dramatic resuscitations and the perfect deliveries to evaluate our successes or failures. We often devalue the daily encounters with patients that give our vocation meaning and substance. We are fortunate to be there at the birth of their children and share in the growing of their families. We also have the privilege and responsibility to help our patient’s through the end of their life and death. A priest from St. John’s Hospice in Denver once told me, “There is a lot of living to be done in the dying process.” I also believe there is a lot of learning for young physicians during the dying process as well.

My patient Boris was 77, the day I walked into the exam room to see his wife for her terminal endometrial cancer. They were from Russia, she was diagnosed with endometrial cancer 10 years earlier and part of her treatment was radiation for 2 days in a CT scanner. I wasn’t sure if this was really true or somehow modified in translation. After discussing with a Gyn-Onc specialist, I discovered that it probably was true. She had a recurrence and we were discussing treatment versus hospice care. Hospice care was not a well understood concept for this patient or her husband. With all of the great medical advances in our country and the world, it seems strange to some that we talk about comfort care and quality of life rather than longevity. As I looked at him, I noticed he was ashen, gray and mildly diaphoretic. After transport to the hospital and many tests, I had to tell him and his family that he had metastatic lung cancer. He had smoked since age 7. Instead of discussing hospice care with one patient, it was now a couple. They were assigned a home hospice nurse and we visited the family together every other week until Boris' death a few months later and then his wife’s a few months after that. Boris and his wife’s medical care was not about curative treatment but about quality of life and comfort care. The family’s main concern was not death, but pain, shortness of breath and anxiety. Additionally, it was important for the family to care for Boris and his wife at home and for them to eventually die at home. Fortunately, as a family medicine physician these are symptoms that I felt more comfortable managing than trying to cure cancer.

Boris and his wife lived in a three bedroom condo with their daughter, son in law, grandson and his wife and the great granddaughter. The entire family wanted to care for the mother and father. The living/dining area was converted to a hospital room and a hospital bed was placed in that room for the sickest parent. Each family member had a shift to care for the parents and knew the medications that they each took and the appropriate timing of the doses. One afternoon, I went to check on Boris, his family was concerned about a wound that had appeared on his chest. I undressed it, and found a poultice that was semi familiar. It contained cooked onions to draw out the poison. Unfortunately, it was the cancer eroding through the chest. At this time, Boris asked if it would be a good time for him to quit smoking. It was only about a week later that Boris died at home peacefully with his family at the bedside. His wife died about three months after that. I often remember Boris and his wife, when I talk to patients about terminal illness and the possibility of hospice care. I think about how much their family loved them and how hard it is to make the decision for comfort care versus aggressive treatment. And as for me a physician, coming to the realization that palliative care has incredible value to patients and their families.
The Ohio State University

Family Medicine Student Leadership Team 2010–2011

FMIG Officers:

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VP/Meeting Chair: Matthew Flynn
Meeting Chair Assistant: Linah Mairura
Workshop Coordinator: Katie Wierferich
Treasurer: Daniel Van Bibber
Community Project/Outreach Van: Jessica Li
Pre-Med Initiative: Vaughn Harris, Ben Rosenfeld, Daniel Van Bibber
Sports Medicine: Katie Heinlein, Lorena Floccari, Sonya Delwadia
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Wendy Palastro
MiLinda Nimmo
Emily Schwartz

Have any ideas/suggestions for the newsletter? Email Amy Roese
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