Welcome to spring! Everyone can feel the energy of spring. The days get longer, the flowers bloom and things seem brighter. This spring I am focusing on literacy. I have had the opportunity to emphasize literacy to almost every age range and skill level and I love it. I have a passion for literacy, along with a love of reading and education. I am in two book clubs and I adore that it pushes me to read things I might not choose to read on my own; such as nonfiction, historical fiction, science fiction... you name it, my clubs have read it.

I love to speak about literacy as an integral part of the educational experience. My office at OSU East began a Reach Out and Read program last year. This national program is a way for physicians to speak about reading and literacy with patients and families at each well child check. Some people know it as the book give away program, but it is so much more than that. Each provider and staff member involved in the care of patients was required to participate in literacy training. This gets our staff focused on the importance of literacy at each and every visit. We also ensure we have a literacy rich waiting room with posters and books. The program has been a great success and with grant money through Reach Out and Read Foundation and the OSU service board we are able to keep the program running.

Another great way we keep our waiting room a rich environment for literature is through the generous donation of books from the Primrose preschool in Gahanna Ohio. I had the opportunity to visit the school and read books to over one hundred preschool and kindergarten students. What a fun bunch! We were given over 1000 books to give away and keep in our lobby. The generosity of these families is amazing. We hope that all of our patients can have lots of books to explore and read over and over. We want our lobby to be a place where reading and learning are fun and inviting. With the focus on literacy in our office, I prepared a lecture for my office staff which discussed the issues of health literacy for all ages. My office has never done a survey or study about literacy rates in our patient population. Yet, when you consider the risk factors for low literacy, e.g. being elderly, low income, unemployed, not completing high school, minority, recent immigrant or ESL, my office is at very high risk. One may guess over 50% and maybe closer to 80%. None of my staff members were surprised by numbers and statistics about health literacy from the patients we serve. We are striving to assist with patient understanding, referrals to community agencies that can help and making our information appropriate for them to understand and follow.

Literacy has also been my focus with aspects of the medical school curriculum. The Med 2 CAPS students had two recent sessions which focused on literacy and specifically, health literacy. The comments were overwhelmingly positive for the exposure and experience from the material. One student wrote “I learned a lot about the problems of health literacy. I figured some people might have trouble understanding but I had no idea it was such a common problem. It helped me realize that I need to be aware of this and make sure that patients understand what is being done.”

Obviously, this student heard our message and we hope that all of you realize what a key issue this is to patient care. You can tell someone a hundred times to do something, but if they are unable to understand your words and directions, they are lost.

Next month I will continue to entertain thoughts and questions about literacy as I get to meet with the founder of the Reach out and Read Program, Dr. Perry Klass. She is a pediatrician who focuses her work on literacy and is bringing her knowledge to the OSU College of Medicine by the AOA group as a visiting scholar. I have many questions for her and feel it is a great honor to meet her. I know many of you will be meeting with her and I hope we can all hear her message and energy concerning literacy issues that confront us everywhere and in every aspect of society. We must all strive to be the best educators we can. Educating our patients is one of the best ways to save lives and allow people to be successful. Let’s all contribute to literacy by finding a great book to read and share. I know I have my books already set for spring break!
When Dr. Macerollo asked me to write one last column for the FMIG newsletter, I wasn’t quite sure how to approach it. I’ve been writing to you for several years with my specific thoughts on everything from Step 1 to med 3 scheduling to how to survive your clerkships. But if I had to leave you with one last bit of general advice, I would say that most of what I’ve learned over the last several years here at the College of Medicine can be boiled down to three points:

Learn something every day

Sounds corny, doesn’t it? Of course you are learning every day...you’re a medical student! Sometimes all you want to do is take a break from all this learning. But when you step back from all of the stress and pressure and fatigue and take a big picture moment, we are a pretty lucky group of people. We get to learn about things that are not only intellectually stimulating, but also give us the amazing ability – and responsibility – to help others. We also get to learn from patients – people who, despite being at their most vulnerable, put infinite trust and patience in us as we tentatively take our first steps in this profession called medicine.

Try to keep your sense of wonder, awe, and respect intact for this incredibly important education you’re receiving. Remind yourself at least once a week of all the things you’ve learned and the experiences you’ve had in the last few days. Remember on rotations, or in class, that no matter how mundane or repetitive a task may seem, it’s helping you learn something that is both relevant and crucial to your future. And soak up everything you can, every minute you can, because it will all be over soon. It may not seem like it now, but your four years here will fly by – and all of a sudden, you will be expected to be a “real doctor” who makes decisions that affect people’s lives. As I stand on the brink of starting residency in just a few months, I can tell you that now, more than ever, I am truly grateful for the stellar education I’ve received here at the OSUCOM.

Value your faculty mentors

Our faculty here at OSU are simply some of the very best. They are dedicated, compassionate, knowledgeable individuals who often put the students’ best interests at the very top of their list of priorities. I hope you all have someone you can turn to with your questions, concerns, fears and ideas. I hope you all have someone you can point to and say “I want to be just like her” or “He’s exactly the kind of doctor I hope to become.” When things get hard, or you’re not sure what the right path might be, don’t forget that your faculty mentors are right there, ready to help.

I would encourage you to cultivate your relationships with faculty members and value them as both important and vital to your growth and well-being as a student and as a professional. My faculty mentors inspire me every day to do better for patients and to continue to work hard. They show me how to face difficult situations with grace and poise, and how to always keep the best interests of our patients at the forefront of everything we do. Working with them has taught me so much, and it’s been an amazing experience that I hope you all also get to have.

Cherish your friendships

Think for a moment about the friends you’ve made in medical school. You’ve been through a lot together – stressful exams, long hours at the hospital, high stakes national tests, emotional patient encounters – all in the midst of life and its crazy highs and lows. They are the people who not only understand what you’re going through, but also support and love you unconditionally. They can pick you up when you’re down, remind you why you’re here in the first place, and inspire you to keep working toward your dreams.

Make sure you cherish those friendships. They are some of the most important and valuable parts of your life, but they can often take a back seat as schedules get busy and time becomes even more scarce. Remind yourself to make the people you love a priority, and don’t allow yourself to neglect those important relationships. I can tell you without hesitation that I would be nowhere without my best friend. On my busiest and most stressful days, five minutes with her can make the difference between sanity and...not. Successes are more meaningful and setbacks less hurtful because we can share them together. And most importantly, I know that no matter what, I always have someone in my corner. I hope you all have friendships and relationships in your life like that one – they are absolutely crucial and will make a huge difference as you continue to move forward in your medical career. Never discount the value of those very important people in your life.

Thanks for reading, and thanks for working so hard every day to become the very best physicians you can be. GOOD LUCK and best wishes for continued success!
Being a Navy doctor, I think it’s appropriate that my analogy about family medicine is likened to military structure. The infantry soldiers are like family physicians while the physician specialists are the officers, pilots, bomb squad, etc. The infantry are the frontline; they are the first to arrive and the last to leave. They build lasting bonds with the people, be it the host country nationals or various allies. They accomplish a multitude of missions—doing and knowing a little bit about everything. Maybe being an infantry soldier isn’t as ‘sexy’ as flying an attack helicopter or dismantling bombs, but he or she is the most vital portion of the military. I chose family medicine for this reason—the variety, the applicability, and the relationships.

I enjoy having variety in my daily routine. On the same day, I can care for a young woman while she is in labor, perform a lumbar puncture on her newborn baby, evaluate a senior citizen in the emergency room for a stroke, and splint a broken arm at a sporting event. If I desire, I can tailor my practice to include geriatrics, pediatrics, obstetrics, or whatever interests me. The variety is not only the attractive part of family medicine, but the most challenging and rewarding aspect as well. I have been told by various specialists that, ‘it’s easy to do the same thing every day and be good at it. They commend family physicians for our ability to manage transitioning from one area of medicine to another on a continual basis.

A special interest of mine has been international work. As a Peace Corps volunteer in El Salvador (2001-2004) I worked with numerous organizations conducting medical missions. It was clear to me that a physician with a broad base of knowledge and skills would be most effective for international medical volunteering. Treating patients on an International medical mission is essentially just another day “at the office” for a family medicine physician.

Lastly and most importantly, I treasure the relationships that family medicine affords me to build with patients. When there is an issue with one of my patients, I am proud when they ask for me, “their doctor”, even when they are talking to my faculty, a board certified physician. I feel comforted in knowing that despite my relative in-experience, my patients trust me to advocate for them. Establishing those relationships remind me on a daily basis of why I not only chose family medicine but why I chose to be a doctor.
My favorite patient, or perhaps most memorable patient, was one I met in my second year of residency, when nearly every patient makes an impression on you, whether due to the newness of the learning experience or perhaps because, at that stage in your career, you are blissfully unaware of the thin veil between living and dying.

Mrs. W. was a real Southern lady, a transplant from the tree-lined streets of New Orleans to a sterile nursing home in Columbus, Ohio. Her daughters had convinced her to move north after her first heart attack, which had been minor, but they wanted her closer to them, as she approached a fairly healthy, minus mild memory loss, 90 years old. Mrs. W. lived in the assisted-living section of a local extended-care facility, and told me repetitively, as her assigned family medicine resident, that she would be moving back to New Orleans as soon as she got better.

As the day moved on, we made some half-hearted attempts to diurese some fluid, but she was failing, renally, hepatically, and neurologically. She could respond to commands, but drifted in and out. My supervising attending arranged a family meeting, in the evening, after the hospital had quieted and the only sound in the hall was the slow in and out of respirators, posing as living people.

We filed into the meeting, a team of young doctors with our silver-haired attending, and her team of daughters, all blond and tan, with swollen eyes from days of crying. My attending led the meeting, and it soon became obvious that we were learning the most valuable lesson of our careers. How do you allow someone to die? He started softly, discussing the qualities he had enjoyed in their mother, her verve and passion, her southern gentility. He stacked anecdote on anecdote, then brought the narrative to the recent events and her sick heart. He slowly repeated recent lab work, showing the starkness of her poor ejection fraction versus a normal heart. He laid out her expected quality of life if she recovered. Then he said the sentence that laid a mark on the rest of my career: “These are normal labs and results for a dying person.”

A palpable sigh of relief seemed to move through the room. The sisters, crying all of them, holding hands, nodded their heads and agreed in the next few minutes to withdraw care for their mom, and allow her to continue the normal process of dying. This occurred over the course of the next twelve hours- we moved through the usual busy-ness of making her comfortable and standing watch, but in my mind the process had really occurred back in that room, when a family came to terms with death in the best manner possible, and was given permission to treat the process as “normal”. I am indebted to my mentor, and this patient, for passing this lesson on to me, and his words – “normal for a dying person” – pop into my head several times a week now, in my busy practice, and lend me a power to allow people to die.
The Family Medicine Interest Group would like to thank Mr. Jerry Friedman who came and spoke about current issues in health care reform. He talked about many issues including the rising cost of health care, how our dollars are currently spent and changes that can be made. He discussed current changes that would occur based on the current health care law. His talk was informative and enlightening.

*See following pages for slides from the talk

To be successful with changes to our health care system we must recall that health care coverage does not guarantee access, we must use evidence-based medicine with value of care not volume of care and all care must be patient centered care.
How does our spending align with influences of health status?

**What influences our health status**

- Access to Environment
- Genetics
- Lifestyle & Behavior

**Where our nation spends its health care dollars (~$2 Trillion)**

- Access to Care: 88%
- Other Health Behaviors: 8%
- Access to Care: 4%

Source: Centers for Disease Control and Prevention, University of California at San Francisco, Institute for the Future
What influences Americans’ health status?

10% Access to Care
20% Environment
20% Genetics
50% Lifestyle & Behavior

Leading behaviors that contribute to death in the United States:
- Diet
- Inactive lifestyle
- Smoking
- Alcohol & drug consumption

Source: Centers for Disease Control and Prevention, University of California at San Francisco, Institute for the Future
Source: National Center for Health Statistics, 2005

Resources:

Kaiser Family Foundation       www.kff.org
Ropes and Gray       www.ropesandgray.com
Commonwealth Fund www.cmwf.org
FamiliesUSA www.familiesusa.org/health-reform-central/
US Health & Human Services-Center for Medicaid & Medicare Services  www.hhs/cms/gov
Library of Congress   www.THOMAS.loc.gov

Patient Protection & Affordable Care Act -HR 3590/P.L.111-148
Health Care and Education Reconciliation Act-HR 4872/P.L.111-152
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