Hello Med 1’s and all returning students. I want to welcome you all to the Ohio State University College of Medicine. I am the student advisor for the Family Medicine Interest Group and also an OSU-COM alumni. While it has been a few years since I had my first day in Meiling, I actually remember it like yesterday. I hope the next four years will be filled with new experiences, challenges and successes as I know my time in medical school was.

This newsletter is a forum to provide tips, see into the lives of medical students and attendings, both in the work that they do and the experiences they have. This issue has students who share their passion and enthusiasm for medicine in very different ways. One being involved in a student run free clinic and one through advocacy. I hope that as you are finding your niche you remember your passion and enthusiasm for medicine. I have started this column of tips for you and hope my years of experience will benefit you.

I hope to meet you all throughout your time at OSU-COM and look forward to your great accomplishments. Here is a top 10 list to think about as you start your year:

1. Sleep enough- if you aren’t rested it is hard to function.
2. Get some exercise- it can be a good study break, it’s good for you body and mind and might even get you out in nature.
3. Study a little bit every day- reviewing notes frequently helps material stick.
4. Find fun places to study so you change scenery and maybe meet new people on breaks.
5. Remember to keep in touch with friends and family- they may not understand exactly what you’re doing, but a good support system will help get you through test after test
6. Volunteer at the free clinics - while you will be assigned a preceptor later in the year, most students say the experience in the free clinics is Invaluable.
7. Organizations allow you to get better acquainted with some of your classmates - the beginning of the year is A great time to get involved and see what you like so go to meetings, meet some second years with similar interests and learn as you go.
8. Study with others-you will find that quizzing each other and asking for explanations of difficult concepts will help you to remember the material much better.
9. Remember you are not alone- med school is challenging and can be overwhelming. If you are feeling it, your peers may be feeling the same things. Talk to them and use the resources available to you such as Patti Fertel counselor for the College of Medicine 292-3340 in the office of Student Life
10. Have fun- I know it’s easy for me to say, but you are about to accomplish some great stuff!

Allison Macerollo, MD
FMIG Advisor
Med 2 Tips

Greetings Med2s! I hope that the first few days of second year are going smoothly. There is no better feeling than catching a whiff of formaldehyde in the hallway and realizing, hey, that's not me! Never mind the poor Med1s scurrying through the basement of Graves just trying to stay afloat in a sea of clinical anatomy. But you've been there, done that.

Transitioning to Med2 is a much softer change than starting Med1. Everything will seem very familiar and you will resume old study patterns like the summer never even happened (I know, sad but true). In terms of advice for the first few months of Med2, here are a few pearls I hope will help you on your way:

* Best Books: Every medical student has a different opinion about which books are helpful and which books to leave on the shelf. But most students agree that Lilly's Pathophysiology of Heart Disease is a really great resource for the cardiology blocks and beyond. Definitely think about picking up a copy. I've used mine a whole bunch for Med2, Step 1, and even for Med3.

* Study Spots: Got the Prior Blues? Just in case you didn't know, OSU's main library is finally open for business after three years of renovations. It has a ton of study spaces, including private rooms, and is a great option for students who can’t stand another night on Prior 3.

* Step 1 Stress?: I did not want to bring up the dreaded USMLE Step 1, but because it is so much a part of the Med2 curriculum (and a major source of Med2 freak outs) I figured I'd go ahead and mention the elephant in the room. My best advice is not to think about about the exam at this point in the year. Five weeks to prepare for the test is plenty for most students. There is no need to worry until a couple of weeks before the designated study time (when you will map out your study schedule, gather books, etc.). If your type A personality is rearing its ugly head, then you could purchase a copy of First Aid and start writing some notes in the margins. But otherwise, take the time to really learn the Med2 curriculum. In the end, your understanding of Med2 topics will be your best asset when May rolls around.

Good luck to you all as your begin your Med2 studies!

Congratulations!

The Family Medicine Interest Group has maintained its excellent tradition and was awarded the Program of Excellence categorical award for Promoting the Value of Primary Care. This is the seventh time OSU FMIG has received a categorical award.
When I was preparing for my third year rotations I bought the books 101 Biggest Mistakes 3rd Year Medical Students Make, And How To Avoid Them by Samir P. Desai and How to be a Truly EXCELLENT Junior Medical Student by Robert J. Lederman. I sat down to read them with a smirk, thinking of how they would give me an edge come July and my first clerkship. Two-thirds of the way through them I thought I was going to have a panic attack listening to the descriptions of what would be expected from me as a third year. Flipping through them again after finishing my third year made me realize why: they tell us what the perfect medical student would be like provided this student has no personality, no life outside school, no personal needs, and no bodily functions. I figured this out when I read that funny segment at the beginning of the Surgical Recall book that talks about “the perfect surgery medical student”; I’m not sure it was intended to be a humorous piece, but I had to read it that way to prevent myself from losing my temper and flushing it down the toilet (which would have been difficult to do during my surgery rotation since the book told me I really shouldn’t ever have to use the bathroom if I wanted to get a good evaluation). I’m taking those books to Half Price Books this week to trade in, so keep your eyes peeled.

When I hit the wards, all that advice and preparation flew out of my head as I began the game for survival. Though it felt like I was doggy-paddling just enough to keep my head above water for most of the year, I’m sure somewhere in my subconscious I had absorbed the words of wisdom from the Gold Humanism publication and all those other advice columns and books and these were subtly guiding my actions. I wish I could give you really good specific advice for each rotation, but I have this ketamine-like retrograde amnesia about some parts of the past year. Plus, it seems from this vantage point that you’ve probably heard more than you can really process about how to start off your third year with a bang.

Besides, it’s the end of August and you’re about to start rotation #2. So I’d like to give you some second rotation advice. This is what I do recall as being good advice from others and what I’d like to share with you in hopes that it will come back to haunt you when you need it in the course of the next few months.

1. Be Calm. I will admit that I am the chief of sinners when it comes to the occasional freak-out, but they are never adaptive. This is a difficult year, there’s no denying it, and your grades for these rotations are important. Yes, take your clerkships seriously. Do the best you can on those H and P’s and your rounds presentations. Be conscientious about making treatment plans for your patients. Finish all the paperwork that you’re asked to, be it important or not. But try to learn how to get all of that done without giving yourself a nervous breakdown. This work is similar to what we will be doing our entire professional lives. We have to learn to handle the work load and the demands with grace. My best performance during rotations was when I was working hard without that edge of panic. When I learned how to be organized, became familiar with the hospitals and the schedules, and just went to work with perseverance and calmness were my most productive and educational days. You will make it through this year just like you’ve conquered every other obstacle on the way to becoming a physician. And you will be well-trained at the end of all this. So just chill and make it through one day at a time.

2. Be Sincere. It was suggested to us that the days of lying about what specialty you want to pursue to impress your attendings are past. I embraced this new permission to be honest about who I am and always responded to that introductory question, “Well, I’m pretty sure I want to do (insert specialty), but I’m keeping an open mind this year. I really like (insert name of current rotation) because of (try to find something positive to say about what you’re learning) and I’ve always found (insert pertinent disease name) fascinating.” If you are thrilled by what is happening on the ward that day, that’s fantastic. Let it show. But if you’re struggling to enjoy the day to day grind, then just do your work and do it well. Attendings know that all 35 of you on the rotation don’t necessarily want to apply for residency in that field. They also know that we’re not all going to love the CNS as much as a neurologist or being drenched in amniotic fluid as much as an OB/GYN, but they’re happy to hear what you are enjoying about their chosen field. You don’t have to change who you are to make
Med 3 Tips—Second Rotation Advice

a good impression with your evaluators. You are much better at being yourself than you are at being someone else. It’s probably a relief to the MDs when they get a medical student who will be a real person with them, and it makes the day more enjoyable for everyone.

3. Be positive. Truly try to find something good that is happening to you today. Maybe it’s not even something related to school. It’s ok to enjoy life outside of the hospital. Actually, that seems to help me enjoy the hospital more when I have other things going on, also. But surely there’s something about this rotation that you don’t hate. Find that thing. Focus on it when things are rough. Let other people know that you’ve found something pleasant. Try to help your classmates find something that makes them happy. Smile at your attendings. Don’t complain around your superiors unless it’s something specific or constructive they can do something about. May I make some suggestions of things I found particularly diverting: OB/GYN- sneaking a peek at the newborns in the nursery while I was pre-rounding; Peds- the occasional theme day and potluck lunch; Ambulatory- working normal business hours; Neuro/Colo-Psych- watching attendings demonstrate gait ataxias or flight of ideas; IM- the hospital coffee shop; and Surgery- not having to put on real clothes for two months.

As I said earlier, advice is plentiful at this time of your life and it is to your benefit to decide for yourself what is edifying and what is bunk. Just know that the med 4 class is pulling for you. You’ve done a great job this far, and you will start to feel more and more comfortable with each rotation.

Hang in there!

Ohio Academy of Family Physician 2009 Awardees

The OSU Family Medicine Interest Group is proud to celebrate three recent winners from our institution.

Dr. Holly Cronau won the OAFP family physician educator of the year. She is the current director of clinical education for the OSU department of family medicine and has worked for the department since 1988. She is dedicated to the mission of family medicine and the education of our students.

Dr. Melissa Cunningham was awarded the 2009 resident leadership award. Melissa is a graduate of OSU COM and is a third year resident at OSU in the department of family medicine. She has been described as a compassionate physician, an enthusiastic champion of our specialty and a patient advocate through her leadership skills.

OAFP foundation named Dr. Linda Stone the 2009 family physician mentorship award. She was nominated by two former students who describe her as someone who will always take time to sit down and talk. The students found her enthusiasm for family medicine to be infectious and learned how to refine their own skills of compassion and how to provide more humanistic care. Her presence has been missed at OSU COM and we are thrilled to welcome her back as a part time member of the faculty.

CONGRATULATIONS!
The talk of the town is interviewing! It is scary and intimidating and potentially life changing for many of you, but … no pressure or anything. By now you should be mostly done with your overall applications and decided where to apply. Remember to apply more places than you think you need and narrow it down later.

The interview season is long for many students so make sure you schedule some interviews that you are less interested in for the end of the season that you may cancel in the end. Below are some general interview tips:

1. Be confident knowing that you are coming from an institution whose medical students are highly sought after.

2. Getting to know more about a program by spending more time there can be very helpful in gathering the information necessary for the decision making process.

3. Consider touring with house staff, rounding with them, and even taking call with them in an effort to see how things work from the “inside.”

4. All programs must meet certain standards for credentialing, and you will become a good doctor regardless of where you train.

5. Take the time before each interview to research the strengths of the program and come up with relevant questions specific to the program.

6. Take advantage of the pre-interview dinners to learn more about the resident lifestyle and to get to know your fellow interviewees because they will be your colleagues for the next few years.

7. As you go through the interview season, take some time after each interview to jot down strengths and weaknesses of each program so that when the time comes to make your rank list, details from each program won’t run together.

8. Remember to send a quick thank-you e-mail or card to your interviewers, and don’t hesitate to send follow-up questions or e-mails to programs in which you are interested.

9. Going on a second look might also be an opportunity to meet people that were not around during your interview day.

10. Trust your gut feeling.
The Family Medicine Residents and Students National Conference is an annual conference designed to be the one-stop-shop for medical students with an interest in family medicine and residents who are matched in family medicine. This three-day conference occurs in the Kansas City Convention Center in the heart of downtown Kansas City, Missouri. Nearly 700 medical students and over 300 residency programs from across the country attended the conference this past July, 2009. It is the perfect opportunity to meet new friends, learn more about family medicine, and ask residents what their program is REALLY like while the program director isn’t around!

The conference usually goes from Thursday to Saturday and has something for everyone. Be sure to check out the exposition hall upstairs which has booths of over 300 residency programs and over a hundred other booths all offering valuable information and even more valuable freebies! I discovered multiple residency programs that I loved, but hadn’t seriously considered in the FREIDA program (the online comprehensive listing of residency programs in the U.S.). They have informational sessions scheduled throughout the conference on topics such as “Wilderness Medicine”, “Is Academic Medicine Right for You?”, “Name that Heart Murmur”, and many others. The business sessions where they hold student congresses are a must-see. Though I must admit that a student congress sounds less than entertaining, you get to experience how parliamentary procedure works and actually participate. Go to the microphone and voice your two cents on health care reform or submit a resolution on increasing funding for family medicine interest groups. And, of course, they host socials and throw parties every night of the conference.

Next year’s National Conference will be held July 29 – 31, 2010 at the Kansas City Convention Center. Be sure to check www.aafp.org for more information next year. They also offer many scholarships that pay for the whole trip, especially to first time attendees. I did not schedule a rotation during July of my 4th year, took Step 2 CK and CS near the end of July, and then headed down to Kansas City straight from my CS exam in Chicago. This was a great way to go for multiple reasons: 1) you got Step 2 out of the way early 2) you could go to the conference and not have anything looming over your head 3) you had some free time to prepare your residency application during your study month and 4) if you fly straight from Step 2 CS to the conference, you can make it a 3-leg trip and save some money 5) you just need a month off the wards after a busy third year of medical school. I hope you’ll consider attending next year’s National Conference. It will certainly broaden your perspective of family medicine and make your journey to residency a much more enlightened path.

Dr. Larry Gabel was one of the 2009 recipients of the Distinguished Educator Awards. Established in 1998, the Distinguished Educator Award recognizes and affirms the important tradition of excellent teaching in the College of Medicine at The Ohio State University. Through an annual monetary award to the faculty recipient and the placement of a plaque in the lobby of Meiling Hall, the Distinguished Educator Award continually acknowledges the importance of teaching in the overall mission of the College of Medicine.

Congratulations Dr. Gabel!
I was a pitiable creature as a first year medical student. My life seemed a monotony of ten-hour shifts in the library, frozen TV dinners, and sleep deprivation. I lost fifteen pounds during the first two months of medical school and began to experience back spasms and difficulty breathing. Convinced I was plagued with some sort of cancer, I sought the help of an instructor, who stated that I had the cardinal symptoms of a stressed-out, and very unhappy, medical student. I had become a slave to the rigors of medical school, and it had shadowed my very reason for a career in medicine. In my interview a year prior, I had told the OSUMC Admissions Committee that underprivileged patient care would serve as the basis of my medical profession. To return to this root, I joined the Columbus Free Clinic Steering Committee last spring.

I was a child of immigrant parents who could not afford health insurance. When I was six years old, my mother returned to Korea for a kidney operation because she could not afford medical treatment in America. Growing up, I was taught to weather through a severe flu and knew that a trip to the hospital suggested a grave emergency. Hence, I understand the need that would lead one to seek the services of a free clinic. And this understanding has been my motivation as a volunteer to the CFC.

At the Columbus Free Clinic, I have met a great deal of patients—hypochondriacs, those with severe depression, a man with possible ALS, to name a few—who have helped to train me as a future physician. I have also seen and performed exams that were beyond the scope of a first and second year medical student. Amongst the patients of the CFC, there are many who are truly grateful for the Clinic’s services. But there are also those that have threatened to sue the clinic and the Steering Committee for various reasons. These are our disgruntled patients, rightfully disgruntled because they are at the CFC, not by choice, but from need; rightfully angry because they missed work, gambled bus-fare to the clinic, and waited hours only to be turned away. As a future physician, I know I have entered a profession that requires a great deal of intimate interaction with people from all walks of life. The greatest lesson I have gained from the CFC is acquiring patience and understanding for our patients. This includes coming to terms with the fact that I cannot please every patient, but trying my best to help improve their health and spirit, nonetheless.

The Columbus Free Clinic was founded in 1976 as a counseling center for runaway teens. Since, it has evolved as one of five completely student-run free clinics in the nation. The CFC is open every Thursday evening and is staffed by physician, pharmacy, phlebotomy, nurse, and medical student volunteers. The CFC Steering Committee is composed of nine members, of which I am the Physician Coordinator. As Physician Coordinator, I recruit and schedule the doctors to volunteer each week at the CFC. This has been a truly rewarding experience for me. Every week, I am amazed at the dedication of our doctors to their profession and their patients. Our advisors, Dr. Kimberly Hooper and Dr. Mary-Jo Welker, have remained committed to the CFC for the past decades. In addition, we have doctors who volunteer a night each month, often after a grueling day of work. Some bring their own children to help at the Clinic or for them to simply witness the heart of community outreach. Others step up on any given night when our patient demands are high. These are our residents and attendings that practice a life of volunteerism, whose steps I hope to follow.

Still, the CFC has limitations. Since the recession, we have been experiencing a higher demand of patients. Hence, we are trying to recruit more physicians and specialists at the Clinic. We are constantly seeking medication and supplies for our diabetic patients and are working to collaborate with the OSU School of Medicine and Social Work to expand our services.

As for me, the Columbus Free Clinic has kept me grounded through the rigors of medical school. In the past year, I feel I have come a long way. The CFC has deepened my doctoring skills, and it has given me a role and a sense of purpose as a medical student here in Columbus. And along the way, I have met mentors whose very act of service to the community will shape me as a future physician. It saddens me to know that in a few months, I will have to relinquish my position to the next generation of CFC volunteers, but I will always treasure my Thursday nights with our patients and staff. I already know some of my best memories of medical school were made at the CFC, and for that, I am grateful.
The summer externship program was a big hit again this year. This summer there were 14 first-year medical students working as externs. 12 were situated in clinical locations and 2 did research. The students worked in various locations in Ohio and overall had great experiences. I personally had two students in my office and feel happy to know we are preparing our students with real experiences and giving them confidence in their skills, also having some fun too!

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<tr>
<th>Name</th>
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<tr>
<td>Anita Chong</td>
<td>OSU Family Practice Center at University Hospital East</td>
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<td>Brian Clow</td>
<td>Robert Gwinn, MD Coshocton Hospital Family Practice Clinic</td>
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<td>Buck Bania</td>
<td>OSU Thomas E. Rardin Family Practice Center</td>
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<td>David Tillman</td>
<td>John O’Handley, MD Mount Carmel Outreach Van</td>
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<td>Emily Graham</td>
<td>Research with Randall Wexler, MD</td>
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<td>Jessica Schultz</td>
<td>OSU Thomas E. Rardin Family Practice Center</td>
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<td>Julianna Dunster</td>
<td>Delia Herzog, MD Damascus Health Care Center</td>
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<td>Katie Wieferich</td>
<td>Michael Johnson, MD Bucyrus Family Practice</td>
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<td>Kelly Eagan</td>
<td>David Scoggin, MD Arbor View Family Medicine</td>
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<td>Krista Andersen</td>
<td>Michael Stencel, MD Medical Associates of Mid Ohio</td>
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<td>Lily Meyer</td>
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<td>Munira Karim</td>
<td>OSU Family Practice Center at University Hospital East</td>
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<td>Muyuan Ma</td>
<td>Columbus Neighborhood Health Center</td>
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<td>Stephanie Tang</td>
<td>OSU Thomas E. Rardin Family Practice Center</td>
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“I feel that the Summer Externship was invaluable. Not only did I learn a tremendous amount of clinical information, but I gained a great deal of confidence in my ability to perform a HOPI and a physical examination.” - Buck Bania

“I had the opportunity to extern at several federally qualified health centers which provide services regardless of the ability to pay, to diverse patient populations including migrant, Somali, and homeless populations. I worked with physicians and also translators, social workers, and several health professions including pharmacy and nursing, who all worked together to improve patient care, particularly for patients with several concerns. It was wonderful. Probably the first time since medical school started that felt like medicine.” - Muyuan Ma

Thank you to all of the participating physicians and sites!

You truly helped make this educational experience a reality for these students!
The Ohio State University Rural Program
Rural Health Scholars Program 2009-2010

Professional and leadership development for rural practice

Purpose: To “appreciate the rural life, and to understand and aspire to [scholarly] rural practice” (John Wheat MD, Salt Lake City, 2003)

“Mental Health in Rural Communities: Challenges, opportunities, and resources” is the theme for our 8th annual Rural Health Scholars Retreat, planned for October 16 and 17, 2009. For those who have participated previously, we are again staying at the Graber cabin, near Mad River Family Practice, the home of The OSU Rural Program. This year we are privileged to have two special guests – Don Hilty MD, a psychiatrist and native of rural Ohio, now Director of the Rural Program in Medical Education (Rural-PRIME) at the University of California Davis School of Medicine, and Cheryl Levine PsyD, clinical psychologist and behavioral science coordinator for our rural residency.

During this year’s retreat we intend:

☐ To explore the mental health challenges and opportunities particular to rural practice
☐ To increase awareness of dual relationships and boundary issues in the rural context
☐ To expose participants to resources and emerging technologies for supporting rural physicians in their work with other rural community mental health providers
☐ To connect participants with other students and practitioners with an interest in generalist rural practice

The purpose of the Rural Health Scholars Program is to foster interest among medical students in a career in rural practice and to prepare them for a leadership role in restoring health to the rural communities in which they will someday live. Any student with an interest in rural generalist practice – whether family practice, internal medicine, pediatrics, women’s health, surgery, public health, or research – is strongly encouraged to apply. Students from any level of medical school training are welcome, and we invite students from any of Ohio’s medical schools, allopathic or osteopathic.

This year the Rural Health Scholars Program includes the following:

☐ A Rural Health Scholars Retreat, Friday and Saturday, October 16 and 17, 2009, in Logan County near Bellefontaine, Ohio
☐ A one year student membership in the National Rural Health Association and it’s Ohio student chapter, with all the attendant benefits
☐ An opportunity for two, possibly three, students to attend the National Rural Health Association annual meeting and Rural Medical Educators pre-conference, all expenses paid, May 2010, in Savannah, Georgia, or the Rural Health Policy Institute, January 2010, in Washington DC.

Other than the expense of travel to the retreat location, all meal, lodging, and conference expenses are provided courtesy of the Dr. Martin Beyer Endowment Fund and the OSU Department of Family Medicine.

To request an application send an email to residency@madriverfamilypractice.org with “Rural Health Scholar application” in the subject line. The deadline for inquiries is September 21, 2009. Any other questions may also be sent by email or directed by phone to Tara Wagner, Residency Coordinator, at 937-465-0080.
OSU FMIG Meet and Greet!

Come for food, fun, and meet some Family Medicine folks!

- October 11, 2009
- 5:00–8:00 pm
- Fred Beekman Park Volleyball Shelter

Sponsored by The Ohio State University Department of Family Medicine

Any questions? Email Dr. Macerollo
Allison.Macerollo@osumc.edu
Hope to see you there!
My Most Memorable Patient

Anthony Casey, MD

I am so lucky that I got to see one of my most memorable patients today for a routine physical exam. I started seeing “KJ” about a year ago when she was 11. At our first visit the primary focus was on her ADHD diagnosis. She came to me with the diagnosis already established by someone else but I wanted to get a complete history and take nothing for granted. When I got to the substance use part of my history I remember asking her if she smoked cigarettes. I asked the question as part of a complete psychiatric history but I had no suspicion that she smoked. I really did not think she would say yes, especially in front of her mother, but that is what made her so memorable to me.

I was very surprised since she was so young. I had never counseled an 11 year old on smoking cessation. I remember her face after telling me, she was looking down and seemed to be ashamed about what she just admitted. I asked her how she gets the cigarettes and she said from her dad. However, he did not give them to her, instead she would smoke the cigarette butts that he left in the ashtray. She would only smoke them at home in secret, but her parents knew what was going on. They tried to get her to stop but she would always find some cigarettes to use.

We talked about why she was smoking and what we could do to help her quit. I thought one way was to cut off her supply. Her father was not yet a patient of mine but soon after that visit he became one of my patients. He did not have a doctor and he wanted help for his medical and psychiatric problems. We tried to see what we could do to help him quit smoking. He had never tried to stop smoking in the past but agreed that he needed to for himself and for his daughter. We used the patch and it helped for awhile but then he relapsed and starting smoking again. KJ continued to sneak cigarettes but also continued to feel guilty for doing it.

Many months went by and we continued to try to find ways to get her to stop smoking. Then her father changed from smoking cigarettes to using smokeless tobacco. She did not find this appealing at all and she was able to stop smoking because he no longer had cigarettes in the house. When she came to her next visit she was so happy to tell me that she had not smoked in 5 days.

Today, she is still proud to say that she has not smoked since that visit about 3 months ago and has no desire to start again. It has been a privilege to see her mature during this successful process. I like to think that I played a key role in getting her to quit but it was truly a family effort along with my guidance that led to her success. KJ has been one of my most memorable patients and is part of one of my most memorable families that I am lucky enough to see regularly. They make me remember that one of the best parts of family medicine is that we routinely get to see some of our most memorable patients.

Thank you!

FMIG appreciates the continued support of the Central Ohio Academy of Family Physicians.
Family Medicine Student Leadership Team 2009-2010

FMIG Officers:

President: Vince Harris
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
Tar Wars: Alexandra King, Elaine Yeh
On Call Creations Coordinators: Amanda Royse, Mary Hughes

FMLDP co-chairs:

Melissa Purtteman
Abby Davids
Lynda Labranche
Wendy Palastro

Have any ideas/suggestions for the newsletter? Email Amy Roese amy.roese@osumc.edu