Message from the FMIG Advisor

Doctor Elizabeth Weinstock, a longtime friend and fellow Family Medicine physician, spoke about the future of primary care at our department event Career Exploration in Family Medicine in June when she used this phrase, “the it girl at the party”. It is a funny term, but everyone knows what it means. The it girl is the person or group that everyone is looking at to model after and set trends. That is the family medicine of today. There are exciting movements in our specialty. Payment models are being tried which include pay for performance, pay for case management services and improved pay for routine care as evidenced by the ACA guideline which provides a 10% increase in Medicare pay to primary care providers. These are all new and different and quite sensational.

There is documented evidence in the rise in students matching in Family Medicine as well. Results of the 2014 National Resident Matching Program show that for five years running, the number of medical students choosing family medicine has ticked higher than the previous year's figure. Also this year, 1,416 U.S. seniors matched to family medicine -- 42 more than in 2013. A total of 70 more family medicine residency positions were offered in 2014 compared with 2013, yet the higher number of students matching into the specialty maintained the same fill rate of 96 percent.¹ These numbers are continuing to rise with projected numbers and there is hope that the needs of the country will be met with increasing demand due to our aging population and the increased number of insured patients through the ACA.

Student engagement in Family Medicine is high at OSU College of Medicine. Our students were exposed to the wide variety of family medicine providers and types during the recent Career Exploration Week. This curriculum asks each specialty to present some key aspects of their specialty and it was easy to find inspiring speakers and diverse careers to discuss and highlight. The speakers discussed career paths, options in family medicine and passions to keep careers interesting. Another exciting thing is the number of medical students completing a summer externship in Family Medicine this year is highest it has been in five years. These students are excited about primary care and the opportunities it can provide. Our FMIG also was granted an award as a Program of Excellence (POE) for one of ten programs nationally to earn this recognition. So here we are- Family Medicine – The It Girl at the Party- We hope you will come join us because we are the future.

Allison Macerollo, M.D.

¹ http://www.aafp.org/medical-school-residency/residency/matchnrmp.html
**My Memorable Patient**

GH is a patient of mine whom I met 2 years ago. She was 38 years old at the time, and 2 years prior she suffered from a stroke from being on birth control. I could tell from my exam that she only had mild residual effects – she had a limp, and if you were observing closely you could tell she had a slight speech impediment. Otherwise, she was a pleasant person and had a normal exam.

As we were talking about things you would normally discuss at a new patient visit, I asked her about her plans in life. She had 2 sons, one was 20 years old and working, the other was 9 years old and in school. She herself was planning to go to school to be a teacher and she was excited about taking classes again. I was excited for her because normally a stroke can be very debilitating to a person, especially when they lose control of one side of their body, and here was this young woman who survived a stroke and wanting to do something with her life. We finished our visit and I told her to come back for a Pap.

It was 2 years before I saw her again. The reason for the visit listed on my schedule was hospital follow-up. I hadn’t seen her in a while so I didn’t remember her by name. It is difficult to remember your patients, especially when you don’t see them regularly. When I walked in the room, I saw a different person. She seemed smaller then she was. Her hair was unkempt. I asked her what happened. Unfortunately I didn’t have the records from the hospital. With the current technology in this day and age, you would think that we can get things fast. The hospital she went to had a different electronic medical records system so we were waiting on faxed records.

She said hi to me and was stuttering very badly. I also saw the cane propped up against her chair. I immediately assumed she had had another stroke. She had explained that she was going home from a football game and when she got home, she could barely use her legs or her arms. She also could not speak. She dragged herself to her phone and called 911. EMS took her to Grant Hospital, where she was admitted for possible repeat CVA.

Surprisingly, all her tests came back negative. CT was negative for bleed, her MRI only showed the old stroke. She was diagnosed with conversion disorder. She was sent home with speech therapy and physical therapy.

I asked her what had happened leading up to the incident. It turns out that she stopped going to school because the stress of her finances was too much. She was able to get a job as a teacher’s aide at her son’s school, but it was only once a week and they didn’t have the budget to hire her for more hours. She was living paycheck to paycheck for awhile, in addition to having her aunt help her with the rent. However, her aunt is elderly and she didn’t want to keep asking her aunt for money for every month. She was getting evicted if she couldn’t pay the rent at the end of the month. She didn’t want to stay in a homeless shelter for fear she would get separated from her kids since her eldest is an adult, and the homeless shelters separate men and women. She had not been able to buy food in the last week for her family. She had not paid her utility bills in the last 3 months. She had already been to Jobs and Family Services, and they couldn’t help her. She told me she has never been in this situation before, that
she has never had to rely on anyone for money or help. By the time she finished telling me her situation, tears were running down her face.

My heart went out to her. Being kind of new to Columbus, I had no idea what resources were out there to help her. I was so lucky to have our social worker, Barbie, in the office today. I told Barbie GH’s financial difficulty. Barbie gave her numbers to the local food bank and clothing bank, as well as a group called Impact Community Action, which helps with rent payments. I asked her to use my office to make all the phone calls she needed to make, since she didn’t have a working cell phone (service was shut off due to no payments). I figured she would need privacy so other patients would not hear.

I know it was a temporary fix, but at least she could get help with the resources we gave her that day. It is amazing how people can get by on what little they have. I wish there was more I could do to help. She has not been back to see me, so I do not know how she is doing right now. She is in my thoughts often.

As physicians, we see patients like this a lot. We are trained to be medical doctors, but unfortunately we end up playing other roles like counselors and social workers. I think when we become doctors, really we just want to help people in general. It’s the caring for people that drives us to do what we do.

My Memorable Patient con’d.

Miriam Garcellano, D.O.
Clinical Assistant Professor of Family Medicine
Director, Urban Family Medicine Residency

Program of Excellence Award

The Ohio State University 2013-2014 FMIG was 1 of 10 schools from the entire country to win the Program of Excellence Award for our outstanding programming and mission. Keep up the great work! Here is the list of all the officers who contributed their time and efforts. Congratulate them if you see them around.

Kelsey Murray, Megan Lawless, Michael Kanell, Samantha Ohmer, Brittany Shrefler, Evan Fitzgerald, Tamara Bendahan, Andrew Melarangno, and Catherine Zhang

The Ohio State University
College of Medicine
Whitney Christian

Anne Marie Kessler
“Reflections on Medical Education”

Timothy Light
“Empowering Patient Care through Smartphone Usage: Every Patient has a Nicer Phone than I do – What Can we do about it?”

Robert Makishi
“Creating a Brochure to Help Patients use the Internet Effectively.”

Jonathan Navar
“Anti-Angiogenesis: Promoting a Cancer Fighting Diet for Patients.”

Mary Beth Ray
“Assisting those who Aid: Providing Practical Support for Global Health Students”

Alexandria Smith
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<tr>
<th>Name</th>
<th>Institution</th>
<th>Specialty</th>
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<tr>
<td>Connor Burke</td>
<td>Oregon Health &amp; Science University</td>
<td>Family Medicine</td>
<td>Klamath Falls, OR</td>
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<td>Whitney Christian</td>
<td>The Ohio State University Wexner Medical Center</td>
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<td>Ariana Herbert</td>
<td>Wright State University Boonshoft School of Medicine</td>
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<tr>
<td>Lynda Labranche</td>
<td>Barberton Hospital/Northeast Ohio Medical University</td>
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<td>Muyuan Ma</td>
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<td>Bradley Prestwich</td>
<td>Utah Valley Regional Medical Center</td>
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<td>Mary Ray</td>
<td>Naval Hospital Bremerton</td>
<td>Family Medicine</td>
<td>Bremerton, WA</td>
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<td>Alexandria Smith</td>
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Here is an example of a project and outcome by Dr. Mary Ray. Her project developed a tip sheet for all students traveling to foreign countries about how to prepare and bring supplies that are needed. She has shaped the future for other students and the locations they serve.

Before you Go

Be sure to pack donations securely, with all proper markers. If donating equipment, make a copy of operation instructions to bring separately should these be lost in transit. Pack all shipping documents with the supplies listing what’s inside, approximate worth, and that it is for donation, not for sale.

For customs clearance, ask your site for specific forms required by their country. Many students bring letters of intent explaining the destination and purpose of their donations on official letterhead should they be stopped. If you ship items separately (not checking them on your flight), customs clearance is the responsibility of the recipient and you must communicate regarding dates & documentation.

Office of Global Health Education
376 W 10th Ave, Suite 105 Prior Hall
Columbus, OH 43210
http://medicine.osu.edu/oghe/globalhealth/index.aspx

Global Health
Your starting guide to medical donations for your GH Elective

Acquiring Supplies

There are many routes to gather supplies for your elective site. After sending your clinic the survey (see below) to get specific requests, you can review the GHE Supply Google doc, noting what you will be taking, deleting it from the spreadsheet when you collect it. Many students work with OB and ER Attendings, charge nurses and techs, placing boxes where extra supplies can be donated. This is most successful when you’re specific about what you need, & what the donations will help. Students can also submit requests to MedWish International and AmeriCares, which have greater access to supplies (though MWI does not deal with medications.) Simply fill out the application request form, pay the $35-$50 pound shipping, and pack them in a checked bag to take with you. Allow 4-6 weeks for shipping before your trip.

Preparations

It is important to communicate with your site, as every country and clinical setting has diverse processes for acquiring their medicine and equipment, with different needs to be addressed. A survey is available through OSU COM’s global health office to assess the sites supplies, their needs, their expenses, restrictions placed on them, what they can’t use. Having this information will help you tailor your donations appropriately. In addition, the WHO has guidelines for medicine and medical equipment donations that help guide your planning. The typical issues these cite are donation suitability, functionality of donations, safety standards at the clinic, appropriate packaging, installation at the site, and follow up evaluation. (Figure 4 WHO HCE guidelines) Remember, the number 1 priority is that the needs of the recipient should guide donations!

According to WHO guidelines, if medicines are being donated, they should be labeled with the generic name and not mixed with other supplies, unless in packages with predetermined contents.

While it is encouraged to take medicines that will have a one year shelf life, the expiration date as determined by the FDA is based on many factors, and shelf life extension research has shown that 80% of products tested were stable for at least a year after expiry, averaging 5 years. That being said, you should communicate with your site regarding what they can/cannot accept & use.

Resources you will find helpful:
WHO Guidelines for Health Care Equipment Donations, 2000
WHO Guidelines for Medical Donations, 2000
As part of the required Lead, Serve, Inspire curriculum each specialty has a chance to showcase their specialty however they choose. Family Medicine has two half days to show groups of students who we are and what we do. Here is the list of topics and workshops performed for students considering our event for next year.

- Overview of Family Medicine – Allison Macerollo
- Outreach Medicine – Dr. John O’Handley
- Sports Medicine overview – Dr. Clint Hartz and Sports Fellow Dr. David Krey
- Family Medicine OB and Women’s Health workshop – Dr. Kristen Rundell
- Finding your way in Medical School – Dr. Rebecca Grant
- Owning your own business – Dr. Elizabeth Weinstock
- Procedures in Family Medicine – Allison Macerollo
- Suturing workshop – Dr. Maria Barnett and outgoing residents Drs. Tewari, Teodorescu, Nguyen, and Aqil

Come join the fun at the AAFP Resident and Student Conference.

Apply for funding prior to July 6th through Allison Macerollo or Becky Meeks- Weed
Thank you! Thank you!

FMIG appreciates the financial support of the Columbus family medicine residencies:
Grant
Riverside
Mount Carmel
Ohio State University

FMIG also appreciates the continued financial support of the Central Ohio Academy of Family Physicians.

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