Message from the FMIG Advisor

Come on spring – it seems so close, but yet so far. I have really worked hard to keep my running schedule through the entire winter this year and because I have a faithful partner we have kept each other on task. We all need support as they say. I will mention however that since March has started each morning when I wake at 5 to run outside I am just not sure that spring is coming. It’s days like this that it is hard to keep the motivation going for running, for school and sometimes the future. This issue has some tips for transitioning to residency, thoughts from a global experience and how it relates to family medicine and AAFP national conference for students and residents: all great things to look forward to as we chug down the tracks to spring. Let me know if you have questions about any of the experiences offered through the department of family medicine because we have a lot of fascinating people to meet and experiences to have. Catch you on the running path hopefully soon without my hat and gloves.

Allison Macerollo, MD
In the dramatic arc that is medical school, Match Day is the climax. So much so, that it is capitalized like a proper noun. For the majority of four years, my classmates and I were so focused on matching that we did not realize that there were three months between finding out where we were going and actually getting there. Apparently, before we could be interns, we needed to get that MD title first. Welcome to the falling action portion of medical school when you ask yourself, “now, when is this going to end.”

Just like starting medical school, and college before that, residency incorporates many major life changes from new people to unfamiliar places. Even if you are not physically moving, the job in and of itself creates an entirely new dynamic in your life. All of a sudden people are referring to you as “doctor” and you are not waking up to go to “school” anymore. You are now gainfully employed. With all these changes ahead, how do you best prepare for residency?

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Your application, with the required essay or supporting documents, must be received via fax, email, or mail postmarked no later than May 1, 2013. You must be a member of the American Academy of Family Physicians (AAFP) to apply. (Not a member? [Join today.](#) **Winners will be notified on May 31, 2013.**

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Our deadline for funding is June 1st, 2013
If you ask ten different residents this question, you will definitely get ten different answers. However, in talking amongst my peers both in Family Medicine and the other departments that I have rotated through, I have realized that there are some general themes that seem to arise.

In hindsight, probably the best advice that I received about residency is that it is a balancing act and it is vitally important to have a good support system in place. You will be pulled in so many directions both at work and at home. You will want to be able to attend to your family and friends in the same way that you did during school; however, the time is often not there. (And, apparently, friends do not appreciate calls at 6:30 AM when you are getting off night shift.) During these transition months, it is important to start preparing your support network about the realities of your life over the next few years. Remember, many people do not know what being a resident means. For instance, my non-medical parents assumed that residency was like a “regular job” and that I would get every weekend off.

Secondly, find a place to live sooner, rather than later. Many of the residents that I talked to said that their biggest mistake was moving in too close to the start of orientation. It was so nice to be settled with all of my clothes in the right drawers and a refrigerator full of food well before orientation started. During orientation, I was able to focus on getting to know people while a few of my co-interns had to miss out on a lot of the fun, because they needed to get set up. If you are leaving town, you may also want to give yourself time to connect with your new community. If you are religious, find a place of worship. There will be nights when you do not want to cook, so make sure you know where your new favorite pizza place is. Speaking of that, find a local gym. In short, once residency starts, you will not have a lot of time to explore your new community.

Third, get your paperwork done on time. There are a lot of licensing and institutional requirements. Start early and do not expect to be done after an hour of filling out forms. There are notarizations needed, copies of diplomas, etc. If you are not credentialed, you cannot get signing privileges, and you cannot work. It is as simple as that. Even though residency can appear as just the next step in the grand process of becoming a full-fledged physician, this is an actual job and should be treated as such. You have a professional responsibility to be a good employee and though no one is actually grading you anymore, they are watching. It is always surprising to me how much the residency director knows. Most residencies, especially in Family Medicine are small programs where everyone knows everyone’s business.
On the topic of paperwork, know what you want to do with your loans. I have heard many horror stories about this.

The common theme with the not-so-good advice involved the question “should I study prior to starting residency?” My answer is a resounding no. I did not believe my Dean of Students when she told me this, but medical school has actually prepared you for residency. It is my theory, looking back, that my learning had really reached a plateau at the end of medical school. I may not have been able to remember the physiologic mechanism of the absorption of iron, but reading it again was not going to help me learn it any better. I needed to take it to the next level and learn from patients. The clichéd steep learning curve of residency does actually exist. You will be better off using the time before residency relaxing and giving your mind the rest that it deserves. Pushing yourself to study will only increase your anxiety.

Once you reach residency, it is also vitally important to make time for fun. Fun may look different than when you were in medical school or college. But, getting together and going to dinner is a time saving way to (1) eat dinner and (2) hang out with people. Or go to bar trivia where you can (1) have a tasty beverage and (2) think about things that are not medicine. Take advantage of the events that your program plans.

Going to the staff holiday party not only gives you a break from medicine, but it allows you to interact with the people that you will be working with daily. It is so important to not isolate yourself. It will be a stressful year, but it will be worse if you are going through it alone.

You are getting to meet a whole new group of interesting people that automatically have a few things in common with you. I made it a point in orientation to really try to get to know my intern class. I realize now that I have spent more time with these people during my intern year than my husband. The residents in your program will become a major part of that all-important support group that I mentioned earlier. Your medical school friends, who you were able to relate to because you went through the same experiences, are also starting residencies and having the same struggles with balance that you are. I am sad to say that I have not talked to my medical school friends as often as I would have liked. But, something as small as a three-line email to say “how’s it going” is a way to stay connected and to maintain your relationship.

One final thing, remember that you are in medical school right now. Enjoy it, enjoy your friends, and enjoy Ohio State. This is something you will never get to do again. For as miserable as it was at times, it was also some of the best times of my life. Look forward to the final dénouement when you are conferred your MD. It is just the beginning.

Marie Schaefer, MD
The first thing I noticed when I stepped out of the airport in Phnom Penh was the smell of incense burning. No matter where you go in the country this smell fills the air. It’s not an unpleasant smell and it is indicative of an interesting aspect of Khmer (Cambodian) culture. The Khmer religion is a complex mixture of Hinduism, Chinese ancestor worship, and traditional animism. There is no official or orthodox view in their religion, and their pantheon of gods is ever growing and differs from village to village and even household-to-household. There is one consistency in this system however, and that is that Khmer people are generally fearful of evil spirits and do numerous religious ceremonies to appease them such as sacrificing food to “spirit houses”, burning incense, or giving donations to local monks for blessings. I later found this belief system impacts medical care in numerous ways, from the benign (most patients have “spirit belts” and other talismans that showed up on Chest X-Rays) to the more difficult (many patients with chronic medical conditions are abandoned by their families because of fear of curses and bad karma). My first impressions of the country were attached to the smell of incense burning, and it reminds of aspects of the Khmer culture that impacts their health every day.

The family of our hosting physician was kind enough to transport us in their car to the hotel that my wife and I stayed at for the first couple of days. Cars are fairly rare in Cambodia (though they are much more prevalent now than they were last time I was there). However, transportation in town is extremely easy, because there are hundreds of taxi drivers who are begging for business. Khmer taxis are either small motorbikes or makeshift carts called “tuk-tuks” attached to the back of motorbikes called “motos”. Incidentally, motos are used for all sorts of travel and transport, from work crews to livestock! I tend to pick the motorbikes because they are cheaper (you can get across town for 1 dollar instead of 2) but as I rode most places with my wife we took tuk-tuks almost everywhere.

We stayed in a hotel called “The Pavilion” for the first couple of days before joining the physician at the clinic to get over Jet-Lag. I was very pleased with the accommodations, and the hotel was very affordable. There are two things that I think all students should look for in a hotel in Cambodia. First, the Pavilion had a personal safe in every room. I think any time you are in a developing country it is ideal to have a place for your valuables and passports. Second, there was a sign posted on the front door that said that they do not rent to sex tourists.
In Southeast Asia this is very important. During my last trip to Cambodia I stayed in a different hotel called “the Goldiana”, and would periodically see old men walking in the lobby or hallways escorting their small Cambodian girls with them. This is technically illegal in Cambodia, but as this law is not enforced at all I think it was worth paying a little extra to not support the sex trade.

After spending a few short days in the hotel we moved our things to our living space for the rotation while we worked on the clinic. Right now MMC is in the process of constructing dorms for their rotating residents so we had the privilege of living with the director of the hospital. This experience was excellent; we stayed in a lower room in their house and ate meals with them in their home. I feel like I learned nearly over the dinner table as I did on site, as we were able to discuss Cambodian culture and medical cases most nights. However, this experience would not be typical for other rotators, as their dorm and skills lab will be constructed during the summer of this year. Another benefit of my living accommodations was that it was 200 meters away from the clinic, which meant I could walk to and from the site every day. I thought this was a great benefit: it was so close I could sleep in a little to recover from jet lag, yet it was a long enough walk that I got to see rural Cambodian life every day.

The clinic was a great experience. I had access to a variety of forms of patient care. Every morning I would arrive around 7am and round with the team on the inpatient service. The inpatient service was only filled with about 4 patients every day, so this offered plenty of time for us to discuss each student and participate in discussions as the Physicians trained their three Cambodian interns.

Then I would go downstairs and see patients in the outpatient clinic, which saw about 20-30 patients per day. I would see patients independently with a translator, and then precept them with physicians who spoke English. This was a bit complicated at first, as it meant that I had to coordinate at least three people whenever I saw a patient, but we quickly got into a good routine. Routine changed every day, however, which made things stay very exciting. This offered a variety of experiences for me that would not be accessible on a normal rotation. For instance, in one day I got to work on inpatient care, outpatient care, and even assist in a hernia surgery in the operating room!

During times a nurse was not available to translate I worked on hospital administration tasks. This was obviously outside of my normal scope of practice as a medical student, but I found that offering to pick up odd administrative jobs was one of the most beneficial and educational things I did at the clinic. One example of this was when I helped design an outpatient algorithm for interns on how to follow chronic hepatitis B patients. Hep B is endemic in Cambodia, as they are just now starting a neonatal vaccine program. However there is not a national standard for how to treat and follow patients with the chronic disease. It was very educational to me to take outpatient protocols designed in the United States and then adapt them for the limited sources of Cambodian rural medicine. This helped me understand resource limited care, and helped me participate in ethical decisions about distribution of resources. For example, I had to suggest which antivirals, if any, should be used for chronic treatment of patients with very low odds of recovery. In the US, patients in this category are given lifelong treatment with the most
expensive antivirals for the duration of their life because it has a theoretical benefit! This treatment would amount to over $1000 per year (while the average household income in Cambodia is still ~ $1 per day). This helped me think through the complicated questions of how best to design diagnostic and treatment protocols that give patients the “most bang for their buck”. Some of my ideas were modified by staff before implementation, but this also gave me the satisfaction of helping the clinic in a lasting way. I would advise any student to look for opportunities to serve the site they are at in any way possible, because you never know what will turn out to be the most fun or most rewarding part of your experience.

Working in a clinic overseas was not only an exciting experience, it also really helped prepare me for a family medicine residency in many ways. The interesting and exotic pathology helped me remember to always think critically and keep my differential diagnosis broad, instead of settling for the first diagnosis that comes to mind. I think this skill will be very helpful for becoming a great family practitioner who will be able to differentiate rare diseases and syndromes from the numerous common ones that will present similarly every day. Additionally, this rotation also made me very cost-conscious, as I had to come up with the best diagnostic and treatment modalities for patients who were very limited in resources. I think this skill will become more and more important in our training in the U.S., and I am thankful that this experience helped me always keep cost as an important factor in all my patient care.

Kids on the Side of the Road

Walking to the clinic in the Morning

Joe Gladwell, Med 4
Thank you! Thank you!

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