I have an aging dog, 14 years as the calendar goes and 98 in “dog years”, both numbers seem bad as she limps a lot, is losing weight for no reason and has an occasional yet scary seizure. She has lots of good times – she loves people food that is dropped on the floor and can still prance proudly around two blocks before her hips give way so we are just watching and waiting. It does get me thinking about the concept of aging and how to do it gracefully. Oh, I know I am not old, AARP has not called yet and I still have young children but I have been working as a doctor for almost 20 years now. If you are a medical student – that must seem like a really long time and I am here to tell you it occurred in the blink of an eye.

Back to learning new tricks. When I set off on this journey in medicine a few things were different. I didn’t take typing in high school because I knew no matter what I was not going to be typing for my career. WRONG. Every day I sit at my computer both with and without patients thinking how much better I would be now if I knew that the quick brown fox jumps over the lazy dog every day of the year. I took the bare minimum requirements in English and Liberal Arts in college because I was going to be a doctor and doctors did not write papers or give speeches. WRONG. Not a week goes by when I do not give a speech, make a presentation, provide patients with education, instruct my staff in a new process or procedure. I am writing and presenting all the time both with students, to my colleagues. Even if your thoughts are small local practice you may...
You Can Teach an Old Dog New Tricks (cont).

I didn’t take typing in high school because I knew no matter what I was not going to be typing for my career.  **WRONG.**

be called to speak to legislature or sit on the board of your local mental health agency. I am pretty sure I never took a business class in college because I was not interested in earning money for other people. **WRONG.** I personally do not own a practice, but we all must be fiscally responsible, understand a contract for employment, run our own personal budget ect. A lead physician of a group may be called to understand and report on budget issues as well. So my new tricks this year have been to master the spreadsheet and use google docs. I know the students reading this must be chuckling right now. I learned the use of spreadsheet sheets from a dear friend I run with and she inspired me to practice by making a sheet that tracks my exercise minutes. It turns out to be handy and fitness friendly. I think my partners actually think I have gone over the deep end with all the colored highlighting I use to make our master student calendar. Organization is now strength of mine. The google docs I dove into on my own and while it was a bit challenging at first I made it and have used it to get 40+ volunteers organized from four different groups for an event in October. This older dog proves that you can learn new tricks and this is important as medicine is always changing and evolving and we want to be ready and enjoy the ride. Inside this edition you will see advertisements for two things Primary Care Week led by FMIG and supported through many other organizations and a poverty simulation with FMIG and an OSU undergrad group called ENCOMPASS. Ask me for details anytime. Lastly enjoy the summaries of our students who had externships around Ohio this past summer to see what a non-research summer can look like for you. An informational meeting will be held in November. My dog is happy and content and though I haven’t taught her anything new she does teach us about friendship and loyalty as she has been a part of my family longer than even my children. Here’s to continued love to Trudy. Allison Macerollo, M.D.
Because I worked with several different attendings and third-year residents, I was able to see multiple examples of ways in which Family Medicine doctors can tailor their practice to their own interests and passions.

I also found that working with the residents and participating in their conferences and clinical skills labs was a very valuable learning experience for me, in that it gave me a sense of the expectations for first, second, and third-year residents, helped me see the kind of growth you undergo as a clinician during residency, and gave me opportunities to talk with them about their own experiences with medical school and career decisions. Because many of the residents were osteopaths, I also got the opportunity to learn a little about osteopathic manipulation and observe some sessions with patients.

Finally, I think that having the chance to work with so many different preceptors is helping me to develop my own professional demeanor and style while seeing patients. While teaching a rhetoric course graduate school, I was encouraged to develop my own "teaching persona," or way of interacting with, encouraging, and challenging students. My experiences so far interviewing and educating patients have reminded me of my initial attempts to find my "teaching persona," or the way my personality manifested in that professional context, and it was fun for me to see the differences in what I would call the "clinical persona" of my different preceptors. I think reflecting on this will help me as I continue to develop my own "clinical persona" and patient interviewing skills.
The AAFP sponsors a yearly conference for students and residents. The Ohio AFP and our own department generously funded over 15 students to attend this three day conference. Students have the opportunity to become involved in current legislature and attend lectures and workshops that range from medical knowledge topics to trends in primary care. More than half of all FM residency programs in the US have a booth to promote their program. It’s a great place for any student interested in family medicine. Also important is our FMIG was recognized with an award of top 10 programs in the country! GO BUCKS!
Going into this externship, I had a very romanticized idea of what rural medicine was. I pictured my future as the one and only doc for a remote village in the wilderness. I would do nearly everything health-wise for everyone and cover a whole host of procedures/diagnostics. Even after my first day at the clinic, I realized how naïve my notions were, for several reasons. First of all, if I truly were the one and only health care provider for hundreds of miles, I would never have a day off. I would literally always be on call. I definitely don’t want that! Secondly, I would get lonely—I like being part of a team. While the providers I worked with had autonomy, they had support from each other and other staff. It was valuable to be able to bounce ideas off of each other and even to vent about patients sometimes. Thirdly, it’s not physically possible to be proficient in every procedure and have a depth and breadth of knowledge in every field necessary to provide comprehensive care. Dr. Virostko used to deliver babies before they closed the OB unit due to lack of funding, but he still does some gynecologic procedures (I only saw him do colposcopies). He also did dermatologic procedures on a regular basis (usually just biopsies, but he often had several scheduled per day). Another physician in the office had completed a fellowship in sports medicine and a nurse practitioner had wound care training.

Not only did I learn a lot about family medicine and gained varied medical knowledge, I learned a lot about rural culture. During my first week, I encountered two illiterate patients. Both were males in their 60s with a lower socioeconomic status. In fact, many patients had a lower socioeconomic status. There aren’t as many jobs available in Coshocton, which has been slowly driving people away. The people that do have jobs are largely factory workers, mechanics, farmers, or work for Walmart. Many people in the area strongly dislike Walmart, but it’s cheap and employs a number of people who wouldn’t have jobs otherwise, so they sort of just grin and bear it. Much of the older, retired population wants nothing to do with computers or the internet. That being said, the clinic has a monitor in every exam room to access patient charts, so it isn’t for lack of technology in the rural setting. I had a bit of a hard time because my cell provider, AT&T, doesn’t currently cover that area, and it was difficult to not be able to make any phone calls. It definitely made me feel a little isolated out there. Another thing I learned was that you can’t get away with saying anything about anybody to anyone because they may very well be related! Since it is a small town, word gets around quickly and there aren’t too many secrets. People are pretty open about their divorces too, which I found interesting. Either that, or they are more common out in the country.

As for health care, I gained a much greater appreciation for what a pain dealing with insurance is and all the hoops providers are asked to jump through. It seemed like a lot of the other staff (billers, etc.) asked the docs to do extra work so their own work would be more efficient and easier. Many of the docs were frustrated because they are trying to see patients quickly and provide quality care, but they are asked to do so many menial tasks and “click-work” that takes time away from being able to do the former. I really appreciated the opportunity this summer to see the good, the bad, and the average.

Stephanie Carlson Med 2

October 6 5 PM Affordable Care Act Updates FMIG
October 7 Noon Vaccine refusal Peds/Med-Peds
October 8 Noon: Resident Panel; Peds, Family Medicine, Internal Medicine,
October 9 Noon loan repayment Integrative Medicine & AMSA
October 10 Noon MSTAR: Research in Geriatrics—Geriatrics Interest Group
This summer I worked with Dr. John O’Handley at the Mount Carmel Van. It was a great experience, and I would absolutely do it again. Just stepping onto the van was an experience in itself. The van contains 2 patient rooms, a small pharmacy, a bathroom, and all the tools required to take lab samples and perform ultrasounds, extremity radiographs, and EKGs.

My main goal this summer was to work on my clinical skills, and this externship allowed me to do that. My Longitudinal Practice is at the Stefanie Spielman Comprehensive Breast Center, so my patient experience in the past was mainly with oncology. This externship allowed me to see a wider range of medical issues, which allowed me to apply important concepts I learned in my first year of medical school to actual patient cases. I did not realize how many people have hypertension, diabetes, and obesity until I worked at the Mount Carmel Van. In addition to my interviewing skills, I also worked on my physical exam and charting skills. I knew I had learned something when Dr. O’Handley did not need to make any changes to the charts I filled out. I also got to work on my ability as a diagnostician. After I gave my oral presentation of a case, Dr. O’Handley would ask me what I thought the next appropriate step was. I feel like my clinical skills improved significantly, and I am much more confident in my abilities.

I addition to improving my clinical skills, I learned more about the financial aspect of medicine. The majority of the patients I saw this summer did not have health insurance, and it made me appreciate the hardship this puts on these patients. I did not realize the amount of time and effort it takes to acquire appropriate medical treatment when you do not have the money to pay for it. Therefore, it was unsurprising that so many of our hypertensive and diabetic patients stopped taking their medication. This might also explain why I saw a blood glucose over 400 mg/dL this summer.

I also was able to work with their street medicine group. A small group from the van takes a Jeep full of basic medical supplies and equipment into areas where homeless people live to see if they need any medical care. It was a very eye opening experience for me to actually go to these places and see the reality of what it means to be homeless. I also had never really had an actual conversation with a homeless person before this experience, so it was fascinating to hear some of their stories.

The only problem I encountered this summer was my lack of knowledge.

**Poverty Simulation**
Want to understand what patients in poverty are dealing with on a daily basis? FMIG and the undergraduate group ENCOMPASS are hosting a nationally recognized poverty simulation led by the Ohio Food Banks. The Poverty Simulation is a unique, enlightening experience that helps individuals begin to understand what life is like with a shortage of money and an abundance of stress. It moves people to think about the harsh realities of poverty and to talk about how communities can address the problem collectively. Sign up is on first come basis (25 spots), but due to the nature of the activity, attendance is required if you sign up. Contact Allison Macerollo at Allison.macerollo@osumc.edu

*Monday, October 13
6:00 p.m. to 8:30 p.m.*
*BRT*
FMIG appreciates the financial support of Grant Riverside, Mount Carmel, and Ohio State University.

support of the Central Ohio Academy of Family Physicians.

Thank You, Thank You!

the Columbus family medicine residencies:
FMIG also appreciates the continued financial support of the Central Ohio Academy of Family Physicians.

Thank You, Thank You!

**FMIG Officers**

**Allison Macerollo, MD Advisor**

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