Health Care in Election Spotlight

Fall is approaching and with this fall has an exciting event: ELECTIONS. I have been so very impressed with the medical students in the last 2 years. The level of activism and enthusiasm is growing and it is palpable in the halls of The College of Medicine. The amount of service hours that our students provide is awe-inspiring. We are at an interesting time in medical history. We have amazing science that can perform things such as organ transplants, microscopic fetal surgeries and brain surgeries while patients are awake. These ideas are inspiring and groundbreaking for sure and if I need one of these I will be glad they exist. When we reflect on the problems in medicine today it is difficult not to see some flaws. I have worked on the front lines every day since graduation working with patients with limited access to care – and those are the patients that get to me and do not include the ones who did not. I am saddened every day that we do not have a way to ensure that all Americans have access to good basic primary care and prevention.

There are many ideas being discussed and some even being implemented with current action of the Affordable Care Act. I believe that Americans should be encouraged to vote for the candidates of their choice. I also believe that all Americans are entitled to their own beliefs and systems. I do believe though that basic care is a right and we all should be seeking a way to provide this. I think most Americans believe that other basic services are our right and that we should all be entitled to receive basic education, vital services for our communities such as police and fire protection and clean drinking water with many more things that could be included in this list.

There is much discussion from federal government down to local communities about how to care for all of our citizens. I feel that our administration here at Ohio State is forward thinking and trying to find solutions to care for all people in our community and I feel proud to work here because of this. When thinking about the future I believe stronger primary care can benefit this goal of caring for all. I hope that you will vote this fall. I hope you will see that as your right and your duty. I know that I will.

Allison Macerollo, MD
Primary care physician shortages, an issue that cannot be ignored in light of the Supreme Court’s decision to uphold the Affordable Care Act, will have an impact on access to care and quality of care throughout the nation. Although the government has attempted to address the lack of interest in primary care with financial incentives and debt forgiveness programs, the Association of American Medical Colleges (AAMC) projects a shortage of 39,000 primary care physicians by 2020. A Havas Health survey of medical students in the United States showed a commonly held belief that primary care physicians have a heavier workload and more stress than physicians in other specialties, with far less pay. With a potential 30 million previously uninsured Americans entering the healthcare system under the Affordable Care Act, medical schools in the United States recognize that action to address the primary care physician shortage is necessary. The American Academy of Family Physicians surveyed medical schools across the country and found that seventy-five percent of schools questioned had “current or future plans to institute programs or policies to encourage student interest in primary care”. The Lead, Serve, Inspire curriculum at the Ohio State University College of Medicine has the potential to positively impact students’ perspectives on primary care, and educate physicians who would excel in family medicine.

According to Dr. Doug Post, a professor of Family Medicine and one of the collaborators in the development of LSI, the administration at OSUCOM recognizes the healthcare system needs repair. Although not explicitly designed to sway students one way or another, the LSI curriculum has many components that may serve to foster an interest in primary care in students. OSUCOM students under the LSI curriculum will get the opportunity to be placed in clinical sites much earlier, and in a different capacity, than students under the old curriculum. Instead of going into practices to function as observers, medical students will be trained as Medical Assistants, and work as a part of the health care team. Most of the clinical sites are primary care positions, where students will have the chance to work with physicians in the management of patients’ health. The curriculum is designed so that students will be able to see in practice what they are learning in the classroom, and can apply the concepts being learned throughout the year to practical disease management and patient care. These placements will be 17 months long, so that students will be able to establish longitudinal relationships with practitioners and patients – a key component of primary care. Giving students more responsibility in the clinical sites and longer term relationships with primary care practitioners may serve to encourage interest in the field.

One major change in the curriculum is the redevelopment of the community project. Whereas students before would join an organization that serves communities for a certain number of hours in the first year of medical school, LSI students will be working with their preceptors in health care practices to develop a project of their own. These projects will be designed to meet the needs of a group of patients that would benefit by a program the students develop. This project will have students thinking independently about how to identify health care needs in a community and take action to address those needs. Another new facet to the program is the opportunity for students to become health coaches. Students will receive six months of training and then function in a one-on-one capacity with patients that have chronic diseases, to coach the patient to behave in healthier ways to manage the disease. These aspects of LSI put students in the position of assessing needs and longitudinally managing health care – which are opportunities to experience what serving as a primary care physician might be like.

Aside from its potential to spark interest in the primary care field among students, the LSI curriculum is also structured to help students develop the skills needed to become competent physicians. Because primary care is centered on the doctor-patient relationship, interpersonal communication skills are a necessity. New to this curriculum is a stronger emphasis on developing interpersonal communication skills – and being evaluated on these skills. While in recent years interpersonal communications have been a key component in physician training, it has been difficult to evaluate the strengths and weaknesses of this skill. In LSI, students will have more evaluation and feedback in standardized patient encounters in order to hone their interviewing skills. It will be required to pass a patient encounter before students are allowed to work with patients in the clinical setting. Dr. Post believes that each student has the potential to enhance his or her interpersonal communication skills, and the LSI curriculum provides a setting in which that can be done. Communication skills are essential in establishing the relationships needed to work with patients in a primary care practice, and students graduating from the LSI curriculum will have an advantage that will serve them well in future practice.
Curriculum cont’d

Medical schools across the nation have recognized that there are not enough medical students choosing to go into primary care, and many have adapted to try to address that program. While medical schools cannot do much in terms of workload and compensation for primary care physicians, they can place students in the position to engage in the world of primary care to see if a career in that field might be appropriate for them. By helping students develop relationships with patients and work with physicians to manage chronic conditions and treat disease, the LSI curriculum introduces medical students to primary care in a more meaningful way. In emphasizing the importance of interpersonal communication skills, this curriculum will shape students into physicians who are competent to relate to their patients, regardless of his or her future career choices. Primary care physicians are essential to the healthcare system, lowering healthcare costs by working with patients to prevent progression of illnesses and keep people out of the hospital. While the nation looks for ways to increase the numbers of primary care physicians, perhaps OSU medical students will be inspired to lead lives of service in the field of primary care from their experiences in the LSI curriculum.

Maradith Noonen, Med 2

Summer Externship 2012

Seven first year students completed four-week clinical experiences where they are matched with a rural or urban preceptor, spending time in the preceptor’s office. The students improve various skills through hands-on experience:

- Patient Interviewing
- Physical Examination skills
- Professional skills
Summer Externship Reflection
Mary Garcia, Med 2

I grew up in Yuma, AZ, which is a town with a population of approximately 100,000 people. As a child, I always considered myself to be from a small town, but now, after spending a month in Coshocton, OH, my perception has been completely changed. With a population of about 12,000, Coshocton makes Yuma look like a large city. With that being said, prior to arriving in Coshocton, I was not sure exactly what to expect. However, from the moment I arrived, everybody was extremely welcoming and friendly. Several members of the hospital staff helped me settle into my new place there and even went as far as to tell me where I could find grocery stores and other necessary places. Just with that initial encounter, I knew that this would be a one of a kind experience. Once I started that following Monday, I was introduced to everyone that worked at the hospital and from then on, my schedule consisted of working mornings in the hospital and afternoons in the family practice clinic. At the hospital, I was permitted to go on rounds with the attending physician, who was a family practitioner, and meet and talk to the patients there, which is something I really enjoyed. Although most patients there were cared for a specialist, it was the family practitioner who made decided the next level of care and whether they would be staying longer in the hospital or not. I was given the opportunity to spend some time in the emergency room, the intensive care unit, obstetrics and gynecology, and the operating room. When the family practitioner that I was following had to tend to other matters, he allowed me to observe surgeries, which is something I had not ever done before. I witnessed a gall bladder removal, a hand surgery, a child being born and a c-section, all of which were amazing to watch. It was inspiring to see the ease with which these surgeons performed these procedures and how well they knew their anatomy. I was even given the chance to perform circumcisions on male babies, with the family practitioner standing there helping me when I had questions. That was by far one of my more thrilling experiences while at the hospital.

My afternoons were spent at the family practice clinic, where I was able to spend time with 4 doctors during the month I was there. I was permitted to interview patients, which allowed me to sharpen my history taking skills, and I was also given the chance to listen to hearts and lungs, which also helped reinforce some key physical exam skills. My favorite part of being at the clinic, however, was getting the opportunity to perform procedures at the clinic, such as pap smears, skin biopsies, and mole removals. Until I came to work at the family practice clinic, I never knew about all of the things that family practitioners did just within the their clinic. I was very impressed and found myself enjoying the dermatology aspect of it very much. What I quickly came to realize also was that in a rural setting such as Coshocton, there are not very many doctors and so family practitioners play a very crucial role in the community there. They often take over the role of specialists, when there aren’t any dermatologists, for example, readily available. The family practitioners at Coshocton Family Practice are very versatile in their skills and have an amazing breadth of knowledge. Thus, my experience in Coshocton this summer was a very rewarding one and when it came time for me to leave, I was actually quite sad but very grateful to have been given the opportunity to spend some time there working and getting to know the community. I am now thinking of working in a rural community when I become a physician after seeing the impact those physicians make on their community. I really enjoyed this experience and it is something that I will hold near and dear to my heart throughout my career.

AAFP National Conference

I left the conference feeling that I was better prepared for applying simply because I knew more about the process and my options. Family medicine is challenging in that the residency programs can all be so different—opposed vs. unopposed, “OB-light” vs. “OB-heavy,” community based vs. academic center, etc. Because of this, I found it very helpful to spend time at various residency booths to talk with current residents about what each of these training environments is like. The best part of the expo fair was being able to chat with both current residents and program directors without the anxiety of being at an interview. On a similar note, I think having this time to practice asking questions about the programs has removed a layer of nervousness that will come with interviews early in the season—it was sort of like a trial run.

Malorie Schoof, Med 4

Before the conference, I looked at the schedule that was available online and was happy to see there were workshops specifically geared towards medical students. These workshops were timely as they covered topics of residency applications, personal statements, interviews, choosing residency programs and other residency related topics. I picked up some helpful tips and advice that I have already put in practice as I go through the residency application process.

Linah Mairura, Med 4
Primary Care Week is coming!
October 8-12

Look for student leaders throughout the week and at all lunchtime events.

Wexner Medical Center College of Medicine

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