

Focus

Family Medicine



February 2016

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As you will see throughout this newsletter that the variety of possibilities for future endeavors provided by family medicine is diverse. The most recent Family Medicine Interest Group (FMIG) events, featured seven physicians, who ranged in practice from private or group practitioners to hospitalists, and faculty educators to chief medical officers of hospitals (both MVH and Kettering). This shows the ability to change career paths and incorporate both clinical and nonclinical components into your practice. The seven physicians advised students to take advantage of opportunities to improve both their leadership and communication skills.

Often students hear they are limited by family medicine or that they are “too smart for family med.” The reality is family medicine not only caters to the most intelligent of students, but also allows leadership to shine as a supervisor, teacher, and doctor. Family physicians are in demand. Our medical system is transforming. Family medicine will continue to be a specialty blazing the trail of our health care systems.

Family Medicine Interest Group (FMIG)

We are a student-run organization of medical students excited about pursuing a career in family medicine.

Our current board is:

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**Please feel free to contact any of us
with questions or comments about
FMIG and the events we have planned!**

Family Medicine Residency Match Panel

One of the biggest “holidays” every medical school celebrates is MATCH DAY. We invite students matched in family medicine to share their wisdom and experiences.

When: week after Match

Residency Dinner

Come enjoy a complimentary dinner with admission committee members from many residency programs. Start building your network!

When: March 30, 2016, at 6 p.m.

OSCE Physical Exam Practice Stations

We are co-hosting a practice OSCE with SNMA for you to fine-tune your skills before the real thing!

When: May 22, 2016



**New Family Medicine Interest Group leaders
welcoming the first years.**

Related Clubs and Opportunities STEPS

Research Opportunities

Rural Health: Dr. Zink can give insight into the benefits and challenges of being a rural physician. Take a break from reading those thick, heavy medical textbooks and join us this spring to read *The Country Doctor Revisited* written by our very own Dr. Zink.

AHEC: learn about how you can gain experience and earn credit and money during your first summer of med school.

Careers in Family Medicine Dinners:

At Boonshoft we take pride in improving health in our communities. Thus, throughout the year we invite local Dayton family physicians to talk about their experiences, both corporate and private, to show how diversified the field is.

What if I am interested in family medicine?

Where do I begin?

MS1:

- Begin taking the self-assessments on the AAMC Careers in Medicine webpage
- Work on your CV and have it reviewed by Dr. Poston
- Join the FMIG! Attend meetings! Begin networking now!
- Consider a scholarly project

MS2:

- Review self-assessments
- Go onto Career Essentials Pilot page and begin researching the specialty

MS3:

- Meet with your mentor(s)
- Review competitiveness data (see handouts on Pilot)
- Complete the Specialty Indecision Scale if you are undecided or having difficulty deciding
- Network during your family medicine clerkship
- Seek advice from fourth-year students going into family medicine
- Meet with Dr. Poston to work on your CV, personal statement and do a mock interview

What to do next:

- Continue to develop skills in both leadership and building patient relationships.
- Formulate a plan of where to focus your efforts
- Get involved with family physician organizations
 - Ohio Academy of Family Physicians (OAFP)
 - American Academy of Family Physicians (AAFP)
- Other resources include:
 - AAFP website, aafp.org
 - Specialty Specific Advice on the Career Essentials Pilot Page!

An interview with Dr. Kate Conway, third-year clerkship director



What drew you to family medicine in particular?

I chose family medicine because I really loved the idea of being able to take care of **any** patient who walked through the door. I did not want to tell a patient, “sorry, I can’t help you because you are out of my scope.” I also liked the idea that I could treat anyone at **any** point in their life, from even before they are born to the day they die. When I was making my specialty choice as a fourth-year medical student, it was hard to envision what my career would look like long term, and family medicine offered a lifelong opportunity to develop professionally and find a niche and even change as the years go on. My interest in global and public health was also a natural fit for family medicine because it allowed me to have access to skills needed for effective community work both locally and globally. I knew I wanted to be a part of the upstream solutions for my patients—being the person who is central to their health care would allow me to be a key part of what happens for them individually as well as within the greater community. By the time I finished my third year, I could already tell what has been validated more and more now that I am a practicing physician—people and communities need more primary care physicians guiding their care and less fragmented specialty care. I was inspired and excited to become such a needed and critical part of a person’s wellbeing.

What advice do you have for students trying to figure out if they are interested in family medicine?

One of the best approaches, I think, is keeping an open mind—how you see your professional life developing. I feel like there’s a lot of pressure to have an answer as to what you’re going to choose earlier than needed. I think you can potentially close doors on specialty options too early if you force the issue, so if you keep an open mind you can avoid that and continue to explore.

One thing I usually tell students is that as you are going through any experience you have clinically, if you’re a person that ends up getting interested in everything about the patient, that’s usually a good sign that a specialty like family medicine is a good

match for you. We are the “patient specialist”—so if you like learning about all aspects of your patient’s past medical history, family history, social history, and have lots of ideas for how to help your patient, family medicine should be put on your menu of options!

In first-and second-year mode, I’d explore the opportunities where you get to see patients, not just in the physician’s office, but in other areas of health and social service delivery, to expose yourself to the greater picture of how much “life stuff” affects our patients’ wellness. I also think working with or shadowing a family medicine doctor when they are involved in a variety of activities beyond direct patient care can be helpful to see the full scope of what family medicine offers—academic medicine, sports medicine, hospital care, leadership activities, research projects, etc. It is great exposure to the variety of options you can get out of family medicine.

What advice do you have for students trying to match in to family medicine?

Sometimes family medicine is overly advertised as “easy” to match. This is not the full story. I think students should do their best all years of medical school so that they can control their own destiny. The better you perform, the more you’ll be able to have your top pick of residency. You want to be the star that every residency wants! There are some programs and tracks with limited spots, so if you have a special interest or location you are hoping for, it really matters that you are the best student you can be. The other key factor for family medicine is to showcase that you have a passion for something else other than test taking and show that you can balance other things in your life. That can be a volunteer activity, a leadership activity—something longitudinal that shows you can be committed and dedicated to something else besides just your own personal studies. Activities that showcase your ability to be collaborative or part of a team are meaningful activities that can help you stand out amongst the hundreds of applicants all vouching for the same spot. Showcasing a scholarly project can also bring you to the top of everyone’s

list. That project can take many different forms, it's important that it is a topic you care about and that you can speak to how much you have learned about the process of project completion as well as the actual content learned."

What's your favorite thing about family medicine? What's your least favorite?

Favorite: The variety. I'm never bored. I'm constantly challenged in a good way—I'm excited about what I'm seeing and doing every day.

Least favorite: In real-world medicine, there's a lot of 'dumping' that goes on. Everything comes back to the PCP (primary care physician) to do. A lot of people rely heavily on us to do a lot of work and yet the current system is not set up to value that work in the way needed.



Do you have any general advice for med students?

"Two things: First, take some mental health days, surround yourself with friends and loved ones. I'm really glad that I did that. Self-care is incredibly important as well as avoiding isolation—staying connected as much as you can. This is really important.

Second, medical school is this amazing time that you get to be a part of something in a role that you will never have again. Putting that in perspective helps make you appreciate your learning—about your patients and medicine—so much more. Take absolutely every opportunity you can to learn from your experiences."

Favorite hobbies: Dance parties with my kids—usually in the kitchen.

Favorite Netflix show: Downton Abbey

—Will Trautman

Interview with Dr. F. Stuart Leeds



What is something unique to family medicine?

There are a limited number of specialties with this much flexibility. You can write your ticket. You can go to your

location. You can choose your preferences and priorities. There are a number of fellowships and certificates of added qualification (CAQs) in areas including: adolescent medicine, emergency medicine, geriatric medicine, hospitalist, integrative medicine, international medicine, obstetrics, pain medicine, rural medicine, sleep medicine, sports medicine, substance abuse care, and others.

What are other opportunities that family medicine offers in health care?

1) Gap fillers: option to become skilled in a variety of areas that are often neglected by other specialties. 2) Alternative medicine: if you have any interest in alternative medicines, understanding other therapies can be fun. 40-60 percent of patients are doing it anyways, so if it's something that interests

you, all the better. 3) Consulting on malpractice cases. 4) You have ability to make your schedule what you want, whatever endeavors that may include.

Final words of advice:

The question you need to ask is what level of human interaction you need? It is important to be honest with yourself about the answer to that question. You get to listen to people's stories, and you're in it together. We've been given a gift, an advantage, that we don't have to wake up and wonder if what we do matters.

Don't squander that advantage. Choose something that is meaningful to you, whatever that may be.

For a lot of us, meaning is derived from other people. As the family physician I spoke to stated, "It fills my sense of meaning."

Medicine is changing, and building relationships is something that will be rewarded right along with patient numbers and quality of care. If that's something that you enjoy, don't shy away because of stereotypes you've heard in the past.

—Ryan Brinn

Fourth-year perspective: Austin Williams



When did you first know you wanted to be a family physician?

I fell in love with family medicine between first and second year when I was in the AHEC elective.

Did you have any mentors along the way that helped shape your path?

Dr. Dori Thompson, Dr. Bruce Binder, Dr. John Donnelly, and Dr. Annette Chavez have all been excellent mentors to me finding my path in family medicine.

How did rotations affect your decision?

Family medicine, pediatrics, and psychiatry all confirmed my decision. Additionally, being in the hospital on surgery and internal medicine reminded me how much I liked the outpatient setting.

What advice would you give students considering family medicine as a career choice?

Don't let anybody tell you it's not a viable career path, or that specialties are the way to go if your heart is really in primary care.

—Jennifer Norman

“The skills
you learn
now may be
beneficial in
unforeseen
ways in
the future.”

Interview with Dr. Martin Fujimura, WSU Boonshoft School of Medicine alumnus, family medicine physician at Good Samaritan Hospital



What led you to pursue family medicine?

For as long as I could remember, I wanted to go into family med. I was inspired by the TV shows that used to showcase physicians, with the main characters being family medicine physicians, and that was just it for me.

Anthem, where we look for ways to keep quality of care high while reducing the cost and increasing accessibility.

What is one thing you really enjoy?

About my practice what I really enjoy is the continuity of care. I get to build relationships with patients because I see many of them for years and years, which proves to be both special and rewarding.

What does your typical day look like?

My day differs from the typical family med doc in that I still go to the hospital for rounds, which is something pretty unique here at Wright State. I usually start with rounds at the hospital, then go off to my clinic, then head back to the hospital. I love teaching, and teach students at the office. I'm also on the board of different committees, which is another aspect of family medicine that I really appreciate. I'm on the board for Premier Health Care and

What is one thing people may not know about family medicine?

If there's a particular area that really interests you, then you can tailor your practice to treat certain groups of patients more specifically. For example, I like working with diabetic patients so I treat a lot of them, and don't typically refer them out to physicians.

—Uma Jasty

Family Medicine Research



Jayna Vossler is the research manager in the Department of Family Medicine. Here is what she says about her role:

My role: is to make doing research easy. We want students to have

the best research experience possible within the Department of Family Medicine. We host an annual Family Medicine Research Linking Meeting in November to provide an opportunity for students to link with faculty who are researching some aspect of family medicine. Family medicine includes just about everything in medicine. Questions arise in the day-to-day care of patients of all ages, so students have the best experience if they join an ongoing project. Some of our projects include refugee health, chronic pain, substance abuse identification and referral, and better use of health care services, to name a few.

I help students hone their research interests, do a literature search, link them with faculty, negotiate the IRB process, write up their findings, or create a poster—all the important steps to understanding research. Knowing the steps of research not only enhances a career in family medicine, but will also helps you be a better doctor by improving clinical decision making skills and knowing how and when to apply research findings. Being involved in research has a lasting impact by helping you continue learn something new, develop problem solving skills, and gain new perspectives. Conducting research can be the most challenging but most inspiring accomplishment in one's career that can directly impact the lives of patients. Questions cannot be answered without research.”