The Wright Rural Health Initiative (WRHI) for the medical school is housed in family medicine. This program, currently funded by the HealthPath Foundation, creates a longitudinal, interdisciplinary experience for medical students, nurse practitioner students (WSU), pharmacy students (Ohio Northern and Cedarville) in rural communities around the WSU Lake Campus. In addition, we will be laying the groundwork to start a rural residency track in the region.

We are delighted to welcome Lori Martensen, M.S., as the initiative’s director. This marks a return home for Lori, a native of St. Mary’s. As a result, she already has relationships with many of the people she will be working with and knowledge of the communities and health systems. She will be located primarily at the Lake Campus. For nearly 20 years, she has worked at OSU, first developing and growing a new undergraduate biomedical science major in the college of medicine, where almost 100 percent of the alumni have been accepted into graduate and professional programs. Most recently she served as the director of the college of medicine’s Clinical Skills Education and Assessment Center, where she oversaw both standardized patient and high fidelity simulation programs. Lori has also worked in financial aid, admissions, and academic advising. Working at the Lake Campus has special meaning to Lori, as regional campuses have played a key role in her education and career. As a first generation college student, Lori attended Ohio State’s Lima Campus for her first two years of college, then she spent the first five years of her OSU career at the Newark campus.

What is the student perspective on the rural experience? At the end of their rural FM clerkship near the Lake Campus, Robert Siska and Kevin Purcell shared their views on their experiences during their sixth third-year rotation.

What did you like most about the experience/what was the most rewarding part?

Kevin Purcell: The most rewarding part was being able to have a little freedom while taking care of patients! Throughout most of third year, I felt I was having my hand held, and my clinical knowledge wasn’t truly being utilized. On family medicine, my sixth rotation of the third year, I was able to put the knowledge I accumulated in first and second year to use. For instance, I remember one day when a patient came in with cellulitis that wasn’t controlled with oral antibiotics, I told my attending we need to hospitalize the patient and start IV antibiotics. My attending agreed. These little things make you feel great about yourself when you’re new to the clinic, and you’re contributing to the health care team.

Robert Siska: The best part was the continuity that we had with patients in the clinic. Many patients had lived in Celina or Coldwater their entire lives. It was a beautiful thing getting to know some of the families and understanding the connections of this tight-knit community. Although we were easily identified as being new to Celina, people welcomed us with open arms. The rural family medicine clerkship was by far my favorite rotation as a third year medical student.

How is rural/small town medicine different from big city medicine?

KP: I don’t think it’s different in too many ways. The bread and butter stuff, like diabetes, hypertension, asthma, etc., occurs at the same rates in small and big cities. I’d say the patient population in rural/small towns tends to be rather homogenous, and not as diverse as bigger cities. However, I saw a lot of pathology: neurofibromatosis, Ehlers-Danlos Syndrome, Charcot Marie Tooth Syndrome, familial hypercholesterolemia, and Cri-Du-Chat. I personally thought these were pathologies that I would only see in textbooks, but I saw three of the aforementioned diseases all in one morning.

RS: In a place where your cell phone doesn’t always have service, you’re really forced to live in the moment. By virtue of its isolation, I focused on people, on conversations, and on listening. It was wonderful to get out of the hustle and bustle of the big city and simply take the time to learn medicine while getting to know and take care of the very kind folks of Celina and Coldwater.

Would recommend this to your classmates?

KP: I would strongly recommend this to all classmates and those in the classes below me. I found that it was easy to feel like you are being forgotten as “the lowest man on the totem pole in the metro area.” However, in Celina I actually felt like a student doctor and not a glorified premedical student—shadowing a physician—it was the first time in all of third year. My preceptor trusted me with several responsibilities. It made me step up my game because I was trusted to care for his patients. Moreover, I gave knee and shoulder injections, drained swollen knees for fluid analysis, and collected blood—tasks I had not done before. The staff at Mercer Health fostered an environment conducive to learning.

RS: No matter what your specialty, whether it be plastic surgery or preventative medicine, you could benefit from doing your family medicine rotation in Celina or Coldwater. These are places where, out of necessity, the family medicine physician becomes a jack of all trades as well as a community leader. You will learn a ton!

Are you from a small town or rural area?

KP: No, I was born and raised in Brooklyn, New York. It’s kind of a small town in its own right.

RS: No, I’m from Cleveland, Ohio. Go Cavs!

Are you interested in practicing in a smaller town or rural area?

KP: No, I’d like to practice in a big city. I love the small town experience for vacation or weekend getaways, but I prefer to work in a place like New York City, Baltimore, or Philadelphia.

RS: Although I would like to be affiliated with a large university in a big city, my goal is to practice medicine globally. I hope to work in underserved and rural areas in and around South Africa, Swaziland, and Mozambique.

When you graduate what type of residency would you like to pursue?

KP: I am pursuing a residency in orthopaedic surgery.

RS: Undecided