Family Matters

From the Program Director...

40 Years of Innovation!

This academic year marks the 40th anniversary of the first class of graduates from the University of Arizona Family Medicine Residency. To celebrate the success of our residency over the past four decades, we are hosting a UA Family Medicine Residency Reunion on Friday February 28th – March 1st at the Westward Look. Details about the reunion are contained within this newsletter.



Our residency program continues to thrive after decades of success because we have been and remain a program that embraces innovation and change. All members of this program, past and present, have played a vital role in creating the reality of our program.

We are preparing for another series of important changes in the program. Epic go-live is November 1st and the implementation of this new electronic health record will allow more seamless care for our patients and improved communication across our healthcare system.

More changes on the horizon for the program include the new ACGME residency program requirements and the introduction of Milestones. The new FM residency requirements offer improved flexibility for curriculum design and increased emphasis on the experience of the individual and expectation that residents are developing skills to serve as healthcare team leaders. The Milestones, similar to the concept of developmental milestones used in the care of pediatric patients, provide a roadmap for resident growth and evaluation. Faculty are beginning the work to develop revised evaluation tools and modified curriculum to better teach and assess Milestones in the residency.

As we prepare to begin another exciting season of recruitment to build our next class of residents, I am mindful of the questions residency candidates often ask about our program. A commonly asked question is "What recent changes have taken place in the pro-

gram?" I hope we can emphasize that we are and have always been a program of innovation, one that embraces change and understands, as the philosopher Henry David Thoreau once said, *things do not change; we change.*

Best, Colleen Cagno, MD Program Director



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November 2013

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Resident Achievements and News...

Spotlight on Dr. Daniel Horzempa

Q: Where did you relocate from?

A: I relocated here from Atlanta, GA. I lived there for 3 years during medical school and my intern year. Atlanta was a great place to live, but I was ready to get out of such a big city (the traffic was killing me). Prior to Atlanta I lived in a few places on the east coast, including Baltimore and Miami. My home town is Dallas, TX (Go Cowboys!).

Q: How have you adjusted and what do you enjoy most about Tucson?

A: Tucson has been very easy and painless to adjust to. I love the relaxed attitude that Tucson is so well known for. I also really enjoy all the outdoor activities that are available (and of course the weather that allows for it). The hiking is amazing! Everyone in the residency has also been so welcoming from day one that it has been easy to adjust.

Q: Do you have a favorite restaurant?

A: My favorite restaurant is probably Wildflower. I really love the seasonal menu and wide variety of foods available there.

Q: How do you unwind from the schedule of a second year resident?

A: I like to unwind by spending time with my wife and friends, exercising and playing with my dog. I also enjoy getting outside as much as possible. I especially love to exercise and try to focus on as many different activities as possible (powerlifting, slacklining, gymnastics, etc.) to keep it fun. I have set up a decent garage gym and enjoy working out with anyone who wants to join.

Q: Any advice to future First Years?

A: My advice for first years is to make sure that you continue to take care of yourself during your intern year. It's so easy to not get enough sleep and eat poorly during first year when you're so busy, but it will be so much easier to deal with the demands of first year if you spend that little bit of extra time to eat and sleep well and manage stress. It will also make it easier to deal with the entire 3 year experience.

Resident Education

We just finished up another year of successful Core 2 and Core 3 rotations. The goal of the rotations is for residents to develop the knowledge, attitudes, and skills necessary to effectively diagnose and manage common primary care related topics, as well as that specific year's theme. Core 2 focuses more on obstetric and newborn care while Core 3 focuses on residents as educators and effectively planning for a successful and satisfying career in Family Medicine.



Core 2 — This year for Core 2, second year residents completed Objective Structured Clinical Examinations, certification in the Advanced Life Support for Obstetrics course (now offered by the program), and the Neonatal Resuscitation Program certification course. They also began work on their scholarly and Quality Improvement projects, but did take time to refresh in Las Vegas!



Core 3 — Core 3 focused on residents as educators and covered areas such as CME/Staying Involved, Contracts, CVs & Interviewing. Dr. Tom Rothe, alumni 1980 and current president of the Arizona Medical Association, gave a lecture to the residents on the importance of joining ArMA and Dr. Bethany Bruzzi, alumni 2011, lectured on osteopathic manipulation techniques. This year, the third year resi-

dents were able to attend the AAFP Practice Management Conference in Phoenix and put together a class trip to San Diego!





2013 AAFP National Residents and Medical Student Conference, Kansas City, MO.



We attended the AAFP National Conference in August. The conference was a fantastic opportunity for us to show our enthusiasm and love of family medicine and to express how lucky we are to train in our program at the University of Arizona.

Stationed at our booth on "Arizona Avenue" along with other programs in Arizona, we met medical students from across the country with diverse interests. Many came to learn about the integrative medicine curriculum, our work with underserved populations, and the global health track. There were many enthusiastic candidates, and we are looking forward to the upcoming interview season were we may see some familiar faces! We added new technology to this year's conference with a QR code to link medical students to our Facebook site, created a digital map of alumni practice lo-

cations, and had slide shows showcasing our work-life balance. There were other opportunities at the conference to network for jobs, fellowships, and research opportunities and to attended lectures on various Family Medicine topics. These opportunities combined with the chance to meet so many great people from other programs and students from around the country, made the conference a highlight of residency.

Written By: Genevieve Riebe and Colin Crowe

Council on Graduate Medical Education Report Puts Family Medicine on Priority List

AAFP published an article on the recommendations COGME has given Congress to help with the shortage of primary care physicians. Family Medicine is at the top of that list!





MONDAY SEP 16, 2013

COGME Report Puts Family Medicine on Priority List

In family medicine, we've known for years that the United States lint' getting the proper return for in \$13 billion annual investment in graduate medical education. Federal funds paid to hospitals for training purposes too often result in the expansion of the subspecialty residencies hospitals need to maximize their own bottom lines — cardiologists, radiologists and a stew of other "ologists" — instead of producing the balanced workforce our health care system arounly needs.

If legislators haven't already heard this message from the AAFP, the Council on Graduate Medical Education (COGME) – which was created by Congress to provide assessments of physician workforce trends and training issues – has recently spelled it out for them again.

Three years ago, <u>COGME released a report</u> that highlighted the worsening shortage of primary care physicians and recommended addressing the shortage by narrowing the gap in incomes between primary care physicians and subspecialists and reforming medical education.



UA Family Medicine Residency Education Fund

Please consider making a charitable gift to the University of Arizona Family Medicine's Residency Education Fund. The link to donate is on our homepage at http: fcm.arizona.edu/residency.

Tax-deductible gifts to this fund will ensure that every resident can attend a national conference and present their important research. These types of experiences are an invaluable component of their residency training!

Congratulations...

Genevieve Riebe, PGY2, was rewarded a scholarship through RHEDI to attend the National Conference for Family Planning which rarely takes family medicine residents

Ashley Salomon, PGY3, got married in September to Jordan Marks, Systematic Psychoanalyst and going for his Mind, Body, and Medicine PhD

Jesse Sozanski, PGY3, is engaged to Polly Juang, Master of Science, Agriculture, and Biosystems Engineer

2013-2014 Resident Committee Members

Genevieve Riebe—Family Medicine Interest Group, FM Representative to UA Graduate Medical Education Committee Elizabeth Artrip—Supervisory Resident Education Committee

John Nguyen & Elizabeth Artrip— UAMC Housestaff Quality Council Ashley Wofford — UAMC-SC Housestaff Quality Council

Spotlight on New Faculty Member at Alvernon Dr. Laurie Thomas



Born in the Air Force, I never had a permanent home until putting down roots in Tucson. I married a native Tucsonan, and our third son is a second-generation Tucsonan. The other two were born in Scottsdale during my residency. I love being a family doctor on the front lines of medicine getting first crack at diagnosis. And...I especially love working with the nicest people in medicine!

Q: Where did you go to medical school and residency? A: UofA Med School and Scottsdale Memorial Hospital for residency

Q: How long have you been teaching? A: I taught occasionally over the years as a clinical assistant professor. This is my first full time appointment as faculty.

Q: What do you enjoy most about teaching residents? A: There is no better way to learn than to teach.

Q: How do you de-stress? Any hobbies? A: Dinner and a movie

Q: What do you enjoy most about Tucson? A: Friendliest place I have ever lived.

Q: Do you have a favorite restaurant? A: The Wild Garlic Grill, Pico de Gallo, Sushi Cho, La Indita, Janos (gone now, boo hoo), more restaurants too numerous to count.

Q: Any words of wisdom for current residents? A: Advice to residents: real life is much better — hang in there!

Dr. Paul Gordon Selected as National Co-Chair of a Step 2 Clinical Skills Exam Committee

Paul Gordon, MD, MPH, has been selected to serve as co-Chair of the Test Materials Development Committee (TMDC) for the United States Medical Licensing Examination (USMLE) Step 2 Clinical Skills Exam.



Welcome!

Dr. Karyn Kolman joined us in late October and she will be attending on the MCH and inpatient services.

Dr. Bethany Bruzzi, alumni 2011, will join the department to serve as the clinical service chief for the inpatient service at South Campus and work as an attending on the inpatient service.

We are exciting to have them both!

2013 Faculty Half Day Retreat

On Thursday, October 24th, residency faculty participated in a half-day retreat. In addition to presentations on Change and RUVs, a main focus of the retreat was to discuss the implementation of Milestones. Dr. Sean Elliot, the Program Director for the UA Pediatrics Residency was a guest speaker and described the process the Peds residency used to prepare for and implement Milestones. A link to the final Milestones can be found on the ACGME website. Click on the tab titled "The Next Accreditation System" on the homepage, then open the Milestones link to view the list of approved specialty specific Milestones including the Family Medicine Milestones.

Word to describe what you like best about teaching residents...

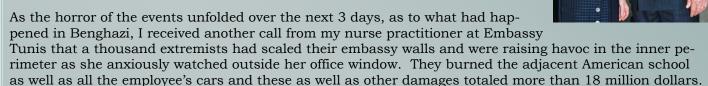


Faculty took a poll on words to describe what they like best about teaching residents.

Alumni and Faculty Updates and News

Dr. Chris Hughes, Alumni 1984

On the eve of September 11, 2012 while working at a satellite clinic of the U.S. Embassy in Cairo, word broke out that protestors had scaled the downtown chancery wall and were invading the inner courtyard. A few hours later I received a call from my nurse practitioner in Libya regarding a firefight that had just erupted on the American compound in Benghazi and at that time, there were no specific details of what exactly was going on. We discussed a strategy where the injured could be flown to Tripoli where they could be stabilized and later transported to Germany. And, that is exactly what happened. Three injured men were treated at a small hospital in Tripoli with two of them in critical condition. A Libyan vascular and general surgeon as well as an orthopedist saved their lives.



Two weeks after the Benghazi attack, I flew into Libya in preparation for a high threat situation which included a possible assault on Embassy Tripoli itself. The employees were being quickly evacuated down to 4 unarmed persons which included myself and three other diplomats. While we were being protected by Marines and special security agents, I made preparations for potential multiple casualties. A medic and I set up a mini emergency room in the living room of a villa that had been piled high with sandbags on the outside perimeter for protection. This particular villa became fondly known as "The Sand Castle." Fortunately, this attack did not occur.

Although this was not a typical week or month in the life of a Foreign Service Regional Medical Officer (RMO) such as myself, it was still not unusual in that I was overseeing a demanding region during the aftermath of the Arab Spring. My home base was Cairo and I was responsible for the healthcare of all diplomatic Americans including their family members, as well as occupational medicine for locally employed staff of the countries within my North Africa Region that included Egypt, Libya, Tunisia, Algeria, Morocco, and Malta.

Many State Department physicians, nurse practitioners and physician assistants practice in dangerous parts of the world where terrorist events are sadly common and severe trauma cases are to be expected. Yet, the medical practice is as diverse as one can only imagine. One day at the embassy health unit, I may be following patients for hypertension and diabetes and performing well child and prenatal exams. The next day I will be inspecting the embassy cafeteria for hygienic practice and standards. The following day could involve surveying all of the embassy's emergency medical supplies including ATNAAs (Antidote Treatment Nerve Agent Autoinjector) in preparation for a possible nerve agent attack – a big concern in many of the Middle East countries. I have enjoyed learning tropical medicine and have managed cases of malaria, typhoid, dengue, chikungunya as well as parasitic diseases including systemic amebiasis, and neurocysticercosis. Our annual State Department medical CMEs usually involves practicing our skills with multiple trauma victims, keeping our ACLS certification current, and learning the latest on common primary care conditions such as managing depression and ADHD.

Each new assignment might be likened to a reincarnation where one immerses within a new culture, climate, and language; tastes the local cuisine; learns the local disease threats; assesses the capabilities of local physicians, specialists, nurses, hospitals and international schools; and makes new friends from a wide range of nationalities.

Continued to next page...

Don't forget to check out our <u>Alumni Yearbook</u> on the Residency website!

If you are an alumni of the program and you have updates or photos to send us for the Alumni Yearbook please do so by emailing us at: <u>uafmresidencyalumni@gmail.com</u>.

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As RMOs are responsible for several countries within a region, over my decade in the Foreign Service I have been posted in Riyadh, Saudi Arabia overseeing the Persian Gulf countries; New Delhi, India overseeing Hyderabad, Kolkata, Chennai, Mumbai and Colombo, Sri Lanka; San Salvador, El Salvador overseeing Belize, Costa Rica, Nicaragua, Panama, Honduras, and Guatemala; and Cairo, Egypt including the North Africa countries just mentioned. After departing Egypt in July, my husband and I moved to Abu Dhabi, United Arab Emirates where I now oversee Dubai, Oman and Kuwait.

The newest threat on the horizon, in this part of the world, is MERS-CoV (Middle East Respiratory Syndrome Coronavirus) for which we are providing surveillance in collaboration with CDC, WHO and Department of State. Stay tuned.

Christine Hughes, M.D. is an Alumna of the class of 1984

Prior to joining the Foreign Service, Dr. Hughes worked with the Indian Health Service in New Mexico, practiced ER medicine, and practiced rural and obstetric medicine in Southern Idaho where she established a woman's health clinic in collaboration with the University of Utah. For a short period she performed preproduction physicals and provided urgent care on movie sets for actors in Hollywood. While in Charlotte, NC she held several department head positions with Kaiser-Permanente, mentored medical residents and launched the first hospital-based Integrative Medicine Center in the southeastern U.S. For nearly a decade in private practice she practiced Integrative Medicine including acupuncture that she initially learned with a study group of FP residents at the University of Arizona. Later she became Board Certified in Acupuncture following further training at UCLA. She is a firm believer in combining the best of allopathic medicine with alternative medicine to empower patients and to facilitate improved outcomes and she incorporates this into her primary care practice within the State Department. As a Regional Medical Officer, she currently has a large patient population across a number of U.S. Embassies and Consulates within the Middle East – and when taking call for other colleagues, the count can reach as high as 37 countries which accounts for very few dull moments.

Correction: Tucson Lifestyle Best Doctors 2013

In the last issue of we failed to recognize the following alumni for also being listed in Arizona Best Doctors magazine. Congratulations goes to:

John Carter, MD Thomas C. Rothe, MD George Dean, MD

Calling All Speakers!

Are you interested in presenting a Grand Rounds CME at the Alumni Reunion on March 1st?

Send us an e-mail at <u>uafmresidencyalumni@gmail.com</u>

Publications

Bill Ventres, Alumni of 1988, had an article published in Teaching and Learning in Medicine: An International Journal. Click to read more on *Electronic Health Records: Upsides, Downsides, and Inside-Outsides on the Way Toward Their Use in Clinical Practice*

Alumni Map

Thank you to Colin Crowe, PGY3 Chief Resident, for creating this world view of where all our alumni are practicing. You can find it on our Facebook page. Coming soon to the Alumni Yearbook on the residency website.



Celebrating 40 Years of Excellence! Save the Date February 28 - March 1, 2014

The University of Arizona Department of Family and Community Medicine will be hosting the Family Medicine Residency Alumni Reunion!

Watch your inbox for more information about:

Friday, February 28th: Cocktail Hour and Dinner
Saturday, March 1st: Morning CME Presentations and
Optional Afternoon Group Activities

Room Rate: \$145 (resort fee waived).

Please mention University of Arizona Family Medicine Reunion when making your hotel reservation.

Westward Look Website: westwardlook.com



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We prepare fullspectrum physicians to provide excellent family -centered, communityresponsive care with emphasis on diverse and underserved populations.

Colleen Cagno, MD Program Director

Jessie Pettit, MD Associate Program Director

We're on Facebook!



Designed by Jessica Hoyer

With editorial help from Sherry Skszek

Pearls... July to October

Speaker/Topic Colleen Cagno

• Symptomatic Hydronephrosis of Pregnancy

Daniel Dickman

- Proteinuria
- Heart Failure with Preserved Ejection Fraction
- Comparison of Cost/Effectiveness of New Oral Anticoagulants

Barbara Eckstein

- Suboxone
- Top 20 Research Studies of 2012

Carlos Gonzales

- · Bodies on the border
- Bladder cancer screening USPSTF Recommendations
- Diagnosis of Stable IHD Recommendation ACP

Paul Gordon

- AROM using PICO
- European Society Hypertension Guideline
- Acute Otitis
- ECG's Basic Review

Randa Kutob

- Plantar Faciitis Taping
- Smoking Cessation Medications
- Weight Loss Drugs

Patricia Lebensohn

- Delivering bad news
- Childhood Cancer
- Antidepressants

Craig McClure

- African pictures and a few medical things
- SERMS and Breast Cancer Prevention
- Autism and Prenatal Valproate
- Pacifiers and allergies
- Intro to abnormal uterine bleeding
- Abnormal uterine bleeding by life cycle
- Prevention of CV Disease in Women
- Initial Evaluation Suspected CHF
- Prevention of post-thrombotic syndrome
- DVT prophylaxis

New MCH Marketing!

Thank you to all the faculty and residents who have given us input on ways to market patients for MCH. You'll be seeing these posters around the Family Medicine clinics!

Elizabeth Moran

- · Outpatient presentations
- · Screening for PPH in breech girls
- Nasal Naloxono (OEND) programs for opioid OD
- Aortic Stenosis

Jessie Pettit

- · Clinic flow and efficiency expectations
- Cervical cancer screening guidelines
- Iron supplementation in infancy: who needs it?
- Hormonal contraception immediately post partum: effects on lactation
- Breastfeeding basics: how to get a good latch
- Neonatal weight gain and feedings
- Diabetes drug dose adjustments in CKD
- Ace-I in normotensive non-albuminuria diabetics: yea or nea?
- Murmurs in Newborns: Which are benign?
- Approaches to Statin in Angled Myalgias

Krista Sunderman

- Testosterone Replacement
- Lipid Screening in Pediatrics AAP vs USPSTF Recommendations
- · Pathways.org
- Preadolescent Acne
- EKG's as a Part of PPE
- ASA in Preeclampsia
- Chronic Cough in Children
- Renal Colic
- Asx Hematuria in Adults

