

Family Matters

From the Program Director...



As the seasons change and the temperatures in the desert cool, we are also in the midst of a season change here in the residency. Selection season is in full swing and we are thrilled to have about thirty percent more scheduled interviews at this point in the season compared with this time last year. Interviewing candidates provides the best opportunity to get to know the applicants but it also helps us reconnect with one another as we share openly about the reasons we choose to be a part of the residency program. As Jessie Pettit put it as she sings about selection season and I couldn't agree more, "It's the most wonderful time of the year!"



I am also proud of the many exciting new changes we have made in the Integrative Medicine training here. In addition to the 200 hours required online Integrative Medicine Curriculum, residents now have experiential sessions in Integrative Medicine as part of orientation, Core 2 and Core 3. These sessions were well received and give our residents a chance to see firsthand some of the modalities described in the online curriculum. Integrative Medicine conference also has been modified to target key learning issues commonly encountered by residents. I want to thank Patricia Lebensohn who helped make these changes to the Integrative Medicine curriculum possible. Speaking of Patricia, make sure to read about her medical mission to Nepal on page 3.

Another significant change made to the curriculum this year in response to resident feedback has been the addition of a dedicated week for scholarly project time. I am already looking forward to May when residents will present their scholarly project posters at the Quarterly Department Meeting. Please consider submitting your project for a poster presentation at the Society of Teachers of Family Medicine Annual Spring Conference which will be held in late April in Seattle. The deadline for residents' posters for their work in progress is January 6th and as we all get busy in the holiday season, this date will fast approach.

On a final note, as we approach this mid-point of the academic year which can also be a busy time of the year for holidays and travel, I want to share with all of the residents, faculty, and residency team how grateful I am to each of you for the work you do in caring for patients and supporting one another in our learning environment.

Happy Holidays! Colleen

Alumni— What are they up to?

We are excited to announce that the University of Arizona Family Medicine Residency Alumni Yearbook is now online at www.fcm.arizona.edu/residency/uafm/alumni. We hope this will help our alumni to keep connected. Special thanks to Dr. Barry Weiss for all this hard work on this project!

December 2011

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Spotlight on Dr. Samantha “Sam” Meaney

As a native New Yorker I was very lucky to complete my last two years of medical school in Brooklyn and Long Island. Of course, this did make the culture shock of moving to Tucson that much more noticeable. But, the laid-back attitude and friendly demeanor here made the transition feel pretty effortless. Relocating was even more exciting since I was doing it as part of a couples match. And, as of this past October, Matt who is completing his residency in Psychiatry, and I are happily engaged.

In all honesty adapting to residency life in Tucson has been remarkably easy. The amazing weather, kind and supportive colleagues and complete lack of traffic resembling that of New York has made settling down here a very rewarding process. Whether it’s a French breakfast at Ghini’s that takes me right back to my years in French St. Martin or a warm draught beer down on 4th that takes me back to my studies in London, this has definitely become home.

With intern year still in the rearview mirror and 3rd year nearly on the horizon, time feels like it has been flying. Thankfully the good memories have been piling up just as fast. I won’t lie; I’m already counting down the days left on our inpatient service, which I’m sure most of us are guilty of. Having more days finished than days still to go has taught me at least one important lesson. That is, to be conscientious of the experiences you’re having, both good and bad and to take time out to appreciate the residency experience as a whole. Even the times you are feeling the most incompetent or the most burned out help to galvanize you as both a physician and a person. The invaluable experiences from mastering a procedure to figuring out a diagnosis or even getting the opportunity to couples match at your top choice are things you will never forget, and I am lucky enough to have experienced all of these things and would not trade a single one.

New Faces at Alvernon...



Jane Skoyen...I am a 5th year doctoral student in clinical psychology who got lucky enough to be an intern at FCM this year. I specialize in health psychology and particularly in long-term

lifestyle changes and adjustment to chronic illness. On my free time, I like traveling, stargazing, and eating what other psych interns cooked.



Autumn Wiley...I am a fourth year doctoral student in clinical psychology at University of Arizona. My research focuses on mindfulness meditation. I have

been exploring whether the cultivation of mindfulness buffers against self-control failure. I moved to Tucson from the East Coast and have enjoyed the desert land. When I am not working I am likely practicing yoga or cooking.

New Face in the Residency...

Rocio Enciso is the new office assistant for the Family Medicine residency program. A native Tucsonan, she has worked for the Department of Family & Community Medicine since June of 2008 as office assistant in the department head’s office. Rocio can be reached at 694-1437 or at rocioe@email.arizona.edu.

Thank you...

Special thanks to Drs. Tasnim Khalife and Michael Lokale for translating our “Don’t Get Dropped” flyer into Arabic, Nepali, and Swahili. The educational flyers are intended to help patients from falling off of AHCCCS, Arizona’s Medicaid program. English and Spanish versions have been handed out at our clinic for months, and translation into Arabic, Nepali, and Swahili allowed us to hand them out at a recent Refugee Health Fair in a more meaningful way. We are still looking for someone to translate into Somali!

2011-2012 Resident UMC Committee Members

- Daniel Firth—Quality Safety Board
- Megan Guffey—Infection Prevention Committee;
Medical Ethic Committee
- Miranda Sonneborn—Medical Usage Subcommittee
- Susan Ritter—Nosocomial Infection Committee
- Elaine Trieu—Graduate Medical Education Committee
- Sean Yang & John Rosell—House Staff Quality Council
- Michael Lokale—Family Centered Care Committee

Humanitarian Visit to Nepal

Patricia Lebensohn, MD

The following is a very short account of our medical trip to Nepal.

Part one: Tucson to Jomsom, Oct 28-Nov 1st. This was a true “journey”: Four flights to Katmandu, and two more to Jomsom (9,000 ft), where the airport in Mustang Valley is and where the main hospital was located. The flight from Pokhara to Jomsom was 20 minutes of wonderful views of the valley and the Himalayas and surprisingly smooth.

Part two: Medical mission, Nov 1-Nov 5th. The team for Mustang had 3 dentists, 3 primary care docs, one OBGYN and several nurses and support staff. We all stayed in Jomsom the first day, even though it started a little chaotic, we managed to see 80 primary care patients of all age, lots of pretty severe high blood pressure and very little resources to care for them. My favorite was the oldest patient I saw this trip, an 85-year-old man who came for a well exam because he had no complaints. We started to get acquainted with Dal Bhat, having had it most days for lunch and dinner, the typical Nepali meal of rice and watery dal made from small beans with some curried veggies and greens.



Next day we went by jeep with Siddhartha, the other family doc to Tukuche Village to a health post to care for people from lower Mustang Valley who usually don't have access to the hospital or any physician. The town was smaller with very little tourism, the health post building was newer but bare of any furniture but soon after we arrived the nurse midwife (an older alcoholic man) brought one exam table and a couple of desks and we were in business. The turnout of patients was amazing; they came from all the adjacent little towns and we managed to see hundreds of them in two and half days. Patients of all ages, most of them “untouchables” with no access to health care came with multiple pain complaints,

rashes, colds, coughs. The most memorable patient was a five year old brought by the mother because she had not learned how to walk, with one look I could determine she had cerebral palsy with spastic paralysis, with no services or special education available for her.

Steve Wilson, my partner was extremely helpful, sitting next to me for hours while seeing patients, he would take the blood pressure, or make dogs out of balloons for the kids and kept a detailed record of all the patients I saw, 109 patients in three and a half days! While in Tukuche we did a couple of short hikes, one to an amazing Buddhist monastery that the community is renovating. The weather was very cold, with no heat in the buildings or hot water. We had 3-4 layers of clothes day and night and one cool-warm shower in four days.

Part three: Muktinah, back to Pokhara and home Nov 5-Nov 11th. After most of the volunteers went back on the 5th Steve, Bob (one of the nurses) and I stayed behind and went to Muktinah to visit some amazing Hindu and Buddhist monasteries, the trip by jeep was also very memorable: dusty, bumpy and long. The views of Nilgiri and Dhaulagiri mountains were amazing and we walked in spite of the feeling of thin air at 12,000+ ft. On the 6th we woke up to very cloudy skies to the south, which meant no plane, and so we started another unique journey of 13 hours in three buses on a narrow dirt road that was very rocky or very muddy at times through a beautiful canyon. We stayed two days in Pokhara and two in Kathmandu before starting our 41-hour trip back home.



I am thankful to have had the opportunity to peek into the lives and culture of one sector of our refugee patient population. There is great need of primary care services in the rural areas of Nepal and patients suffer from some of the same preventable chronic medical conditions we have in the first world.

Poster Presentation

Esther Johnston (PGY1) represented The University of Arizona FMRP at the American Academy of Family Physician's Global Health Workshop in San Diego from October 13-15, 2011. The workshop offered over 50 separate lectures, breakout sessions, and research presentations on issues relating to family medicine and global health.



Family medicine physicians from around the country and around the globe presented new innovations in clinical care and diagnosis in resource-poor settings, discussed methods of ensuring sustainability when developing international projects, and pulled out

pen and paper to debate how best to design global health education curricula for medical students and residents.

Esther was invited to present during the conference's poster session. Her poster was titled "Utilizing a Community-Oriented Approach to Develop an Immunization and Health Outreach Campaign During a Measles Outbreak in Kenya: the CDC-Hubert Global Health Fellowship Experience." The presentation addressed her experiences engaging in the fellowship during her fourth year of medical school and the process by which she worked with a predominantly refugee community in Nairobi's capital, as well as the Kenyan Ministry of Health & Sanitation and local NGOs, to design an outbreak response that was sensitive to the local community's expressed needs and traditional health practices.

Update on Alumni: William "Bill" Ventres, Class of 1988, has been diagnosed with Guillain-Barré syndrome. Dr. Ventres just moved to El Salvador where he is teaching in a MPH program and consulting with their Ministry of Health on health care reform. Please send positive thoughts his way for a complete recovery!



Award Nominations — Congratulations!



Dr. Katie Grund has been selected by the UA Family Medicine Residency core residency faculty as our program's nomination to the AzAFP Brazie Award for most outstanding second year resident in Arizona. The Brazie Award was established to honor Walter Brazie, MD, 8th president of the AzAFP.



Dr. Megan Guffey has been selected by the UA Family Medicine Residency core residency faculty as our program's nomination to the AzAFP Grobe Award for most outstanding third year resident in Arizona. The award was established to honor James L. Grobe, MD who served as the 14th president of AzAFP in 1963 and he went on to serve as national president in 1972.

What's Happening in the FMC?

Top 10 Procedures

1. Wet Mount
2. EKG Interpretation
3. Pap Smear
4. Lesion Destruction/Removal
5. Trigger Point Injection
6. Colposcopy
7. IUD Insertion
8. Circumcision, Pediatric
9. I&D Abscess, Skin
10. Arthrocentesis

Top 20 Diagnoses

1. Routine infant/child health check
2. Hypertension
3. Diabetes type 2
4. Pregnancy—normal
5. Routine general examination
6. Routine GYN examination
7. Back pain/Lumbago
8. Upper respiratory infection
9. Hyperlipidemia
10. Headache
11. Abdominal pain, NOS
12. Pain in joint
13. Gastroesophageal reflux
14. Asthma
15. Hypothyroidism
16. Pain, general other
17. Allergic rhinitis
18. Cough
19. Malaise, fatigue, lethargy, NOS
20. Immunization

AzAFP Resident Director

Dr. Esther Johnston is running for the position of Resident Director to the AzAFP Board of Directors. All residents are encouraged to vote. Esther is one of only two candidates selected by the nominating committee to run for this prestigious position. The winner will be announced in mid-January. Good luck Esther!



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We prepare full-spectrum physicians to provide excellent family-centered, community-responsive care with emphasis on diverse and underserved populations.

Colleen Cagno, MD —
Program Director

Pearls... July—November

Speaker/Topic

Colleen Cagno

- Sunscreen for Melanoma Prevention
- Approach to Hypopigmented Lesions
- Cervicitis & PID
- Vaginitis & Wet Mounts
- Molluscum
- Common Newborn Rashes
- Strep Pharyngitis
- Umbilical Cord Banking
- Clinical Approach to Hemorrhoids
- Diabetes Management Components
- Hirsutism
- Differentiating Port Wine Stains from Salmon Patches in Newborns
- Errors in Clinical Thinking
- Errors in Clinical Thinking Pt 2 – Responding to Mistakes
- Chronic HTN in Pregnancy

Dan Dickman

- Topical Steroids
- Nursing Home as part of private practice

Barbara Eckstein

- Prescriber's Letter: July
- Syncope
- Prescriber's letter: Anticoagulants, antidepressants
- Panel size

Carlos Gonzales

- DM– Type 2 Review
- Office Management Issues, V-Codes with Harrington
- Scorpion Antivenom
- Standard Medical Care in Diabetes Management
- Topical Treatments

Paul Gordon

- Insulin
- COPD Guidelines
- Insulin Use in Diabetes
- CHF Guidelines
- New AAP Guidelines on UTI in children 2-24 months
- Credentialing and Privileges
- Vaccines in pregnancy, seizure relapse and discontinuation

- Multiple small pearls; celiac disease

Jason Kauffman

- Cleft Palate Case

Patricia Lebensohn

- Thumb Pain
- Wart Treatment (American Family Physician article)
- Orthostatic Hypotension
- Influenza Vaccine

Patrick Martinez

- Subarachnoid bleed

Craig McClure

- Coumadin Introduction
- Nose Bleeds
- Death Certificates
- Newborn Single Umbilical Artery
- Corneal Abrasion
- USPSTF EKG Screening Update 9/11
- Group Outpatient Management
- Diverticulitis

Elizabeth Moran

- Approach to Dyslipidemia ATP III and CV Risk Calculator
- JNC 7 and HTN Review
- Pediatric Clavicle Fracture
- Diagnostic Dilemmas re: Syphilis Testing
- Hypercalcemia
- Benign Prostatic Hyperplasia
- Suboxone
- Insulin delivery devices/insulin pen

Jessie Pettit

- FDA Alert: Limit Simvastatin in High to Moderate doses
- ACOG Update (2009) Cervical Cytology Screening
- Anal paps
- Frenotomy – Watching Video
- Acid Suppression in Kids: Warning!
- GERD in the elderly: atypical presentations

Violet Siwik

- Antidepressant Use in Pregnancy
- ACCF/AHA Guidelines for Early CV Risk Assessment
- Screening for Testicular Cancer
- Giant Cell arteritis