

Family Matters

From the Program Director...



Happy 2013 to the Members of the University of Arizona Family Medicine Residency!

In my family, we have made a family New Year’s resolution that I thought I would share.

As my two boys (now 10 and 7 years old) get more involved in youth sports, team activities and the rigors of school, many of our dinner table conversations this year have focused on success in our work.

Recently, my husband and I were trying to teach our children about mental toughness. When we sensed we weren’t getting anywhere with our lecture, we did what many people do when looking for advice – we turned to the web. On the internet we found a helpful site that listed **6 Tips for Improving Your Mental Toughness**. While mental toughness is probably a term used more often on the sidelines than in academics, in many ways it is similar to the concept of resilience, which we do consider often in professional forums.

So to kick off 2013 – I’d like to share with you the **6 Tips for Improving Your Mental Toughness** that my family is committing to and I feel easily apply to our work in academic healthcare:

#1 Overcome fear of failure.

Nobody has achieved greatness without facing hardship first. Instead of seeing problems or obstacles, see challenges to overcome.

#2 Make no excuses and take responsibility for your successes and failures.

Hold yourself accountable and celebrate the ups and downs.

#3 Accept that you will fail, make mistakes, and learn in the process.

Ask yourself: “What didn’t go well and how can I do it differently next time?”

#4 Develop routines that help you get in the zone.

Routines are a powerful tool which provide focus and integrate mental and physical aspects of your work.

#5 Focus on the process, rather than outcome.

You have more control on the process and the technique than the outcome.

#6 Be here, now.

Run one play at a time and focus on the present.

Best and here is to another great semester!
Colleen

January 2013

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Residency Achievements and News...

Spotlight on Dr. Gena Riebe



Where did you relocate from?

I'm a native Seattleite. While I'm a Pacific Northwest girl through and through, and may have left fresh fish and amazing espresso behind, I couldn't be happier about my choice to live in Tucson! I relocated with my partner, Liam, an emergency medicine intern, and so far we are having a blast exploring Tucson and the surrounding area. Tucson is an amazing community and has everything we need from excellent training in our respective residency programs to proximity to our favorite activities.

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

We've made our home at the base of the Catalina Foothills where we are close to all of our favorite outdoor activities - hiking, cycling, and (crossing my fingers) possibly skiing on Mt. Lemmon once there is enough snow. What I love most is that I am part of a welcoming, caring, and dedicated community of physicians and health care providers who inspire me to be a better doctor every day. Adjusting to a new city, residency, and the new responsibility of being physician takes a while, but being a part of the U of A community has made a huge difference. Then, there are the phenomenal sunsets, lightning storms, and overall natural beauty of the desert that have made the adjustment all the easier.

Do you have a favorite restaurant?

Tucson has a great food scene that I have just started to explore. Two places stick out to me - Barrio and Caruso's. Barrio is where I typically head to grab a hardy local made brew and their killer Lizzy salad after rock climbing or to catch up with our out of town guests. Caruso's is downtown and has a fantastic back patio where you can sip on wine, devour amazing homemade Italian food and catch up with good friends.

How do you unwind from the schedule of a First Year Resident?

I make my spare time count. When I have at least two days off in a row, I typically try to plan an adventure. So far, I have been hiking in Sedona for a weekend, kayaked Lake Powell in northern Arizona, and explored the beautiful Flagstaff area twice, not to mention multiple hikes in my favorite area in Tucson - the Tucson Mountains. I've been known to sneak in a movie or two as well. If you're in to independent films, I highly suggested checking out the Loft Cinema.

Any advice to future First Years?

Make it a priority to enjoy intern year. If that is at the top of your list, everything else will fall in to place. Intern year is busy, but there is always time for a quick hike, some tamales with friends, and quality time with your loved ones.

Weight Loss Management

David Byron

In summary, the PCP Weight Loss Survey from last year showed that both faculty and residents indicate a lack of training, referral resources, and confidence in the efficacy of weight loss management, all of which resonate with popular sentiments found in similar nationwide provider surveys. The talk "Expanding the Toolbox of Obesity Prevention Strategies" reviewed the latest research regarding the successes in provider-led weight loss management, and presented a new web-based resource using Cloud computing. This toolbox contains everything from YMCA financial assistance application forms, to insurance coverage charts for nutrition or bariatric surgery referrals, to flyers of farmers markets in town that have vendors who receive food stamps or vouchers, as well as many other resources.

To access this information providers may login to: <http://www.dropbox.com>, enter username "fmresidency@yahoo.com" and click on the "Weight Loss Toolbox" folder. Please e-mail your administrator if you have not yet received the password to enter this time.



Congratulations Newlyweds!

Samantha Meaney and Matthew DeLiere

Kimberly Le and Daniel Tennant

Welcome baby Johnny!

Born Sept. 19th
Congratulations
Loan Pham-Haase!



University of Arizona Family Medicine Residents and Faculty Join Forces with the Native American Cardiology Program

Esther Johnston

I walked into the clinic and almost immediately a chart was thrust into my hands. “She’s having acute chest pain,” our nurse practitioner, Betsy Painter, told me before I could even open the folder containing this elderly Navajo woman’s story. “We’re moving her over to the urgent care side – you can evaluate her there.”

The place was the remote Inscription House Indian Health Service (IHS) clinic, located approximately one hour east of Tuba City in northern Arizona. It was my first day in a clinic on the reservation, and I most definitely did not speak Navajo. I also didn’t have the slightest clue what I could order at this site without the full resource capabilities of a university hospital emergency room at my command.



Quickly our Native American Cardiology Program Cultural Liaison arrived - the gentle and insightful Phyllis Sanderson. She stood by the bedside and helped to translate both the actual words as well as the unique aspects of our patient’s traditions and their impact on her health. With the help of IHS nurses and the locum tenens physician operating the urgent care area, we rapidly obtained EKGs and monitoring, as well as serum for laboratory testing, and applied oxygen. As we did so, the storm of this woman’s last few months became clear: her husband’s stroke; the feud with her daughter that had left her without her own linguistic and cultural interpreter, not to mention transportation to the pharmacy (far from an insignificant distance in this region) to retrieve her monthly medications.

As I completed my physical exam, the results of our immediate testing trickled in – a stable EKG, negative troponins, normal electrolytes. We began to realize that her chest discomfort likely represented an asthma exacerbation. However, the immediate solutions failed to resolve a larger issue: our interaction had been facilitated by Phyllis, a woman who was able to fill the role that this woman’s daughter no longer would. Without her, my patient and I would have been left floating in a realm of confusion and isolation.

In the end, it was the experience of Betsy and others that would guide us towards some semblance of a solution with my patient. Phone calls were made to notify community health workers of her predicament, and plans were made to check in on this elderly couple and ensure more regular access to medication and facilitation of future clinic visits. It was a beautifully orchestrated combination of health care delivery and provision of social services, and just one example of many unique experiences that my fellow resident Soliman Yaqub (PGY2) and I appreciated during our weeklong rotation through the Inscription House, Chinle, and Fort Defiance clinics with the Native American Cardiology Program staff.

Our week with Dr. Eric Brody and Dr. Peter Ott, as well as our attending physician Dr. Elizabeth Moran, provided in-depth training in an important area of specialty care. We reviewed EKGs, adjusted pacemaker settings, and evaluated the status of patients with chronic congestive heart failure. The experience strengthened our cardiology knowledge and also elucidated the complex cultural factors, geographical access barriers, and linguistic isolation that impact the health of our Native American patients.

Bhutanese Group Prenatal Visits

Monthly Bhutanese Group Prenatal Visits have started to supplement the prenatal care for women at the Alvernon Family Medicine Center. This is a collaborative effort with volunteers and Bhutanese Health Promoters from the IRC (International Rescue Committee) and our program. Thanks to Dr. Dan Horzempa and FMC nurses Carmen and Shelby who participated in our first group visit! Please refer interested patients to Kelly Riker, the social worker at the Alvernon FMC (kelly.riker@uahealth.com), for help with scheduling. Our next meeting is Tuesday, February 12th.



– Colleen and Jessie

Alumni Update and Publications

Dr. David Yost, Alumni 1990

Dr. David Yost graduated from the University of Arizona College of Medicine in 1987 and in 1990 became an alumni of our University of Arizona Family Practice Residency Program. Since then he has been a Commissioned Officer in the United States



Public Health Service (USPHS) working in White River, Arizona for the Indian Health Service (IHS).

This year Dr. Yost accepted a position as Director of Tuberculosis Control for the Puerto Rico Department of Health. This two-year assignment is under the Centers for Disease Control Division of Tuberculosis Elimination (DTBE). He will supervise 30 TB Program staff members (physicians, nurses, technicians, epidemiologist, and health educators) who operate seven TB Clinics around the island, provide oversight to the TB cases they manage each year and design the TB surveillance programs used on the island. He is in charge of providing state-of-the-art TB education to physicians and other health-care providers in Puerto Rico and the U.S. Virgin Islands. Dr. Yost designs and implements activities to address TB outbreaks, including working closely with other federal and state health agencies such as the CDC's Quarantine Division; routinely traveling throughout the island as well as to other U.S. territories in the Caribbean and back to the United States. This is designated as a "capacity-building" position by the CDC, meaning that one of Dr. Yost's

ultimate goals is to train local staff to eventually take over the program.



Drs. Lana Holstein and David Taylor

Dr. Lana Holstein, alumni 1978, presented "Holistic Approach to Human Sexuality" at the Sexual Health themed November Teaching Day. She brought along a copy of her book "Your Long Erotic Weekend" for each resident and faculty member. She wrote the book with husband David Taylor, also alumni of 1978.

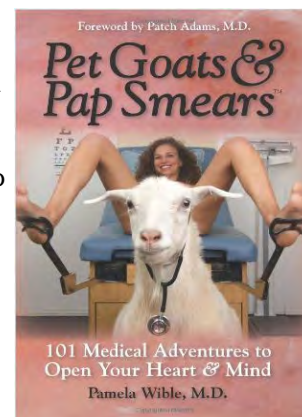


Dr. Pamela Wible

Dr. Pamela Wible, alumni 1996, gave a lecture to the residents last year on "Ideal Practices" and now has a new book out!

Review:

"Pamela Wible, a conventionally trained family physician, uses her amazing out-of-the-box thinking to make her dream of an ideal medical clinic a reality. *Pet Goats & Pap Smears* takes us along on her pilgrimage to the heart of the patient-physician relationship. These stories made me laugh, cry, and question the way we teach and practice medicine."



~ Patricia Lebensohn, M.D., professor of Family and Community Medicine, University of Arizona

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

2012-2013 Resident Retreat

This year the chief residents are working on having one longer resident retreat that will be in May so be on the look out for the announcement!



Tikkun Kibera — Esther Johnston

This past November, almost as if by muscle memory, my boots led me down Ngong Road, through rain drenched back alley ways, and into the sprawling urban slum of Kibera, Kenya. My feet traversed this road until I hit a t-shaped intersection at a primary school, turned right, turned left at the large CDC clinic, and arrived at the large unmarked doors that guard Shine Academy.

Walking back into the schoolhouse after almost 2 years away, I was greeted with dozens of huge, if nervous smiles, and warm welcomes from the teachers. I stumbled upon Shine Academy as a CDC-Hubert Global Health Fellow during my fourth year of medical school, and was finally returning, now as a physician.

Shine Academy is a small primary school in Kibera that specifically recruits children with HIV/AIDS, orphans, and kids suffering from domestic violence. In order to help children in such difficult straits succeed, the school administrators and teachers provide 2 meals a day, offer counseling services to parents, fight the corrupt practices of local government officials, and regularly go searching through this dangerous slum to locate missing students.

Despite all of this incredible care, the kids of Shine Academy continue to suffer from both superficial and intestinal parasitic infections. Those who have HIV require additional medical support for co-infections associated with the virus. The school is a small operation that functions without on-site medical staff, a barrier to adequately responding to these health challenges.

The Tikkun Kibera project aims to design a comprehensive school nutrition program for Shine Academy. Clinical assessments of the school's 75 pupils (ages 3-8) were completed over two weeks at the end of November 2012. Anthropometric measurements were obtained to assess WHO standardized indicators of malnutrition. Children who required additional medical treatment were referred to trusted local clinics. The data collected will be used to evaluate the current school food program for caloric and nutritional content, and provide site-specific recommendations utilizing locally-available foods to school administrators to improve the nutrition program based on the findings of the clinical exams.

Deworming also was conducted and children reported significant relief of abdominal cramping and distension afterwards. This will be repeated by the school staff this spring.

In November 2013 I will return to complete a repeat evaluation of the children using the same standardized indicators to assess the success of this tailored, comprehensive nutrition program.

None of this work would have been possible without the support of friends and colleagues within the University of Arizona Department of Family & Community Medicine. For weeks preceding my departure, nurses and co-residents saved clean and unused medical equipment that would otherwise have been discarded. Faculty members collected money and vitamins for the children, and provided guidance and support. I also am incredibly grateful for the generosity of the University of Arizona Graduate Medical Education Office, which provided a Resident Excellence & Leadership Scholarship to fund this work.

Spotlight on Dr. Craig McClure

Where did you go to medical school and do residency?

New York Medical College, then a Rotating Internship at Maricopa County General Hospital followed by two years as a primary care physician at the Mesa Primary Care Center and then the 2nd and 3rd years of residency here in our program.

How long have you been teaching?

I've been a faculty member teaching since 1980 but of course I also taught as a resident in 1978 to 1980.

What do you enjoy most about teaching residents?

I like the "Ah Ha" moment when a new connection is made that improves the ability to provide quality care.

How do you de-stress? Any hobbies?

I go to the gym usually 5 days a week except when on vacation or the Family Medicine inpatient service. I travel locally and internationally and engage in photography. I have played "World of Warcraft" since the beta test was available more than 8 years ago. The whole time I have been in the residency I have carried a book, or now e-reader, so I can read science fiction and fantasy when I get a moment. I enjoy gardening and volunteer at Tohono Chul in the Propagation Greenhouse Tuesday mornings. I still buy from Fantasy Comics on New Comic Wednesday.

What do you enjoy most about Tucson?

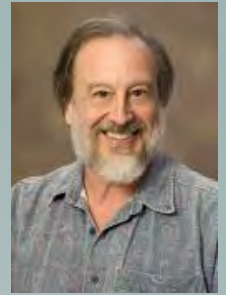
I like being surrounded by mountains and the open vistas.

Do you have a favorite restaurant?

El Charro probably is the one I visit most often although there are a number of Mexican restaurants I frequent.

Any words of wisdom for current residents?

I hope to grow into wisdom over the years. I'm still waiting. The best I can do for the residents is suggest taking time to reflect on what goes well and what doesn't work so well and plan to learn from experience. Nothing earth-shaking.



Calling all potential future chief residents!

Now is the time to start thinking about being a chief resident next year and representing your fellow residents! Be on the lookout for an e-mail from Sherry with the job description.

Top 10 FMC Procedures in 2011-12

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

Top 20 FMC Diagnoses in 2011-12

- | | |
|--------------------------------------|---------------------------------|
| 1. Routine infant/child health check | 11. Hypothyroidism |
| 2. Hypertension | 12. Cervix ca screening |
| 3. Diabetes type 2 | 13. Asthma |
| 4. Pregnancy—Normal | 14. Upper respiratory infection |
| 5. Pain in joint | 15. Depressive disorder |
| 6. Back pain/Lumbago | 16. Gastroesophageal reflux |
| 7. Immunization | 17. Routine general examination |
| 8. Hyperlipidemia | 18. Cough |
| 9. Headache | 19. Allergic rhinitis |
| 10. Abdominal pain, NOS | 20. Routine gyn examination |

Medicine in Cuba...

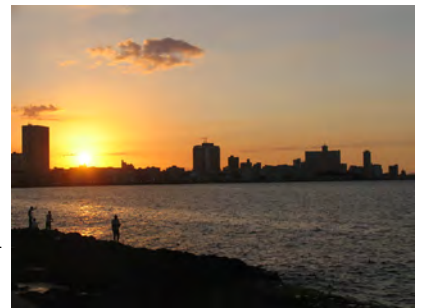
Patricia Lebensohn, MD

In early December, I participated in a week long exchange trip to Cuba. The trip was organized by MEDICC, Medical Education Cooperation with Cuba, (<http://medicc.org/ns>). The focus of the trip was to learn and exchange ideas about integrative medicine. The group consisted of 14 integrative primary care physicians and two physician researchers from all over the US.

Cuba has incorporated what they call “Natural and Traditional Medicine” (NTM) at all levels of their health care system: education, clinical practice and research as a response to the limited resources the country had in the early 1990s after the fall of the Soviet Union. NTM focuses on prevention, nutrition, physical activity, acupuncture and other low risk, low cost interventions. The week was packed with a diverse set of activities: we visited a “policlinico,” a multi-specialty outpatient facility and a “consultorio,” a primary care office, two medical schools where US citizens study medicine in Cuba, a natural medicine research institute, herb and organic farms, a “santeria” community project, a biosphere community, a local farmers market and many vegetarian restaurants.

Cuba is a very complex place and it is hard to describe it in a few paragraphs but it was clear that values such as education and health care are considered human rights and are provided for free for all. The consequences of a highly educated population who have access to a personal physician that focus on prevention and population management is remarkable in terms of health outcomes similar to the most developed countries with less than 10% of the cost. All graduates from medical school have to do a two year residency in family medicine and work in the neighborhood office.

Each family physician cares for about 1000 people and usually live upstairs from their office. The patient population is divided in to 4 levels depending of their health status. Level one are healthy with no risk factors, level four are patients with chronic medical conditions. The family physician sees patients in the office in the morning and does home visits in the afternoon as each patient gets 1-3 visits at the office and 1-3 at home based on their health status. There is much for us to learn from the Cuban health care system. Hopefully through MEDICC, we can expand the professional exchange with Cuba.



Rhabdomyolysis Presentation to Border Health Conference...

Elizabeth Moran, MD

On October 20, Esther Johnston and I had the opportunity to present at the Binational Border Health Conference, Bridging the Gap, organized by University of Arizona medical students, and attended by community members and medical students from Sonora, Mexico. While many of the presentations were about policies and public health programs that address this topic, we presented a case study of one border crosser who had many medical complications related to prolonged exposure in the desert, including rhabdomyolysis, acute renal failure, respiratory distress, and Disseminated Intravascular Coagulation (DIC). Taking care of patients who are in the custody of the US Border Patrol is a unique experience we have at the UMC-South Campus hospital on the inpatient service. While issues related to immigration are discussed around the country, we witness firsthand how some of these issues are actualized in patients we care for every day. The presentation was well received by medical students interested in how complex pathophysiology intersects with complex social and societal pressures in individual patients.

Pearls... October—December

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

*We're on
Facebook!*



Colleen Cagno, MD —
Program Director

Jessie Pettit, MD —
Associate Program
Director

Speaker/Topic

Colleen Cagno

- Hypertension Disorders in Pregnancy
- Post Traumatic Stress Disorder Screening Tool
- DSM-V Cultural Formulation Interview
- Cluster A Personality Disorders
- Emergency Contraception
- Screening Recommendations for GC/Chlamydia
- Updated CDC Guidelines for Treatment of Gonorrhea
- Isolated Systolic HTN in Elderly

Dan Dickman

- Enhancing Compliance with AntiHypertensives
- Beta-Blockers Revisited
- Depression in Elderly
- Seasonal Affective Disorder
- Schizophrenia in Primary Care Setting
- Evaluation and Medical Treatment ED
- Testosterone Replacement/Low Test
- Micronutrient Deficiencies in Refugee Population

Carlos Gonzales

- Diagnosis and Evaluation of Heart Failure
- Traditional Indian Medicine Harmony/Balance
- Syphilis Re-emerging Diagnosis
- Update on GC and Treatment—Latest AFP Article
- ACOG Recommendation on UCP as OTC

Paul Gordon

- Two Derm Photo Quizzes and Use of Lynch Algorithm and Visual Diagnosis

Patricia Lebensohn

- BP in Elderly
- Personality Disorders

Craig McClure

- ITE Cardiology Fails I
- ITE Cardiology Fails II
- Gait Disturbance
- Cardiac ITE Fails
- Screening for Unhealthy Behavior CVD and Obesity
- Colonic Polyps and Follow Up
- Nose Bleeds
- CAD and Beta-Blockers

Liz Moran

- Child Abuse and CPS Referrals
- Psychodermatology
- Management of Undescended Testicle
- Vasectomy
- Prevention of Malaria in Travelers
- Gestational Trophoblastic Disease
- H Pylori Testing and Retesting
- Henoch-Schönlein purpura

Jessie Pettit

- SSRIs in Pregnancy
- Flu and Pneumococcal Vaccines: News and FAQs
- Autism: Identification and Warning Signs
- Hormone Replacement Therapy Part I: Appropriate Candidates for HRT and Risks
- HRT Part II: Prescribing Basics of HRT, and what are Bioidenticals?
- Natural Family Planning: Basic Principles for Counseling

Krista Sunderman

- Statin Use in Nonalcoholic Fatty Liver Disease
- Night Time Dosing of Blood Pressure Meds. Does it Help Control BP?
- Victoza
- Early Diabetic Foot Infection
- Vaccine Costs at Pima County Health Dept.
- Acute Mountain Sickness

Elaine Trieu

- Verbal/Language Development in Children