

Family Matters

July 2017

From the Program Director...

In January, our residency newsletter discussed the direction of our program: building on our foundation of strong relationships within the program and the office to create an outpatient experience that is the central learning laboratory for our residents. Last month I met with our 2017 graduates as they wrapped up their training. Many spoke positively of the changes in our outpatient practice that they had witnessed during the course of their residency: team-based care leading to greater continuity with patients and their office staff, a more streamlined approach to managing the daily work related to patient care, and being a part of panel management.



This academic year our program is evolving further to advance the principles of the Clinic First Initiative (Engaged leadership, Resident Scheduling, Resident Engagement, Team-based care, Continuity of care) through integration of practice transformation work into the residency curriculum and increased resident presence in the outpatient office. We recently examined our providers' rates of pneumococcal vaccination. Providers with the top rates shared successful strategies, and one resident simply credited his MA's rapport with patients, attention to health care maintenance, and exceptional communication skills as the key to his patients' high vaccination rates. This shared responsibility and acknowledgement among team members highlights how these principles are manifesting in our program and enhancing the working environment and quality of patient care.

As a group of residents and faculty, we came together this spring to discuss the core values of our residency program. There was a clear consensus amongst our group as to our program's core values:

- Promotion and valuing of diversity
- Working with underserved populations
- Creation of a positive and supportive learning environment
- Maintenance of strong, well rounded academics

In alignment with these values, we have had four second-year residents (Drs. Christine Chan, Brianna Grigsby, Erica Gadzik, and Andrea Heyn) accepted to the Spanish Language/Health Care Disparities Track at Banner University South Campus. These residents will grow their Spanish language skills and participate in inter-specialty educational sessions on health care disparities. Our own Dr. Patricia Lebensohn kicked off the monthly educational sessions with a thought-provoking introductory session which many of our residents attended.

One of our integrative medicine fellows, Dr. Stacy Akazawa, is starting group visits for patients with chronic pain. Residents will participate in these visits, preparing education on topics such as living with chronic pain and modalities to manage their pain. We anticipate that patient and resident participation in the groups will positively influence management of this complex issue in our diverse and underserved patient population as residents apply what they've learned to their larger patient panels.

With these changes in mind, we look forward to continuing to build our program around practices that align with our program values, and to recruiting residents who share these as well!

In this issue

From the PD	1	AzAFP ACE Conference	5
Graduation & Welcome Ceremony	2	Scholarly Projects	6
Welcome Class of 2020!	3	Alvernon News and Updates	7
Chief Residents	3	New Face at Alvernon	7
Resident Spotlight	4	Integrative Medicine Fellows	7
Congratulations and Upcoming Events	4	Alumni Spotlight	8
Featured Out of Town Elective	5	Top 10 Diagnoses & Procedures	8
Integrative Medicine Tip	5	Pearls	9

Farewell Class of 2017!



On Saturday, June 24th we celebrated the graduation of the class of 2017 and welcomed the class of 2020!

Graduates:

Stacy Akazawa

Omavi Bailey

Naomi Bitow

Androuw Carrasco

Katherine Martineau

Rebecca Raub

Aurora Gomez-Selpides

Pocholo Jose Selpides

Integrative Medicine Fellow,

Chaz Willnauer



Dr. Carlos Gonzales, giving the graduates a Traditional American Indian Blessing of the Seven Sacred Directions before they embark on their new journey into practicing medicine on their own.



Dr. Krista Sunderman speaking during the annual jacketing. A tradition at UAFMRP is for graduating residents to put a jacket on an incoming intern to symbolize they are not alone on those chilly days in clinic and night on inpatient. A passing of the torch.



Class of 2018

Left to right: Sydne Ford, Ryan Howard, Raysenia James, George Schatz, Mary Garcia, Ali Clark.

Welcome Class of 2020!



Iman Ahmed, MD
Ross University
School of Medicine



Shannon Driscoll, MD
University of Arizona
College of Medicine



Nate Harris, MD
University of Cincinnati
College of Medicine



Joshua Jean, MD
Howard University
College of Medicine

2nd Year Resident:



Michael Setareh, MD
Ross University School
of Medicine



Erica Kumala, MD
Lewis Katz
School of Medicine
Temple University



Amy Rogers, MD
Eastern Virginia
Medical School



Atalie Rutherford, MD
University of Nebraska
College of Medicine



Shohei Shima, DO
A.T. Still University—AZ
School of Osteopathic
Medicine

Resident Achievements and News...

UAFMRP New Chiefs 2017-2018

Mary Garcia-Kumirov and George Schatz



AAFP Chief Leadership Conference

Written by Mary Garcia-Kumirov

It's exciting to think about the adventure we're about to experience as rising chiefs, and going to the AAFP Chief Resident Leadership Development Conference was only the beginning. Aside from learning tons about how to be an effective leader, motivate fellow residents to be active in change and the importance of teamwork and effective feedback, we also had the opportunity to network with many other aspiring chief residents who were all just as amped up as we were to be there and get started with their duties. We also acquired lots of great ideas and insight from other chief residents about what their programs want to change and their plan of action. It also felt nice to know that we were taking part in a year long program that is aimed at providing chief residents support throughout this journey as well as continuing education about how to make the most out of this experience. Overall, it was an awesome conference and I know George and myself are looking forward to part II coming up soon in San Antonio! We thank our residency program for providing us with this opportunity and look forward to working together over the next year!

Mary and George aka Marge

Spotlight on Chief Resident, George Schatz



Q: Where did you relocate from?

A: Born in Pittsburgh, PA - Undergrad in rural Hiram, Ohio - Med school on the Longest of Islands at Stonybrook, NY.

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

A: How have I adjusted to Tucson? By carrying 64 ounces of Ice-cold water in my Hydroflask literally 24/7. Literally. What do I enjoy most about Tucson? The Sun. Can't really beat knowing that at basically any day at any time you can step outside for a little Vitamin D and Melatonin-Priming.

Q: Do you have a favorite restaurant?

A: Diablo Burger on Congress. Can't beat a Señor Smoke with Lettuce Wrap!

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

A: I try not to get wound up in the first place. The goal is to see stressful situations as a challenge or an opportunity for growth. But if that tends not to work out all that well, a few minutes of lecture from Jim Rohn or Alan Watts and a quick hug from my wife Ashley and son Luke are all I need.

Q: Any advice to future First Years?

A: See Answer above.

Congratulations and Upcoming Events

2017 AAFP Foundation Immunization Award

Congratulations to Jacqueline Huynh and Christine Chan, both second year residents, on being awarded the 2017 Adolescent Immunization Grant Award for their project titled Dramatically Increasing Youth (DIY) Immunization Project. \$10,000 will go towards conducting their project and \$1,200 will cover at least one resident to travel to the 2018 National Conference of Family Medicine Residents and Medical Students to present the project's results and findings.



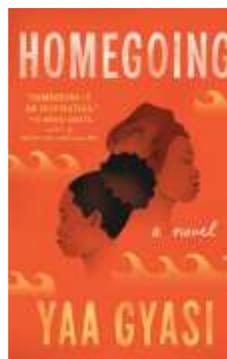
Welcome Baby!



Nathaniel (R1) and Emily Harris welcomed Nora on July 2, 2017 weighing 9lbs 5oz.



Upcoming Dates



Next Book Club is August 23rd!

Book this month is: Homegoing: A Novel by Yaa Gyasi

AAFP National Conference	July 27-29
Core 2 for R2s	August 14-25
Core 3 for R3s	October 9-20
In-Training Exam	October 26
Core 1 for R1s	January 15-28
Resident Retreat	January 25-26

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!

Featured Elective: Native Health Central in Phoenix, AZ

Written by Raysenia James, R3



My name is Raysenia James, DO MPH (*Navajo*), and I am currently a 3rd year Family Medicine resident. During block 10 (March 13-April 9), I completed my out of town elective at Native Health Central in Phoenix, AZ. Native Health is a Federally Qualified Health Center that “provides primary medical, dental, and behavioral health services to urban Native Americans and other community members residing in the metro Phoenix area.” Native Health has 3 locations in Phoenix (northwest, central and east) that provides health care access throughout the Valley.

Currently, more than 60% of American Indians live in urban areas and have limited access to health care. Clinics like Native Health provide a familiar setting for American Indian patients and maintains a community atmosphere that urban Natives can identify and participate within.

As an American Indian, my goal is to serve and provide quality health care for Native people. While rotating at Native Health, I saw Native patients daily and used the knowledge and skills I have acquired during my residency training such as well child checks, prenatal care, diabetes education and management and well woman exams.

I was impressed by the community health model implemented by Native Health, particularly, at the Central location. At this location, patients have access to not only primary care, but dental, podiatry, prenatal care, behavioral health and WIC. Patients do not have to go far to see these other specialties and makes resources more accessible with their “one stop shop” model. Finally, the staff and providers were very helpful and welcomed me with open arms. In the future, I plan to work in the outpatient setting and Native Health provided me a glimpse of that experience!

Native Health <http://www.nativehealthphoenix.org/>



Attending the AzAFP Annual Clinical Education Conference

Written by Sydne Ford, R3

I was excited to be sponsored by the program to attend the AzAFP's Annual Clinical Education Conference (ACE) this year. Let's be honest, one of the great reasons to attend conferences is to network and continue building relationships with fellow residents and attending physicians. Most importantly, however, I sought to be at a conference where I knew the most high yield, new, and relevant evidence-based medicine for family physicians would be presented. What an amazing surprise it was that 90% of the content that was presented was actually a review for my co-residents and I. As we listened to others ask various questions about the topics being presented, we found comfort knowing that it is the way we teach and practice medicine everyday. I think this speaks to the great education that we receive at our program and the quality faculty that we work with!



Integrative Medicine Tip

Using Integrative Medicine to help your patients decrease proton pump inhibitor use.

Written by Mari Ricker, MD, Core Faculty

Recent research has shown that PPIs use is higher risk than we once thought. Stomach acid is our basic defense against many infections and the decreased acid level also inhibits absorption of many vitamins and minerals. For patients without ulcers, esophagitis, or Barrett's esophagus discontinuation is a great option. However, many patients have rebound symptoms after stopping the PPI and there are several integrative approaches that can help with these symptoms. These rebound symptoms start at one week after stopping and continue for two months after stopping the medication. Starting with a slow taper is one way to avoid these symptoms, starting with every other day and adding an H2 Blocker can also help. Increased exercise, acupuncture, and stress reduction can help move food through the intestinal system and reduce reflux symptoms. Avoid food triggers such as caffeine, alcohol, peppermint, chocolate, and eat smaller meals. Weight loss can also reduce reflux. Adding Sucralfate 1000mg with meals and at night is an option. Additionally, DGL (deglycerrhizinated licorice) (two 400mg chewable tabs with meals and at night can reduce symptoms and can be used as needed. Melatonin 1-3mg at



night can help with night time symptoms as well. Using these supplements and medications for the two months after stopping the medication, as well as anticipatory guidance about temporary rebound symptoms, can help ease the transition off of PPIs.

Scholarly Project Presentations 2017

All residents in the Department of Family and Community Medicine are expected to engage in formal research activities during their residency. The goal of the Resident Scholarly Project Program is for Family Medicine residents to develop the knowledge, attitudes, and skills necessary to participate in the testing and development of knowledge in primary care.

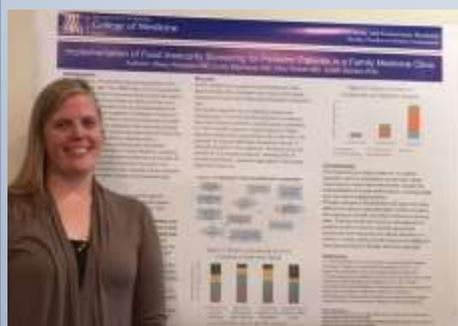
Improving Communication with Limited English Speaking Patients in a Resident Clinic

Author: Naomi Bitow
Mentors: Julie Armin, PhD,
Elizabeth Moran, MD



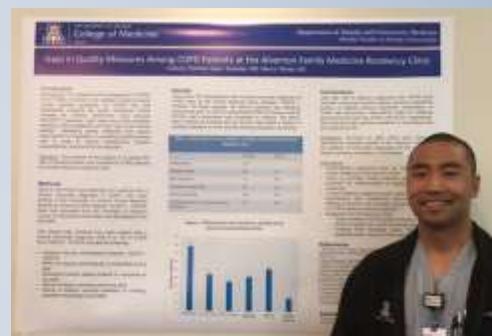
Sleep In-Equality: Functional Gene Variant in the Pseudo-Autosomal ASMT Gene, Delayed Circadian Rhythms, and Depression in African Individuals

Author: Omavi Bailey
Mentors: Sairam Parthasarathy, MD,
Akinlolu Ojo, MD, Joe "Skip" Garcia, MD



Implementation of Food Insecurity Screening for Pediatric Patients in a Family Medicine Clinic

Authors: Katherine Martineau
and Stacy Akazawa
Mentors: Mari Ricker, MD,
Judith Gordon PhD



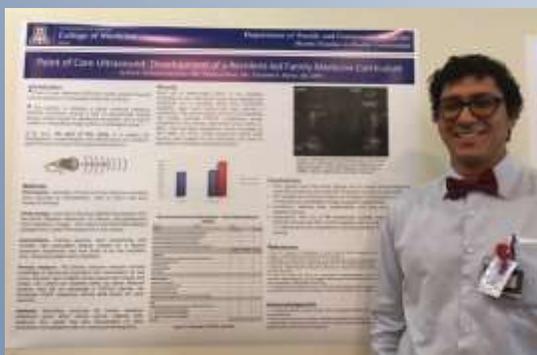
Gaps in Quality Measures Among COPD Patients at the Alvernon Family Medicine Residency Clinic

Author: Pocholo Jose Selpides
Mentor: Mari Ricker, MD



Transition to Medical School: Assets and Gaps in Resources Identified by PreMedical Admissions Pathway Students

Author: Aurora Selpides
Mentors: Kadian McIntosh,
PhD,
Carlos Gonzales, MD



Point of Care Ultrasound: Development of a Resident-led Family Medicine Curriculum

Authors: Rebecca Raub and Androu Carrasco
Mentors: Elizabeth Moran, MD

Spotlight on Faculty Member, Dr. Leila Ali-Akbarian



Q: Where did you go to medical school and complete residency?

A: I've lived in Tucson 25 years - completed medical school and residency here

Q: How long have you been teaching?

A: about 8 years

Q: What do you enjoy most about teaching residents?

A: I love getting to know our future doctors, and learning from their perspectives, both medically and personally

Q: How do you de-stress?

A: I like to visit nature, I also try to find quiet time early in the mornings, before my family is awake

Q: Any hobbies? A: camping; I play the ukulele pretty badly, too

Q: What do you enjoy most about Tucson?

A: I love the desert plants; also running water in our canyons after the rains

Q: Do you have a favorite restaurant?

A: I love good Mexican food - so many to choose from around here - I go to Crossroads on S. 4th Ave for the nopalitos

Q: Any words of wisdom for current residents?

A: Stay curious, be gentle with yourselves, and keep looking for the aspects of this work that keep you inspired and surprised

New Face at Alvernon

Excerpt taken from FCM Matters



Bio: Dr. Elliott's earned her medical degree from Edward Via Virginia College of Osteopathic Medicine, Blacksburg Virginia. She completed her internship and residency in Family Medicine at Womack Army Medical Center, Fort Bragg, North Carolina where she served as a chief resident.

Currently, Dr. Elliott is a civilian faculty physician at Womack Army Medical Center Family Medicine Residency, where she practices full spectrum family medicine. She enjoys teaching residents, performing procedures, and providing prenatal and obstetrical care. Her areas of interest are health promotion and prevention, health care disparities, especially with the LGBTQ communities, and women's health.

In her spare time, Dr. Elliott enjoys running, reading, hiking and spending time with family. She runs multiple half marathons each year.

Dr. Elliot will be starting with us August 21, 2017.

Did You Know?

Banner Health has the Employee Assistance Program (EAP) through Cigna. Banner Health provides a valuable benefit to you and your family members by making available independent counseling assistance and referral for marital, family, emotional and chemical-dependency problems. CIGNA staff is dedicated to maintaining confidentiality. CIGNA is required in some cases to report to licensing authorities, or report when a violation of law or regulations can potentially affect patient care. - You can contact CIGNA by phone at 1-800-633-5954 or visit their website at www.Cignabehavioral.com, Employer ID: bannerhealth.



Integrative Medicine Fellows



Stacy Akazawa and Rebecca Raub, graduated from the UAFMRP this past June and will now begin their Integrative Medicine Fellowship.



Stacy and Rebecca will have direct patient care clinics at Alvernon FMC. Stacy will be offering acupuncture to patients starting in August. Rebecca will be taking inpatient shifts. They will also have IM clinics at the Cancer Center.

Update on Alumni, Dr. John C. Lane, Class of 1993



I have had a marvelously varied career, exactly the kind for which the residency in Tucson promised to train me.

It has included a small town practice with obstetrics and a suburban practice in Texas, and locum positions in Hawaii, on a cruise ship, on the Havasu reservation, and with the Choctaw Nation. I also worked in New Zealand for six years and am now on the faculty of the Family Medicine Residency in Fort Smith, Arkansas.

Here are some pearls from my career:

- A challenging job right out of residency was more educational, more difficult, and more financially rewarding than a fellowship.
- Having our first baby changed everything. Joseph was born 4 weeks before graduation and rocked our world!
- Careers are long, and adventure can happen at anytime, not just when young nor only when retired.
- Cruise ships can be repossessed.
- If you want a specific locale, there is surely a job there for a family physician.
- If you want a specific job description, there is surely a site with that job that needs a family physician.
- But not both of the above.
- If you don't raise your kids in your 'Hometown', don't expect them to remain nearby you.
- Better to work in a beautiful place than to visit it briefly on vacation.

Our son Joseph is 24, working in Auckland and marrying a wonderful Kiwi woman next year!

Our daughter Isabel just finished her sophomore year at University of Puget Sound and is staying in the Pacific Northwest for the summer.

Leah, my wife, is director of the Literacy Council here in Fort Smith.

I have been in Fort Smith for six years now, three as faculty at UAMS West. I resumed hospital practice after a ten-year sabbatical, but with no obstetrics. I manage the geriatrics rotation and chair the hospital's Controlled Substances Committee, and I am very proud of our residents and program! We have beautiful rivers, forests and mountains here, so I hike and canoe when able.

Top 10 FMC Procedures in 2016-2017

1. EKG Interpretation
2. Fetal Non-Stress Test
3. Joint Injection
4. Pap Smear
5. Biopsy Skin Lesion
6. Circumcision, Pediatric
7. Wet Mount
8. IUD Insertion
9. Trigger Point Injection
10. Incision and Drainage of Abscess

Top 15 FMC Diagnoses in 2016-2017

- | | |
|---------------------------------------|-----------------------------|
| 1. Hypertension | 9. Cough |
| 2. Routine infant/ child health check | 10. Gastroesophageal reflux |
| 3. Diabetes type 2 | 11. Headache |
| 4. Back pain | 12. Abdominal pain, NOS |
| 5. Adult Preventive Visit | 13. Hypothyroidism |
| 6. Anxiety disorder | 14. Rash |
| 7. Upper respiratory infection | 15. Pain in Joint |
| 8. Depressive disorder | |

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Our mission is to prepare physicians to provide excellent family-centered, community-responsive care, with an emphasis on diverse and underserved populations. We combine a tradition of excellence in education with the freedom and support to focus training to suit your goals. Unique aspects include integrative medicine training, team-based clinic model, mobile health, maternal-child service, and adult inpatient at a community teaching hospital.

Jessie Pettit, MD
Program Director

Mari Ricker, MD
Associate Program Director

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Editor:

Jessica Hoyer
Program Coordinator

Pearls January—June

Speaker/Topic

Colleen Cagno

- Digital Rectal Exam
- Screening Depression in Older Adults
- Prevention of Migraine Headache
- Diagnosis of Migraines

Dan Dickman

- Gynecomastia
- Topical Corticosteroids
- Isolated Systolic Hypertension,
- Hypertension in Elderly
- Alternate Medications for Hyperlipidemia
- Calcium Channel Blockers
- Osteoarthritis of Knees Chondroitin Sulfate (CS1)
- Tumor Necrosis Factor Blockers in Rheumatic Diseases—Side Effects
- Evaluation and Management Osteoarthritis of Knees
- Facial Droop, Bell's Palsy
- Hyperreflexia
- Giant Cell Arteritis
- Potpourri of Topics

Carlos Gonzales

- Colon Polyp Management
- Management of Gall Stones
- Veteran's Post Traumatic Stress Disorder, Traumatic Brain Injury, Military Sexual Trauma
- Diabetic Management Rx Game!
- Emergency Medicine Pearls
- Clinical Vignettes of Geriatric Depression
- Aortic Stenosis Management
- Digitalis Use and Misuses

Paul Gordon

- Screening Type 2 Diabetic Management
- Medicare
- Derm Photo Quiz, Corneal Abrasion, Vaccine Reaction
- Sleep and Alertness in Medical Residents and Interns

Ravi Grivois-Shah

- Practice Management
- Health Policy Strategy

Patricia Lebensohn

- Autism

Craig McClure

- Obesity and Knee Replacement
- Colon Cancer Risk and Family History
- Diverticulitis
- Diverticulosis
- Geriatric Insomnia
- Grief
- Delirium
- Diabetes and Fall Risk
- Tight Glucose Control and Mortality
- Primary Aldosteronism
- Primary Adrenal Insufficiency
- Sleep Disorders in the Elderly
- AAA Screening

- Post-Menopausal Treatment Low Vitamin D
- Dogs Decrease Atopic Dermatitis
- Hypertension Goal in Elderly
- Aortic Stenosis
- Nitrates & Heart Failure with Preserved Function
- Coronary Artery Disease Prediction Rule for Primary Care
- Spironolactone and Chronic Heart Failure in Elderly
- Niacin Mortality Effect on Coronary Artery Disease
- Cerebellar Tests
- Geriatric Mobility Assessment
- Celecoxib vs Chondroitin/Glucosamine for Knee
- Value of Surgery for Locking Knee

Liz Moran

- Barrett Esophagus
- Diabetes Distress
- Community Preventive Services Task Force
- Pedometers work!
- Weight Loss in Older Adults
- Common Skin Rashes in Children
- Inferior Vena Cava Filters
- Human T-lymphotropic Virus 1: Global Health Neuro Pearl
- Multiple Sclerosis for Primary Care Physicians

Jessie Pettit

- Breast Surgeries: Implications of Breastfeeding
- Breastfeeding Supplementation: If needed how much?
- Treating Dementia related Behavioral Disturbances
- Testing in Men with Benign Prostatic Hypertrophy Symptoms
- Vitamin D Supplementation Options in Breast Fed Infants
- Photo Quiz: Newborn/Infant ENT Conditions
- Benign Paroxysmal Positional Vertigo: Dix-Hallpike & Epley Maneuvers
- Radiologic Studies in Breastfeeding: Okay, pump & dump or stop?
- Radio Contrast & Radio Isotopes: Safety in Breastfeeding
- Lactation AAP's Breastfeeding in Residency Curriculum Review

Mari Ricker

- Discontinuing Proton Pump Inhibitor
- Clinic Huddles
- Integrative Acne
- Integrative Eczema
- Integrative Hypertension
- Parkinson's Disease Tremor

Krista Sunderman

- Compression Fractures
- Parkinson's Disease—Diagnosis and Treatment

Charles Willnauer

- How to Check Blood Pressure Appropriately
- Hookah
- Sexual Assault Prevention
- Acute Low Blood Pressure
- Blood Pressure Measurement on Obese Patients