

The Generalist

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Southern Illinois University School of Medicine

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Exploring the Breadth and Diversity of Family Medicine, The SIU Family Medicine Interest Group

For many medical students, choosing a career path can be difficult. It is through exposure and experience that most individuals decide their area of interest. For some, the desire for a more broad-based set of knowledge, a widely diverse patient population, and a more holistic and humanistic approach leads them to the specialty of Family Medicine.

The focus of the SIU Family Medicine Interest Group (FMIG) is to expose students to the field of Family Medicine (FM) and to the diversity of career opportunities therein. Towards that goal, FMIG provides a variety of activities, such as skills workshops, faculty lectures,



Above, Several SIU FMIG members attended the 2010 IAFP Residency Fair. Below, Faculty Sponsors: Dr. Barnhart, Dr. Lausen, & Tracey Smith.



webinars, and community outreach events.

Activities within the last year included: health care policy lectures, an EKG interpretation workshop, a wound care workshop, a casting workshop, and participation in the Illinois Academy of Family Physicians (IAFP) Residency Fair.

FMIG members were also active in community outreach activities such as Tar Wars, a tobacco education program for local students, as well as numerous school health fairs and a semiannual homeless clinic.

FMIG Events

Wound Care Workshop

FMIG Medical students were introduced to the rapidly evolving world of wound and ostomy care. Linda McKenna of Memorial Medical Center's Wound Care Team educated students on staging of wounds and new materials, products, and techniques that are used to heal and prevent wounds. Students were also able to see and handle many of the products that are commonly used for wound healing and ostomy care. - *Bryan McConomy, MS II*



Above, Medical students learn about wound and ostomy care at an FMIG workshop.

EKG Workshop

Dr. Naing went through common EKG findings due to arrhythmias and other cardiac pathologies. After this, everyone participated in EKG Jeopardy, which had questions related to the history of the development of the EKG as well as naming of the pathology associated with the sample EKG presented. Two residents from the Family Medicine Residency Program came and spoke about the residency program offered in Carbondale.

- *Bryan McConomy, MS II*

FMIG Holiday Party at Dr. Barnhart's home



Away Elective down on The Farm

Kate Endicott, MS IV, joined midwives from all over the world to learn about natural, non-interventional childbirth at The Farm in Somerville, TN, and to meet their guru, Ina May Gaskin. Some of the topics included were painless suturing techniques, approaches to the third stage of labor, and delivering breech babies.

Role Models in Family Medicine, An Interview with Dr. Jerry Kruse, M.D., M.P.H.

Question: What motivating factors led you to choose family medicine as a career?

Dr. Kruse: Two things: 1) Role Models: I saw all the family medicine residents interact professionally and compassionately with patients, with a real understanding of all patients' needs, never using derogatory terms about their patients. At the same time, they paid close attention to the literature, and the proper interpretation in clinical settings.

2) Comprehensive, Longitudinal Care: I know that, in 1979, I could not properly understand the effectiveness of this type of care, but I was attracted to it. Now I know that I had the sense at that time that it would provide the best outcomes for my patients.

Q: Can you discuss what you have found to be the most fulfilling in family medicine? What have you found unexpectedly enjoyable?

Dr. Kruse: Obviously, the greatest fulfillment comes from the long term relationships with patients, staff and colleagues. The portion of my practice that really energized me was the prenatal and maternity care, and the portion of my job that really energizes me is the opportunity to teach the next generation of Family Physicians. Unexpectedly enjoyable has been the management of a practice, participation in advocacy activities, and administrative duties.

Q: To what extent do you feel the practice of family medicine can achieve the greatest good for both the individual patient and the community at large? Do

you feel that FCM is able to achieve this to a greater extent than other specialties?

Dr. Kruse: Given the current environment in the US, where the cost of care is extraordinarily high, and the percentage of physicians in primary care is too low, there is absolutely no doubt that the practice of family medicine will have a greater positive impact on healthcare

outcomes and efficiency than anything else. However, this is purely mathematical. What is needed for optimal outcomes is a balanced system consisting of a physician workforce with 40-50% primary care physicians who are a usual source of comprehensive care and 50-60% specialty physicians who are consultants for secondary and tertiary care. All of these physicians must have the proper financial and professional incentives for direct patient care, care coordination and quality improvement.

Right now, 32% of the physician workforce is primary care, and this percentage is dropping rapidly

Q: Would you describe what life was like for you as a practicing family doctor? Would you describe a typical day for you now?

Dr. Kruse: Previously, I had significant clinical duties – outpatient, inpatient and maternity care (over 1900 deliveries) at the SIU Quincy Residency Program. There is no typical day or week now. I



Dr. Kruse discusses Health Policy, Family Centered Maternity Care, and the birth of modern American medicine at an FMIG meeting.

average two half days of office practice per week and supervision of resident physicians' office practice. At SIU-SOM, I teach medical students in PHP and the clerkship, chair the Educational Policy Council, and am a member of the SIU HealthCare Board.

Statewide, I chair the Prairie Gateway Partnership, am a member of the Illinois State Board of Health and the State Health Improvement Plan committee, and am a consultant for the newly funded Illinois Area Health Education Centers program.

Nationally, I am a member of the Department of Health and Human Services advisory committee COGME (Council on Graduate Medical Education), a member of the board of directors of both the Association of

Departments of Family Medicine (all the chairs) and the Society of Teachers of Family Medicine. I represent the US chairs of Family Medicine at the meeting of the Canadian family physicians. I chair the Academic Family Medicine Advocacy Committee, the major policy making group for legislative and regulatory affairs for the academic discipline. So, typically I am in my car, on an airplane, or in a hotel a lot.

Q To what extent does the family physician gain deep insight into human nature?

Dr. Kruse: When any physician is a usual source of comprehensive, longitudinal care, trusting relationships are developed. I certainly have developed a great appreciation for the inner strength of individuals and families who endure difficult times. The development of longstanding confidential relationships also shows the frailty of human existence, as well as the weaknesses and indulgences that affect health and relationships. This brings many subtle smiles and private tears. Caring for large numbers of patients from all walks of life allows me to better understand myself and those close to me.



Dr. Kruse with members of FMIG.

Q: At a recent FMIG meeting, you mentioned a tension between the biopsychosocial and biomedical approaches to medicine. Can you describe this tension?

Dr. Kruse: In some ways this is an artificial distinction, so I will need to give my definition. Basically, biomedical thought embraces the application of

scientific discoveries in the traditional medical sciences as the only way to fight disease and improve health. Implicit in this definition is that caring relationships have little to do with improving outcomes, even though it is a nice thing to be civil and professional in dealing with patients. The biopsychosocial model embraces the application of scientific advances, but

understands that healing relationships, professionalism, and the social sciences play as great a role in outcomes as the scientific advances. The efficacy of this model has been substantiated in hundreds of studies since 1980. The development and the ebb and flow of these two “ways of knowing” have a long and interesting history in the US, and are steeped with political intrigue. Medical schools have been rewarded for decades by the granting process to be only biomedical institutions. The public longs for scientifically based practitioners who utilize the biopsychosocial model, but rarely finds it in allopathic medicine. The tension is apparent as our nation struggles to reform its delivery of healthcare.

Q: At that same meeting, you referenced the opening line of Paul Starr's The Social Transformation of American Medicine: “The dream of reason did not take power into account.” What does this mean to you?

When we are young, we are appropriately idealistic. We pursue our dream with a passion, often without an understanding of existing power structures that can influence our dreams (either positively or negatively). Paul Starr laments the development of

the foundation of our current healthcare system, in which those who had a dream for optimal healthcare for all did not, as a group, take into account the importance of existing power structures. My

advice, of course, is to listen to the wisdom of those with experience. I fully realize, however, that such listening is not really part of human nature.

- *Interview by Amber May, MS III*

Members of the Class of 2011 Prepare to Begin Residencies in Family Medicine



Soon-to-be M.D.s Katie Endicott, Erin Schafer, Norah Farley, Matt Reed, Justin Young, Julie Mendoza, and Shariff Shakir were recognized by the Department of Family and Community Medicine at a farewell party. These students will begin their Family Medicine residency training at institutions throughout Illinois, as well as Georgia, Arizona, Colorado, and Indiana. Their reasons for choosing FCM ranged from enjoying the variety and flexibility of the field to plans for specializing in Sports Medicine and Women Health.

A Glimpse into Life as a FCM Resident

An Interview with Dr. Tabatha Wells, SIU SOM alumna and PGY 2

Why did you choose family medicine? I always pictured myself as a doctor similar to “Dr. Quinn Medicine Woman,” i.e. seeing all patients from birth to old age and everything in between, including OB.

Why did you choose SIU for residency? I decided to do my residency at SIU Springfield Family Medicine because I fell in love with the program while I was at SIU for medical school. All of the residents and faculty were very nice and supportive during my medical school training and it felt like a perfect fit! I liked the curriculum, schedule, and many other things about the program compared to other places that I interviewed. I grew up in Chicago and always planned on going back there for residency but when I spent time there on away rotations during 4th year so many things about the programs and about Chicago bothered me. It’s so much easier and cheaper to live in Springfield.

What are the best/worst parts of SIU? The best part is that we are all one big happy family! The attendings truly care about us and our well-being, and we are friends with them. The worst part is when we are rotating with different services and don’t get to see each other at all.



What is your lifestyle like as a resident?

The call schedule here is great—easier than the other places I interviewed at (another reason I chose to stick around). The social life is what you make it! Some of us believe that it is very important to enjoy your life because doing so makes residency seem easier. I can’t believe how much time I have to do fun activities. Sometimes I have to get creative with my schedule to make it work though, but overall it’s pretty easy to find time for travel, family, friends, pets, etc...

What kind of activities do you do outside of residency? Too many! I do a lot of volunteer work, travel, shop, dance, and take care of my two dogs. I love adventure like skydiving and bungee jumping etc... so pretty much everything and anything!

Plans for after residency? I want to mostly do “mom’s and babies” ie take care of moms during pregnancy and then take care of the babies as they grow up. I will also use this training to work with the Illinois' underserved and to foster the education of those learning the practice of medicine.

- Interview by Amber May, MSIII

Community Preceptors in Family Medicine: Dr. James Kim

Why did you choose to go into family medicine? What drew me most to FCM is the continuity of care and long lasting relationships with patients. I

enjoy the privilege of delivering babies, caring for them as they grow into adulthood, and then delivering their children.

Can you discuss what you found to be the most fulfilling in family medicine? What have you discovered that has not satisfied your original intent? The patient-doctor relationship and the work itself are very satisfying. Patients are very appreciative. I also like working in the outpatient setting. The paperwork involved in daily practice can be cumbersome, but is present in any field.

To what extent are you involved in community health?

As a family physician, I have the opportunity to hold community health sessions, write medical columns in the

local newspaper, or give talk radio health advice. Additionally, I often care for entire families, which are microcosms of the community.

Would you describe your lifestyle as a family physician? I work Mon-Thurs 9-5, and am always done by then. Every evening, I share dinner with my family. This lifestyle has allowed my wife and I to raise four successful children, two of which are in medical field.

- Interview by Amber May, MSIII



Above: Dr. Kim with his wife, who is also his practice partner



Above: Dr. Kim with Amber May, MS III, who spent her FCM clerkship at his clinic in Grayslake.

Community Preceptors in Family Medicine: Dr. Leonard Ginzburg

Why did you choose to go into family medicine? I wanted a chance to see patients in as close to daily life as possible. In Family Medicine, you see the entire family: grandparents, parents, and children. I also liked the emphasis on preventative care.

Can you discuss what you found to be the most fulfilling in FCM? Interacting with patients on a daily basis, watching kids grow and develop, and helping seniors to live healthy, vigorous lifestyles.

What do you wish you had known about FCM before you entered the field? Modern medical education is lacking in fields such as medical law, business administration, and medical billing. These important topics should be given more attention in medical school and residency training.

Why I Chose to match at SIU SOM for Residency

When I started medical school at SIU SOM, I originally wanted to be a pediatrician. As I studied further during my first year, I realized that there was a whole spectrum of adult medicine that I would be missing out if I only treated children. This is why I decided to practice family medicine.... I realized I didn't want to have to choose a specialty; I wanted to do it all.



Dr. Ginzburg practices Family Medicine in Round Lake Beach.

Would you describe a day in the life for you as a practicing family doctor? I typically see thirty to forty patients per day. This requires me to make quick decisions that must also be rationally sound and consistent with medical guidelines. These are decisions that may ultimately affect patient health and well-being. With each patient, I have to evaluate the extent of my own knowledge to decide whether more expertise is needed.

What role did mentors play in your career choice? Throughout my career, I have met a number of conscientious and dedicated physicians whose advice played an important role in my decision to choose Family Medicine. Mentors are critically important because they allow students to decide how they do or do not want to practice medicine.

- Interview by Jehu Strange and Amber May

I figured out quickly that the SIU Springfield family medicine residency program was the right fit for me after completing my clerkship here. I knew I wouldn't find a better collective of faculty anywhere else. This is the most caring group of individuals I've had the pleasure to meet. I knew these were physicians I could model a style of practice after.

- Norah Farley, MSIV

