



## UNIVERSITY OF CINCINNATI COLLEGE OF MEDICINE

## DEPARTMENT OF

# Family and Community Medicine



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## NEWSLETTER SURVEY

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## CHAIR'S MESSAGE

*I don't know what your destiny will be, but one thing I know: the only ones among you who will be really happy are those who have sought and found how to serve. —Albert Schweitzer*

Greetings and welcome to the Department of Family and Community Medicine (DFCM) winter newsletter. A consistent theme when discussing the motivation for entering Family Medicine from residency applicants is the desire to serve others. It seems Family Medicine attracts those who have a passion for service, especially service to those on the margins or in the greatest need. The call to service permeates throughout the DFCM and is the foundational element of the department's culture.

During times of stress, we can see an organization's true mission and culture, sometimes revealing misalignment between the written mission and the "true" mission. This past year has tested us all! In this edition of the newsletter, we highlight several leaders at the College of Medicine and University of Cincinnati who epitomize service to others. We are living the mission of service.

As we face a generational challenge with the global pandemic, it has been inspiring to see Family Medicine leaders take vital leadership roles in our community and university. In the essay from the Dean of the College of Medicine, you will see his most significant concern has been on the people; how does he serve the frontline workers to maintain their wellbeing? It is impossible not to be inspired by Chris Lewis, Vice Provost of Academic Programs, by his deep passion for reducing the global and domestic health inequities through his leadership in Next Lives Here and Village Life Outreach Project. In each of the division updates, you will see evidence of service through the responses to the pandemic, work for social justice, and commitment to end systemic racism in our society.

It has been an incredibly challenging year. With the hope of an effective vaccine, we can see an end to the pandemic. We also know the problems revealed by the pandemic will continue—social injustices, systemic racism, and health inequities. The pandemic also showed what makes the DFCM special as we seek to live this mission of service to others, and the great need for Family Medicine locally and beyond.

I look forward to serving with all of you as we continue to be part of the solution, serving our patients and community with the hope of improving the health of all. May everyone have a blessed 2021! ■



**Christopher Bernheisel, MD**

*Interim Chair*

## FOUNDER'S CORNER

*From the Writings of Dr. Robert Smith, Founding Chair (1975-1990)*

### Social Justice and The First Student Run Free Clinic in the United States

The DFCM values of social justice began with Robert Smith during the time of great social upheaval in the U.S. in the turbulent 1960s. As he was beginning at UNC-Chapel Hill, the medical students asked to meet with him. In the late 1960s, a group of UNC health profession students (Student Health Action Council) had organized a poorly resourced clinic in nearby Carrboro, NC, and began to see minority patients with minimal supervision. He welcomed them in to his makeshift office where they sat on the floor. The group began by asking him, "How can you [being from England] contribute to a society that you cannot possibly understand?" Pondering for a moment, Robert answered with a question, "What is bugging you guys?" (His newly learned American phrase to explore their agenda.) They proceeded to explain that we have kids just six miles from Chapel Hill who are not immunized and have no access to health care. They needed help with the clinic and wanted him to serve as a supervisor. He readily agreed to help and provide them oversight; Family Medicine faculty at UNC-Chapel Hill continue to volunteer 50 years later. Social justice continued to be important to Robert when he came to Cincinnati; he was inclusive, having Dr. Lucy Oxley accept the check from the Lazarus Foundation that funds the Fred Lazarus Jr. Chair of Family Medicine. It is not an accident that the DFCM has a core value of social justice. ■



## FACULTY SPOTLIGHT: Christopher Lewis, MD

*Vice Provost for Academic Programs*



**"I love having one-on-one impact with every patient I see, and that will never change. I feel blessed, however, to have received mentorship and guidance from so many people in our department that helped me develop skills that now serve 46,000+ students every day."**

### ***Please tell us about yourself:***

I am the proud husband of Alicia Bond-Lewis for the past 10 years. She's a partner at Dinsmore, and our two children, Grace (6) and Vivian (4) are the lights of my life. I'm Cincinnati-born and raised and have lived here all my life except four years away at college. I credit my parents and two men as my inspiration to become a doctor—my former pediatrician, the late Dr. Irwin Dunsky, and Bill Cosby, who played Dr. Heathcliff Huxtable in The Cosby Show. While I learned many lessons from that fictional TV character, the most important lesson learned from Cosby is that human beings are capable of inhumane behavior. With our ability as family docs to uncover and treat diseases of the body and mind, I hope one day we can use science to detect and prevent such behaviors. Sorry for the diatribe, but given the current racial discourse in our country, as well as the emerging discussion about the lack of black men in medicine, I thought it was important to highlight the seeds planted in me by a black TV doctor. In college, I was certain I would become an OB/GYN like Dr. Huxtable...and then I came to UCCOM and met Barb Tobias and Rick Ricer, and here I am in the DFCM, ha!

### ***Top three life highlights:***

I like the way Dr. Edje classified highlights in the last newsletter, please allow me to do the same.

**PERSONAL:** Getting married to a phenomenal woman, having our first daughter, and being relieved that our second daughter was not twins like the doc initially thought! (Just kidding Vivian. You are my third highlight.)

**PROFESSIONAL:** 1) Transitioning from a 5th-quintile medical student to a decent resident/doc with the teaching and guidance of so many people in our department, past and present. I am a poster-boy for holistic recruitment practices.

2) Starting Village Life, a non-profit that partners with poor rural villages in Tanzania, East Africa, to "unite communities to promote Life, Health, and Education." I am eager to continue growing DFCM involvement in our work.

3) Being tapped for the role of Vice Provost for Academic Programs.

### ***What is the Vice Provost for Academic Programs? What drew you to the position?***

Most people do not know what a provost is—think Chief Academic Officer of the university, responsible for 75% of the university's budget. In serving as Provost Kristi Nelson's vice provost for academic programs, I help implement our university's strategic direction, Next Lives Here, and the related Strategic



*Lewis's wife and children*



Lewis engaged with Village Life in Tanzania

Sizing initiative, aimed at growing our impact and resource base. I coordinate academic space and planning, working with Planning, Design, and Construction to design, build, renovate, and outfit our campus spaces to maximize academic excellence. I am a connection for the provost to the academic health center, I co-chair the university's Academic Committee and Associate Deans committee and have a variety of other roles and responsibilities aimed at lightening the provost's load.

One of the coolest things I am working on right now is the new Public Health major scheduled for Fall '21. Every two weeks I get to meet with Dr. Diller and others and help lay the foundation for this important university-wide initiative that involves eight colleges and will prepare the next generation of learners to continue to positively transform the health of our society.

I was drawn to the position by the ability to expand my impact to our university and surrounding region. I love having one-on-one impact with every patient I see, and that will never change. I feel blessed, however, to have received mentorship and guidance from so many people in our department that helped me develop skills that now serve 46,000+ students every day.

#### **What is most challenging about your job?**

At present, my role with the university's COVID-19 Health Incident Command team. We have a kick-butt president and provost who are moving the university forward in so many great ways, it's been hard to press pause on some of that great work to deal with the pandemic. In general, the most challenging part of my job is the steep learning curve and the volume of important decisions that need to be made every day.

#### **What advice would you give new Family Medicine residents, learners or peers?**

Deference. It's a concept that some think is antiquated. But it has been one of the most important keys to my success. To me, it means the joyful willingness to submit to others. In a clinical setting, it means putting the patient's needs above your own. In a professional setting, it means showing respect and humility to those around me, including those with lesser titles. I learned deference from my college frat brothers, surprisingly...but it has stuck with me and opened countless doors. I believe it's one of the reasons Dean Andy Filak still allows me to pester him so much at work...and why he supports my work in—and traveled with me to—Tanzania. One other thing I would say is that the training we

**"The training we receive as family docs makes us well suited for a variety of leadership roles, even roles outside of medicine. I firmly believe the world needs more family docs running things!"**

receive as family docs makes us well suited for a variety of leadership roles, even roles outside of medicine. I firmly believe the world needs more family docs running things!

#### **Something surprising about yourself:**

I shouldn't be scared to say this, so here goes...Since April I have attended weekly therapy sessions, at the advice of my pastor from Crossroads. Our kids go the same school so we've developed a friendship, and when he found out I was seeking ways to continue to better myself as a man, husband, and father, he recommended counseling. It is one of the best decisions I have ever made, and it feels wonderful to finally participate in a treatment modality I so commonly recommend for patients.

#### **What do you like to do on your days off?**

Family time. Adventures and exploring. Parks, hikes, museums, etc. And nothing beats the Lewis family Friday night dance parties! Or date days/nights with my wife.

#### **What do you find most rewarding about your job?**

I work with an incredible group of people whose work centers around helping people change their lives through education. In the 1600s the Pilgrims called education "the great equalizer." I firmly believe that anyone can improve their life and the lives of their loved ones through education, so I'm delighted to use my talents as a family and community physician to help UC leadership change lives.

#### **What is the best piece of advice you have ever received/how do you apply it to your everyday life?**

I'll go back to that word—Deference. Are you willing to submit to others, to give of yourself to enrich others? Add to that my favorite MLK quote, "Life's most persistent and urgent question is 'What are you doing for others?'" Every day I reflect on how well I am serving others—patients, students, colleagues...my wife and kids.

#### **What is on your wish list for your next five years here?**

I'd like to see Village Life continue to grow our partnership with UC and UC Health. Landing a DFCM resident, fellow, or junior faculty member interested in a leadership role in Village Life could take our organization to the next level. I'd like to see UC, the COM, and DFCM work even harder to push the limits of Diversity, Equity, and Inclusion. I'd like to see our work continue to have greater and greater impact in our surrounding community, particularly related to issues of social justice.

#### **What are your biggest professional challenges?**

Balancing work/family. Making time to maintain relationships and show gratitude to those I work with. Keeping up with the tremendously fast pace of the Provost's Office.

#### **What is your motto or personal mantra?**

God, family, community. Mix in that MLK quote again. Add a sprinkle from Olympic Hall of Fame wrestler Lee Kemp, who said, "Never let anyone tell you that you are not good enough or that you can't accomplish something. The only limitations we are bound by are in the mind." ■

# Help People See the Positives

*Dean Filak Shares His Thoughts on Leading the College Through the Pandemic*

By Andrew T. Filak Jr., MD

I am fortunate to serve as the UC senior vice president for health affairs and Christian R. Holmes Professor and Dean of the College of Medicine. When speaking with students, I often tell them that I am now a PGY-43, having started my Family Medicine residency here in 1978. After being raised in New Jersey and receiving my medical education at George Washington University, Cincinnati became our home and has been a wonderful place to work and raise our family. Along the way, I've been privileged to serve as director of the Family Medicine Residency Training Program and chair of the Department of Medical Education, lead all educational activities at the college for almost 30 years and ultimately become dean.

The last seven months have certainly been very different from the previous year when I became dean. I have worried about our faculty, students and staff and how we can all get through this together. I have faced many difficult decisions because of the financial implications from the pandemic. I have been concerned about how people will be able to teach their children while working at home, the impact on the researchers who could not come into their labs, the effect on clinicians and their patients, and how we teach medicine when students can't be exposed to patients. And I have been absolutely amazed and am in awe of the truly outstanding people here at UC who have stepped up in every way by rebuilding the curriculum, altering research, and retooling telehealth to provide care for patients.

**"I have worried about our faculty, students and staff and how we can all get through this together.... And I have been absolutely amazed and am in awe of the truly outstanding people here at UC who have stepped up in every way by rebuilding the curriculum, altering research, and retooling telehealth to provide care for patients."**



As our faculty, staff, and students have accomplished this and so much more, they have done so while adapting to new rules and regulations, such as physical distancing and bans on getting together, as they continue to crave social interaction. I continue to worry about everyone's physical and emotional health from spending all day sitting in front of a flat screen looking at flat people. As the pandemic stretches on, people become fatigued and anxiety heightens. We now know a little more about what we are dealing with, but still we don't know how long before we can return to normal or whether we will have to shut everything down again in a day, a week or a month. This not knowing is, in and of itself, anxiety provoking. And we will not simply return to normal. We have a tremendous opportunity to create a new and better normal.

Family doctors are good at coordinating care among a team of specialists. Family Medicine also is all about interactions. I know these traits have helped me work with people from throughout the college and the university in addressing the effects of the pandemic.

In a time of crisis, I believe leaders must listen to people and find ways to help them see the positives in every situation. As difficult as things have been with the pandemic, there have been positives. We have learned from it and made things better going forward. I think it is important to make people smile and understand the big and small things they have done to achieve their goals and help others. Look at the awesome power of the people who we have at the college and how they have responded and worked together to not just make the best of a bad situation but to help make it better for everyone. ■

## DIVISION UPDATE:

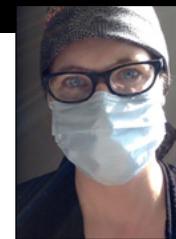
## RESIDENCY PROGRAM

Megan Rich, MD, MEd, Director

The COVID-19 pandemic has created challenges in a variety of ways. Yet, the residency division has demonstrated remarkable grit, creativity, and adaptability in facing the new realities of patient care and resident training. It's

impossible to capture the staggering amount of hours, energy, and brainpower invested lovingly in the residency program these past months. What follows is merely a smattering of the ways faculty, residents and staff invested in the

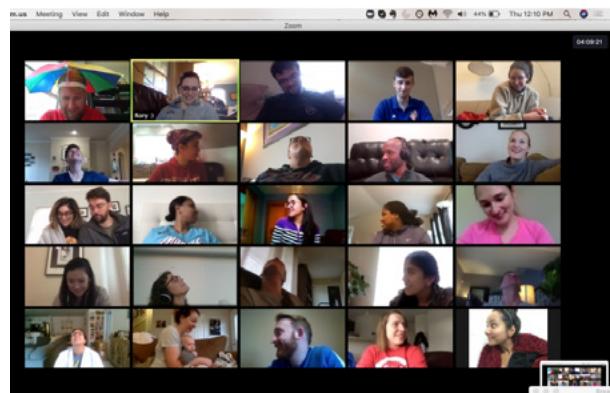
program and each other. I'm incredibly proud of this amazing team! ■



Rich

## Innovation in Education

- Rolling with the Changes:** Many rotations changed especially in the early months of the pandemic, leaving some rotation schedules with gaps. Faculty adapted quickly, creating virtual experiences, online study, and/or offering public health opportunities, and residents leaned into these new experiences! This would not have been possible without our behind-the-scenes team of coordinators and office staff.
- Teaching Telemedicine:** Prior to the pandemic, residents had no formal training in how to do phone or video visits. Faculty and residents worked together to draft algorithms, compile resources, and co-teach a workshop to get residents (and preceptors!) up to speed. A formal curriculum to train interns is currently being implemented.
- Gone Zoomin':** Classroom teaching (and most meetings) transitioned to a virtual platform early on, and continues to this day. Faculty and residents have quickly learned how to better utilize the Zoom classroom, from creating polls, using break out rooms, and incorporating team building activities.



Virtual Resident Retreat, March 2020.

## Innovation in the Family Medicine Center

- Jumping in to Telehealth:** Early on, the FMC transitioned to virtual visits, one of the first offices in the TCH system to do so, and with outstanding results. Residents and faculty saw more than 2,000 patients virtually between March and June 2020. Overall, the resident continuity experience remained steady.
- No Waiting Around:** FMC leadership quickly implemented a series of changes not limited to the telehealth transition to minimize risk for patients, providers and staff. The “no waiting room” policy, allowing patients to isolate in exam rooms immediately upon entering the office, is one such example.



Adult Inpatient Medicine team, caring for hospitalized patients during COVID-19.

## Innovation in Hospital Medicine

- Relearning How to “See” Patients:** With a focus on minimizing risk, residents (asked not to physically see patients in the COVID-19 unit) still managed their patients’ care utilizing a tablet or phone to gather historical data directly from the patient. Attendings conducted the exam for the day with 33 COVID-19+ patients cared for in the first six months of the pandemic.
- Team Scrubs:** PPE created a new face of medicine. Residents get trained on proper PPE donning and doffing, as well as selecting the right PPE for the right scenario.
- New Mantra:** “There is no emergency in a pandemic.” Faculty model and explicitly teach that no matter what is happening with a patient, we always don our PPE first.

## Innovation in Maternity Services

- Car Visits and More:** To help moms-to-be stay healthy, they were offered a variety of ways to avoid infection: alternative hours (including faculty coming in to see them at off hours), avoiding the waiting room, and transitioning to telehealth whenever able. One particularly innovative way to avoid risk had the maternity care team meeting patients in their car for a visit. Patients never have to leave the parking lot!
- Caring for 2 COVID-19+ Expectant Moms** in house during the first six months of the pandemic. ■



Resident examines a pregnant patient in her car.

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## DIVISION UPDATE:

## OFFICE OF GERIATRIC MEDICINE

Irene Hamrick, MD, Director

Like many teaching institutions across the world, COVID-19 has profoundly affected Geriatric Medicine and geriatric education. With daily changes, faculty are finding innovative strategies to provide fellows, residents, and medical students quality learning experiences. Faculty like Dr. Susan Davis have implemented window visits with assisted living residents. Dr. Anna Goroncy collaborated with two geriatric medicine program directors to create a national, virtual fellow learning platform called Geri-A-Float. Dr. Goroncy also shared her

virtual COVID-19 curriculum with fellowship programs across the country. Faculty like Dr. Rachel June, Dr. Jeff Schlaudecker, and Dr. Steve Mueller led one-on-one virtual sessions for learners on core topics like delirium and wound care. While it is uncertain how long we will be in this pandemic, the division and its learners are adjusting to provide quality patient care and excellent learning experiences. ■



Hamrick

Welcome to the New  
Geriatric Medicine Fellows

We are excited to welcome our new fellows, Dr. Julia Bedard-Thomas and Dr. Christian Gausvik.



Bedard-Thomas



Gausvik

**Dr. Bedard-Thomas** attended Wake Forest School of Medicine for medical school and completed a five-year Family Medicine-Psychiatry Residency at The Christ Hospital/University of Cincinnati. She chose Geriatric Medicine because she enjoys the team-based nature of caring for older adults and the art of medicine that is required to care for each patient.

**Dr. Gausvik** started his path towards medicine at Xavier University and completed medical school at UC where he did several years of Geriatrics research. He was thrilled to attend The Christ Hospital/UC Family Medicine Residency because the program really embodies exactly what Family Medicine should strive to be. There he found stellar academics and a program with a genuine dedication to serving the most vulnerable populations. Since he was a kid, he developed a passion for the care of older adults. ■

Congratulations to the  
Graduating Fellows

Drs. Amanda Arnold, Anna Schweikert, and Nicole Soria recently graduated from the TCH/UC Geriatric Medicine Program. Dr. Soria, an UC Emergency residency graduate, is now the Medical Director at Mercy West Hospital Emergency Department and will continue to provide some nursing home care with a goal to improve transitions of care between nursing homes and EDs. Dr. Arnold will be a faculty member at Maple Knoll Village. Lastly, Dr. Schweikert is now working at The Christ Hospital Medical Associates Primary Care at the Rookwood location. Congratulations to all! ■

## DIVISION NEWSBRIEFS

In collaboration with the Research Division, the geriatrics faculty have applied to participate in the **ECHO Initiative** to teach COVID-19 management in nursing homes. UC has an ECHO Hub in our research division and has a history of ECHO training for neurology, pain management, and other topics. This year's contract involves enrolling about 200 nursing homes to participate in weekly training sessions.

Dr. Irene Hamrick was accepted to the **Executive Leadership in Academic Medicine (ELAM) fellowship**, the first family physician from UC to be accepted to this prestigious training. ■

## PRESENTATIONS

Dr. Hamrick has provided a number of presentations:

- To the Health Collaborative Nursing Home calls held several times a week
- National Grand Rounds for the Society of Post-acute and Long-term Care
- Grand Rounds to the department on Normal Aging Changes and Geriatric Syndromes
- Four presentations on a variety of geriatric topics at FMX, the annual AAFP conference
- Five presentations for the AAFP's Geriatrics course in December

## GRANTS AND PUBLICATIONS

Dr. Anna Goroncy, Associate Project Director. HRSA T0BHP28567. Partnering with Underserved Patients – A Novel Health Transformation Curriculum. July 2015-June 2020. \$1,750,000  
Faculty lead. "Community Based Response to Food Insecurity in Older Adults in Walnut Hills" CCTST Community Health Grant. July 2020-June 2021. \$15,000

Duggan, M, Goroncy, A, Christmas, C, Chippendale, R. Staying Afloat in the COVID-19 Storm: GERIAtrics Fellows Learning Online And Together (GERI-A-FLOAT). *Journal of American Geriatrics Society* 2020; 16 July 2020. <https://doi.org/10.1111/jgs.16755>

Goroncy, A, Makaroff, K, Trybula, M, Regan, S, Pallerla, H, Goodnow, K, Schlaudecker, J. Home visits improve attitudes and self-efficacy: a longitudinal curriculum for residents. *Journal of American Geriatrics Society* 2020; 68 (4) 852-858. <https://doi.org/10.1111/jgs.16390> 32105356  
Goroncy A, Goldstein H, Goodnow K, Regan S. Evaluating resident home visit performance: Introducing a feedback form linked to ACGME milestones. *Journal of American Geriatrics Society* 2020; 68 (3) E1-E3. <https://doi.org/10.1111/jgs.16280> 32105356

Hamrick IM, Davis SS. Determining Imminent or Impending Death at the Bedside: 14 Physical Signs With High Likelihood of Death Within 3 Days. [practiceupdate.com/content/determining-imminent-or-impending-death-at-the-bedside-14-physical-signs-with-high-likelihood-of-death-within-3-days/107716/65/6/3](https://practiceupdate.com/content/determining-imminent-or-impending-death-at-the-bedside-14-physical-signs-with-high-likelihood-of-death-within-3-days/107716/65/6/3).

Hamrick I, Norton D, Birstler J, Chen G, Cruz L, Hanrahan L. Association between Dehydration and Falls. *Mayo Clinic Proceedings: Innovation Quality Outcomes* June 2020;4(3):259-265  
PMID: 32542217.

## DIVISION UPDATE:

**URBAN, UNDERSERVED AND GLOBAL HEALTH***Charles Schubert, MD, Director*

The Division of Urban, Underserved, and Global Health has been busy finding creative ways to continue to serve underresourced individuals and communities. Our faculty provide clinical care at local federally-qualified health centers as well as at the Good Samaritan Free Health Center and the Belterra Racetrack Clinic. We are proud that many of our faculty have been critical to clarifying COVID-19-related policies and procedures in a way that preserves patient access while protecting staff.

In addition, faculty members Anna Goroncy, MD, Megan Rich, MD, MEd, and Shanna Stryker, MD, MPH, compiled and

**Spotlight: Global Health Fellow Graduates, Will Continue Research as Faculty Member**

This summer Dr. Shanna Stryker graduated as our inaugural fellow in Faculty

**Stryker**

Development in Global Health. In the two-year fellowship, she completed a Master's in Public Health with a concentration in Global Health and a Graduate Certificate in Clinical and

Translational Research. She spent time in Guatemala exploring perceptions of and

**PRESENTATIONS**

Faculty Christy O'Dea, MD, MPH, Doug Collins, MD, resident Andrea Rosado, MD, and Wuqu' Kawoq Executive Director Anne Kraemer, MA, presented on our telehealth experiences at the AAFP Global Health Summit.

Charles Schubert, MD, attended the Global Health Fellowship Fair at the AAFP Global Health Summit, sharing our program with potential future fellows.

Shanna Stryker, MD, MPH, and Rachel Kishton, MD, presented "Incómodo: A Mixed Methods Examination of Primary Care Nurses' Experiences Managing Depression in Rural Guatemala" at Society for the Study of Psychiatry and Culture annual meeting.

Shanna Stryker, MD, MPH, was a presenter at the virtual event "Achieving Your Optimal Health During COVID-19: Physically and Mentally" hosted by the Human Rights Campaign of Greater Cincinnati, sharing tips and a resource guide developed with LGBTQ+ folks with intersectional identities in mind so that they can access mental health services more easily. ■

regularly updated a local resource guide citing COVID-19-related relief projects/ opportunities for the public and medical professionals. This guide was posted by recent UCCOM graduate Caroline Hensley, MD (who is currently a family medicine resident in Wisconsin), on her website [letschangeourcity.org/covid-19](http://letschangeourcity.org/covid-19), where the guide was visited over 1,400 times, as of this writing.

We continue to pave the way in efforts at fostering sustainable partnerships and in bidirectional learning, and are excited to share some updates. ■

**Schubert**

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preparedness to address depression in patients by local primary care nurses. She travelled to Tanzania with other University of Cincinnati clinicians and trainees to learn about community committees to drive partnership activities between Cincinnati-based Village Health Outreach Project and Tanzania-based Shirati Health Education and Development Foundation.

While working locally, she developed expertise in immigrant and refugee care while providing clinical care at three City of Cincinnati Primary Care locations, even taking on a leadership role related to Domestic Medical Evaluations of recently-arrived refugees, and serving as clinical lead

for a new Medication-Assisted Treatment program for individuals with Alcohol Use Disorder and Opioid Use Disorder. She provided psychiatric consultation for Crossroad Health Center, and served as faculty for the Community Primary Care Champions fellowship.

Dr. Stryker now joins our department as an Assistant Professor in the Research Division, continuing community health research related to immigrants/refugees. She will provide clinical services at a new federally-qualified health center in Walnut Hills—Equitas Health—for the office's neighbors as well as to regional people living with HIV and LGBTQ+ folks. ■

**Success for Pilot Telehealth Service with Wuqu' Kawoq**

Our program usually sends faculty and learners to provide primary care in rural clinics in Guatemala four times a year, and we are committed to ensuring that our patients there maintain access to care even when we are unable to travel. We are thrilled that two of our residents were able to pilot a new telehealth program to maintain contact with these patients! This program was well-received and enabled us to provide culturally-responsive care for both acute and chronic health concerns with the help of local nurses and community health workers. We are so impressed at the creativity and flexibility of the patients, Guatemalan staff, and our learners to make this vision a reality. We plan to continue these services until it is safe to travel again, and are excited that our partnership with Wuqu' Kawoq has been able to grow even as we are physically distanced. ■

## DIVISION UPDATE:

## INTEGRATIVE MEDICINE

Sian Cotton, PhD, Director

**'Creating Caring Communities' Supports Wellness During Uncertainty**

The Creating Caring Communities (CCC) program was implemented to assist UC faculty, staff, and students in this time of uncertainty and change by creating an environment to connect with a small group of peers in a safe, authentic setting. Participants are able to reflect and speak freely about how they are adjusting, to share challenges and joys, and to act as a support system for their UC colleagues. This Fall, the CCC pilot was implemented with first year UC medical students. During the Spring 2021 semester, the program will roll out to all faculty across the College of Medicine with support from the Faculty Well-Being Committee and Chair Dr. Jennifer Molano.

As an adaptation of the UC Mind-



Body Skills program, CCC is a collaboration among the UC Center for Integrative Health and Wellness, UC College of Medicine Office of Student Affairs, UC College of Medicine Faculty Wellness Advisory Council, UC Medical Center Graduate Medical Education Wellness and Well-Being Committee.

Facilitated by trained faculty members and students/residents, CCC groups are comprised of one-two facilitators and 10 participants. Learn more at [bit.ly/UCwellness-CCC](http://bit.ly/UCwellness-CCC). ■

**Grant to Bring Resiliency Training to Cincinnati Public School Teachers**

This September, the UC Center for Integrative Health and Wellness was awarded \$12,950 from the Martha Holden Jennings Foundation to implement an eight-week (one hour/week) evidence-based, virtual mindfulness training for teachers at Kilgour Elementary in the Cincinnati Public Schools (CPS). Primary outcomes to be assessed pre- and post-training include stress, mindfulness, resilience, empathy, and impact on improving the ability to be an excellent teacher.

The anticipated result is to improve the well-being outcomes of teachers, in turn improving their ability to excel in the workforce and create mindful and resilient classrooms. Outcomes and experiences from this pilot program will be used to expand to a refined district-wide mindfulness training, accessible for up to 65 schools across the CPS district. Findings will be shared both within the district as well as city and statewide for expanded reach and replicability of mindfulness and resilience training to other Ohio teachers. We look forward to sharing the results and successes of this program soon. ■



Cotton



The **free virtual symposium** **Optimize Your Well-being: Prevent. Heal. Thrive.**—being held Sat., **Jan. 23, 2021** and focused on integrative health and cancer survivorship—will include Chemicals & Cancer: Steps to Reduce Your Risk, Personal Behavior Impact on Functional Capacity for Cancer Patients, Cognitive and Behavioral Strategies for Healthy Sleep, Exercise in Cancer Healing, and Sex in Survivorship among its topics. Thanks to generous sponsors and supporters, the event is **FREE**. Learn more at [uc.edu/optimize](http://uc.edu/optimize). Recordings of the symposium sessions will be available after the event at [bit.ly/2020UCoptimize](http://bit.ly/2020UCoptimize). ■

**MEDITATION PRACTICE SUGGESTIONS**

*In the midst of today's disruptions, we may seek meaning, to cope with heart break, or whatever is true for us in our life. Dr. Meera Murthi, MBSR instructor, offers the following on a mediation practice.*

**Develop a formal practice**

- Commit to a consistent time
- Find a consistent location
- Find a posture—sitting, lying—right for you
- Be at ease in the body (comfortable clothes, be warm or cool, etc.)

**Develop an informal practice**

Meditate throughout the day with your eyes open. You are already breathing. Just welcome it into your ever-present awareness.

**Attend to yourself**

Meditation can bring us to an encounter with suffering held in our bodies and communities. Center on compassion, regardless if you encounter distraction, rage, fatigue. There are no good or bad meditation sites. ■

## DIVISION UPDATE:

## MEDICAL STUDENT EDUCATION

Rocky Ellis, MD, Director

It has been a busy time in the division with all of the COVID-19 changes. We have made a lot of improvements to our virtual didactics since we moved to it in March. With the new academic year, we worked with the Simulation Center to move the Dementia Standardized Patient experience to a live virtual event. Utilizing Zoom, we are able to move students from group discussion sessions to a virtual exam room to interact with the standardized patients and back to a large group discussion. The Simulation Center and the standardized patients have been outstanding at adapting to this way to teaching.

One big change that we have had to adapt to due to COVID-19 is a decrease in

the number of Family Medicine Clerkship rotations. The College wanted some buffer time in the curriculum in case things needed to be shut down again or to allow an individual student to make up time if they tested positive and

needed to self-isolate. As a consequence, this year we will have 18-20 students to find clinical sites each month compared to our normal 15. Thus far, I have been impressed with the quality of this year's M3 class. They did not have a single failure on Step 1 and they have been very eager to see patients in-person and through a virtual format. We are always looking for more preceptors. For more information, please contact Nancy Jamison or me. ■



Ellis



Dr. Shomo during Zoom meeting for third year Family Medicine clerkship

## The Family Medicine Scholars Program

The Family Medicine Scholars Program is a four-year longitudinal curriculum for selected medical students, providing unique opportunities to engage in preceptor-supervised educational experiences. When the stay at home order went into place March 2020, we transitioned to virtual didactics. Most sessions featured guest

speakers such as Drs. Barb Tobias, Chris Lewis, and Sarah Pickle. We also had a few check in sessions with our small group to support each other. Over the summer three students worked with Urban Health Project to virtually assist community agencies with their needs during COVID-19. The other three students completed virtual summer

research projects with Dr. Anisa Shomo, analyzing survey data, conducting phone interviews, and writing about prior programming. One poster presentation for STFM Practice Management Conference and one submission to OAFP has resulted. Dr. Shomo is already selecting the next Family Medicine Scholars class. ■

## Family Medicine Scholars, Class of 2023



Eunice Agyapong



Halimat Olaniyan



Malia Schram



Trevor Stantiff



Betsy Trujillo



Jacob Waldruff

**Here's how some Scholars replied, when asked about their summer amid the pandemic.**

**Halimat Olaniyan:** I spent my summer researching the social determinants of health such as how microaggressions impact medical students and the effects of local initiatives like community gardens and cooking clubs on behavior modification around healthy eating. Even though most of this was done virtually, I really enjoyed exploring the gardens and conducting virtual interviews to gain a better understanding of the impact of these community interventions. I also discovered I love qualitative data analysis and coding survey responses into themes around microaggressions. My advice is to make the most of social distancing by developing new hobbies, curating new skills, and of course staying connected virtually. I actually wrote a book over my shelter in place time on living with sickle cell anemia and how that's affected my academic pursuits.

**Jacob Waldruff:** This summer I worked with the Lighthouse Youth Development Center (YDC) through the Urban Health Project. At YDC, which is a group home for teenage boys, I spent the majority of my time facilitating a summer work program that allowed the boys to make money while giving back to the community—maintaining community vegetable gardens and building trails at local parks, for example. From the work program grew a vegetable garden project with the boys at YDC, which I used as an opportunity to discuss with them the importance of having a diet that includes plenty of fruits and vegetables. Getting out and working in the gardens every day was a great way to break up the rest of the time spent isolated during COVID-19, and I'll definitely be adding community gardening to my life going forward, pandemic or not.

**Malia Schram:** Over the summer, I had the privilege of working with Off the Streets, a residential shelter for trafficking survivors through Cincinnati Union Bethel. I created a new resource guide, encompassing all local and regional service organizations and the services provided during COVID-19. I also created an educational curriculum, focused on sexual and mental health, addiction neurology, and the basic sciences of COVID-19. The most challenging part was protecting the population and myself, as most of the individuals I was working with had preexisting conditions and were living in communal housing. ■

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## DIVISION UPDATE:

## UNIVERSITY HEALTH SERVICES

*Kim Miller, MD, Executive, Director**The following is provided by Michael Holliday, MD, Interim Medical Director, UHS Varsity Village office.***Holliday**

Like other DFCM divisions, University Health Services has evolved over the past seven months in response to the COVID-19 pandemic. In addition to providing a broad array of services to UC students and employees, UHS has added population health, nurse telephone triage, and a COVID-19 testing center to our services.

**Miller****Population Health**

Executive Director Dr. Kim Miller and Medical Director Dr. Vic Wulsin have worked with UC leadership to organize a testing, contact tracing, isolation and quarantine plan. This has included the symptom reporting app COVIDCheck, an email and database system (COVIDWatch) tracking student symptoms and exposure, an isolation dorm in the Campus Recreation Center and quarantine rooms at a local hotel. Providers Drs. Ruby Huang, Giselle Weller, Sarah Wilder, and Amy Seese, and Kate Holm, NP, have been serving on the front line in this battle to keep students safe and our facilities open this Fall. These providers have been working directly with students, parents, and employees impacted by this pandemic, often in the evenings and on weekends. We are looking forward to having them back in the clinic soon, as we train additional staff to continue this work.

**COVID-19 Testing Center**

RaeJean Hardig, our business administrator, and Tina Coberley, supervisor, have worked together to create a testing center on campus. This effort included hours of planning, interacting with UC and UC Health on multiple fronts and hiring nurses, medical assistants, and patient service representatives. The testing center is a free-standing site that provides the following services:

- Nurse telephone triage for patients with potential COVID-19 symptoms and/or exposure

- Protocol-driven nurse entry of COVID-19 and other acute respiratory lab orders
- Medical assistant specimen collection and pulse oximetry
- Point of care COVID-19 testing for symptomatic patients
- Patient education on symptom monitoring, isolation and quarantine

**Colleague Support**

Primary care providers have also helped the COVID-19 battle by covering for providers on the COVID-19 team, responding to urgent patient needs discovered in the triage process, conducting telehealth visits and following up with students on hundreds of lab tests per week. Many thanks to Dr. Bruce Gebhardt, Dr. Leila Saxeena and Christie Schonsheck, NP, who helped us during this busy time. We also thank Dr. Jerry

**Friemoth**

Friemoth, who will be retiring from UHS after several years of service. Your warmth to your colleagues and dedication to our students will be missed!

**Behavioral Health**

UHS continues to integrate primary care and behavioral health with the help of psychiatry faculty and residents led by psychiatrist Dr. Fabiano Nery and our counselors led by Dr. Christine Muller-Held. Mental health remains a high priority at UHS, especially given the added social and public health stressors experienced by our student body over the past several months. Welcome Dr. Tracey King, our new partner in this important work!

**Curbside Pharmacy Protocol**

Pharmacists Troy Joecken and Melca Wallace are keeping our pharmacy open through the pandemic with a “curbside service” protocol that has enabled social distancing without sacrificing service and patient education.

**Growing in Teamwork**

The support staff of UHS has gone through many changes in the past six months and have stepped up with cross-training and improved communication through daily huddles to meet the needs of our students. We are all growing together to work as a team to provide great care for our students. ■

## DIVISION UPDATE:

## RESEARCH

Saundra Regan, PhD, Director

## Research Division Revives Summer Student Experience

Despite the limitations of the ongoing pandemic, the Research Division reopened its doors to nine future and current medical students for its curriculum experience and project mentorship with faculty. Students had ample opportunity this summer for several roles at various stages of active research projects. Often, students have the opportunity to stay connected to the projects after their fellowship is over to continue to contribute to manuscripts and presentations.

**FACULTY MENTORS:**  
 Sian Cotton, PhD  
 Anna Gorony, MD  
 Irene Hamrick, MD  
 Anisa Shomo, MD  
 Soni Regan, PhD  
 Montiel Rosenthal, MD



Cici D'Amico



Anne Gebhardt



Jamal Gurbis



Jared Iding



Jessica Lambert



Halimat Olaniany



Trevor Stantliff



Betsy Trujillo



Emily Williams

## Virtual Reality Simulations to Become Available Online

Since 2018, the College of Nursing led by the PI Sue Brammer and Asia Harris and the Research Division led by Soni Regan with Mary Beth Vonder Meulen, Alexandra Burnett, Harini Pallerla and Sarah Brubaker and the help of the UC Center for Simulations and Virtual Environments (UCSIM) created and tested two immersive virtual reality simulations (VRS) using VIVE technology. Putting on the headset drops you into the reality of a Medicaid patient (a patient with schizophrenia or a patient with several chronic health conditions who has limited English language skills). Each patient has several social determinants of health stacked against them and is trying to access their primary care physician.

Over the past year we tested the use of the VRS in 236 healthcare providers representing 18 Ohio counties who see primarily Medicaid patients. It was hypothesized that engaging in this VR simulation might increase knowledge

about the social determinants of health, but also identify beliefs and attitudes such as implicit bias and microaggressions. This year we have been funded to take virtual reality virtual. The two scenarios currently available only through a headset will be converted to be available by web browser or downloadable on PC. We will develop a website to house the link to the simulations and share that link with the Ohio Colleges of Medicine Government Resource Center at OSU to disseminate the work around the state. All the schools of medicine in Ohio created their own virtual reality simulations. This will centralize all this innovative work for anyone to experience. ■

*The Medicaid Equity Simulation Project is funded by the Ohio Department of Medicaid and administered by the Ohio Colleges of Medicine Government Resource Center. The views expressed are solely those of the author and do not represent the views of the state of Ohio or Federal Medicaid Programs.*

student wellness, statistical properties of diagnostic tests, and chart review.

The experience culminated in a presentation by each student. The curriculum was evaluated so to maintain an active feedback loop. ■



Regan

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## RESEARCH PROGRAM COORDINATOR

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## Statewide Diabetes Project Enters Dissemination Year

The UC DFCM has partnered with other Ohio schools of medicine on two new Type II Diabetes projects, under the clinical lead of Case Western Reserve University. This project is a new component of the existing Cardi-OH collaborative.

**The Diabetes Quality Improvement Project** (DM QIP) is focused on improving outcomes for adult Medicaid patients with Type II Diabetes. The project team will work with Ohio Medicaid and the Government Resource Center to identify overall project direction. They will provide materials on clinical best practices, create a diabetes change package and provide QI expertise to clinicians. Locally, three UC Health Primary Care Practices will participate.

**The Diabetes Consortium** is focused on improving clinician knowledge on evidence-based practices to treat diabetes in adults and adolescents while focusing on health equity and addressing social determinants of health while improving value and reducing costs for Ohio's Medicaid population. Dissemination will include public service announcements on local radio, podcasts, and one page "capsules" on tips and tricks for improving care. The DFCM team includes Michael Holliday, MD, Barb Tobias, MD, with Division team members Mary Beth Vonder Meulen, RN, Saundra Regan, PhD, Sarah Brubaker, BA, Alexandra Burnett, MD, and Harini Pallerla, MS.

To learn more, listen to podcasts, and view capsules, please visit: [cardi-oh.org](http://cardi-oh.org) ■



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**RETURN SERVICE REQUESTED**

**Who Chooses Family Medicine as a Specialty:  
Can a machine learning platform tell us from the time of admission?**

By Jackie Knapke, PhD

The AAMC predicts a shortage of between 21,100 and 55,200 primary care physicians by 2032, primarily due to Americans' increased longevity.<sup>1</sup> There are many identified factors as to why medical students choose Family Medicine as a specialty, including: geographic background<sup>2,3</sup>, values and knowledge on entry to medical school<sup>2</sup>, career intentions on entry to medical school<sup>2</sup>, faculty mentors/role models<sup>2,4,5</sup>, interest in serving underserved/minority populations<sup>3</sup>, rural or inner-city training experiences<sup>3</sup>, interest in Family Medicine at the start of medical school<sup>4</sup>, perceived support for Family Medicine in the greater medical community<sup>4</sup>, and positive perception of the future of the specialty.<sup>4</sup>

We wanted to understand more about students who choose Family Medicine (FM) compared to students who choose a different specialty. Our research team consisted of myself, Barb Tobias, MD, Hillary Mount, MD, and Erin McCabe, a digital scholarship fellow from UC Libraries. We were able to obtain the last 10 years (2010-2019) of application essays and experiences for those who chose Family Medicine (n=135) and a random sample of those who did not (n=136). We were given over 800 pages of de-identified, textual data comprised of application essays and experiences (volunteer, work, academic, etc.). Multi-phase data analysis is possible utilizing a multi-level modeling tool developed by UC's Digital Scholarship Center (DSC), as well as qualitative content analysis. The DSC platform is a machine learning approach to analyzing and visualizing large-scale, unstructured text corpora. It relies on topic modeling, a type of natural language processing algorithm that groups together topics learned from a dataset's own syntactic patterns.

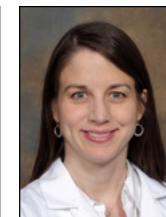
Initial findings illustrate some fascinating differences between the FM match study group and the non-FM match comparison group. In general, the FM study group utilizes more emotional language, tending toward the positive (e.g., compassion, strive, happiness, joy). FM matches also appear to have a greater interest in service and



Knapke



Tobias



Mount

community-oriented aspects of medicine, such as practicing in underserved communities and helping to overcome health disparities based on race, income, or geography. Non-FM matches use language associated with lab and clinical research more frequently (e.g., mice, protocol, assay, experiment), suggesting they have more of a research background or interest than FM matches. We are exploring several other potential differences as well. Our long-term goal is to develop an algorithm within the DSC modeling platform that could use linguistic patterns to predict potential FM matches upon acceptance into medical school, enabling earlier outreach to and mentorship of medical students who are likely to become future primary care doctors. ■

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