ommunity Summer 2016

This full-time family medicine physician/teacher, wife, and mother of three has filled her life with work she enjoys and people she cares about ... that's why **MARGARET IS HAPPY**

DAY IN AND DAY OUT

DR. MARGARET DAY

takes care of patients, teaches family medicine residents in clinic and on our inpatient and OB services, manages our Keene Clinic, and serves on MU Health Care's EMR Physician Council. Her plate is full, but the variety of her workload keeps her energized and engaged.

Dr. Day joined our faculty in 2011, right after she finished residency here at MU. In the past five years, she has established herself as a competent and dedicated doctor, teacher, scholar and administrator. An always smiling, always calm, always positive Margaret Day is quick to identify and credit several key role models for her success and happiness ... beginning with her mother, Mindy Cherrington.

"My mom has had a successful 30-year career as a nurse here at MU. Ever since I was a child, I planned to follow in her footsteps and pursue a career in health care," Dr. Day says. "It was obvious to me that my mother loved what she did ... at work and at home. I wanted to be just like her when I grew up."

Early on as pre-med student at MU, Dr. Day began thinking about which specialty she'd like to pursue. Some of her relatives who lived in Fayette, a small town 30 miles from Columbia, arranged for her to meet their family physician and close friend, Paul Schoephoerster, MD. An MU alum and former faculty member, Dr. Schoephoerster practiced at our Fayette clinic until 2011.

Margaret Day with her husband, Darren, and children,

LEFT TO RIGHT: Kathryn, Emily, and Charlie.

"I shadowed him when I started college, and after that experience, I absolutely knew family medicine is what I wanted to do," says Dr. Day. "I saw firsthand that family physicians do everything ... treat people of all ages, care for entire families, and deliver babies. Dr. Schoephoerster was a huge factor in my decision to do primary care. He's also one of the reasons I stayed at MU for residency training."

After residency, Dr. Day accepted the invitation to join MU's Family Medicine faculty and the health care team at Keene Family Medicine Clinic. Patients have been the focus of her career and the reason she became a doctor. As Dr. Day transitioned from resident to faculty, she looked forward to the continuing opportunities she would have to know and care for them.

"It is rewarding for me to learn more about my patients than their health problems. By getting to know them on a personal level. I'm able to better understand their perception of illness and provide care that is effective and meaningful," she says.

Dr. Day enjoys teaching, too.

"Practicing alongside residents in the inpatient/outpatient settings is fun, keeps me sharp, and helps me hone my patient care skills," she says. "As a resident, I had a lot of great teachers who helped me succeed personally and professionally. Now that I'm on faculty, it's my turn to foster the learning and growth of family medicine residents."

Since joining the faculty, Dr. Day's can-do attitude, strong work ethic, and collaborative leadership style have earned her the respect of colleagues ... and a growing list of job duties. But even though she has a lot on her plate, Dr. Day is able to focus and stay optimistic, thanks to time management strategies she learned during residency.

"[Residency Director Dr.] Erika Ringdahl was a terrific mentor. She taught me that to be happy and successful in my career, I

Margaret Day, мр, мspн SSISTANT PROFESSOR

should fill my plate with things I want to do. I took this advice to heart when I graduated," Dr. Day says. "Today as a faculty member, my goal is to feel energized by the things on my plate, so I strive to take on tasks I enjoy and can complete. For me, every task is an opportunity for learning and growth; completing a task motivates me to work harder."

While at work, Dr. Day is committed to getting her job done - effectively and efficiently, so that when she gets home, she can be present and attentive to her children and family life. Work-life balance is an ongoing challenge for her, Dr. Day admits, and it would be impossible to achieve without Darren, her husband of 12 years.

High school sweethearts Darren and Margaret, who married after graduating from MU, have three children. Since the birth of their first child, Darren has worked part-time so that he could be the primary care giver of Kathryn, 8, Charlie, 6, and Emily, 3. Dr. Day is grateful to Darren, her parents, and Darren's parents for the help and support they've provided through her education and early career development.

Family is everything to Margaret Day. And for Margaret, family is huge and extends beyond her husband, children, parents, in-laws, and siblings. The bonds she develops with patients, students, and colleagues are special to her, too. Having meaningful relationships at home and at work gives Margaret opportunities to care, connect, and make a difference throughout her day.

MU FAMILY AND COMMUNITY MEDICINE

FACULTY FOCUS

CHAIR'S MESSAGE

AS ALWAYS, I am inspired by the work and lives of our graduates, our faculty, and our residents. The range of experience and insights offered in this edition of the newsletter is nothing short of astounding! I feel blessed to be part of the continuous creating legacy of MU Family Medicine.

One of the lessons I have learned as chair of FCM is to expect change. We may hope for a period of stability, but it is not the nature of this work or of the universe. While we have sustained our commitment to patient care, education and training, scholarship and innovation, we are also part of a university (176 years old) that has gone through tumult, a state that is constrained by the narrowness of politics and a country that has been rocked by both expressions of prejudice and attacks on those who strive to protect us.

In spite of this change, we create new leaders in family medicine; those who are committed to patients, and community, defining and advancing family medicine and seeking to understand how to better prevent illness and promote healing. As medicine has become more specialized, the problems of our patients have become more complex. We in family medicine are the closest representation to the historical and vital role of the personal physician. Please hold those you love close, seek to understand those different from yourself, and continue to transcend the barriers that stand in your way to doing good work.

STEVEN ZWEIG, MD, MSPH PAUL REVARE FAMILY ENDOWED PROFESSOR AND CHAIR

Welcome — —

DAVID PIERRE JR, DO, MS, assistant professor of clinical family and community medicine, has joined our faculty and our medical team at South Providence clinic. In addition to practicing outpatient family medicine, Dr. Pierre is teaching and mentoring residents and medical students.

school and college students who are considering a career in medicine.

Dr. Pierre, who earned his masters degree in biological sciences from the University of Medicine and Dentistry of New Jersey, graduated from Philadelphia College of Osteopathic Medicine in 2013. He completed family medicine residency training at Christiana Care Health System, Newark, DE, this summer. Dr. Pierre's interests include social entrepreneurship and health policy, and he enjoys mentoring high

During his free time, Dr. Pierre likes to listen to music and audiobooks on business and economics, run, and play and watch basketball. Most important to him is time spent with his beautiful wife, Zaneel (an MU Anesthesia Resident), and vibrant son, Zion, 4.

"I'm elated about moving to Columbia to join my family," says Dr. Pierre. "I'm also very enthusiastic about meeting and working with everyone at MU Family Medicine!"

ALLISON KOLKER, MD, assistant professor of clinical family and community medicine, has joined our faculty and our medical team at South Providence clinic. In addition to practicing outpatient family medicine, Dr. Kolker is doing OB and attending for residents in clinic and on the inpatient service.



Dr. Kolker, originally from Iowa, is a HUGE Iowa State Cyclones fan. She is excited to start a new chapter in her life, not only professionally with the University of Missouri, but also personally with her fiancee Kyle Cupp, whom she will marry in October. Dr. Kolker's hobbies include running, yoga, reading mystery novels, and crocheting.

"I thoroughly enjoyed my time as a family medicine resident at the University of Missouri," says Dr. Kolker. "Now, as a faculty member, I look forward to seeing patients, teaching residents, and working with a group of passionate physicians for many years to come."

SONAL PATIL, MD, MSPH, who joined our department in 2014, just completed MU Family Medicine's academic fellowship program. In her new role as assistant professor, she continues to see patients at our Keene clinic, and she has some teaching responsibilities. In addition, Dr. Patil has dedicated time for research; her primary interest is chronic disease self-management.

Dr. Patil, who earned her MD from North Maharashtra University, India, did an OB/GYN residency before completing her family medicine residency at Emory University in Atlanta, GA, in 2006. After residency, Dr. Patil stayed in Atlanta and did urgent care and worked at Kaiser Permanente until she and her family moved to Boston in 2010. She practiced at a clinic for medically underserved patients in Boston until 2014, when she came to Missouri.

Dr. Patil and her husband, Ashutosh, who is a faculty member at MU's Trulaske College of Business, have two children, daughter Ruchira, 10, and son Rajeev, 6.



Lesbian and bisexual women have higher rates of obesity, smoking, and stress when compared to heterosexual women, according to the US Department of Health and Human Services. To address this issue, MU Family and Community Medicine Associate Professor Jane McElroy, PhD, has led the first-ever national study to develop healthy weight programs for lesbian and bisexual communities. Ninety-five percent of study participants achieved health objectives that are critical for obesity prevention as identified by the Health

and Medicine Division of the National Academies of Sciences, Engineering and Medicine. "Previous research has found that lesbian and bisexual communities have different attitudes, experi-

ences, and sensitivities related to weight compared to heterosexual women," says Dr. McElroy. "Unlike other weight-loss programs, this study did not focus on weight loss as the primary goal of the intervention. Instead, we aimed to motivate participants to achieve specific changes in lifestyle habits that would improve their overall health."

To learn more about this study, see featured story on our web site: fcm.missouri.edu

FAMILY PHYSICIAN

CONNECTS WITH PATIENTS AND STUDENTS

ADAM FITZGERALD, MD, a 2009 MU

School of Medicine graduate, did his family medicine residency at Mizzou as well. After finishing his training in 2012, he moved to St. Louis to join St. Anthony's at Southfield Family Medicine clinic. Dr. Fitzgerald enjoys his role as family physician and values the opportunities he has to help patients.



ADAM FITZGERALD, MD, decided to start precepting medical students soon after he finished residency. He enjoys teaching and appreciates the opportunities he has to train the next generation of physicians. Dr. Fitzgerald earns strong words of praise from students who've worked alongside him:

"DR. FITZGERALD is a terrific teacher and excellent role model for patient-centered care."

⁴⁴DR. FITZGERALD is respectful and communicates well with patients and everyone who works at his clinic. My experience with him was great!⁷⁷

"DR. FITZGERALD practices preventive medicine. He helps students learn preventive care guidelines and demonstrates how important these guidelines are in keeping patients healthy."

Why medicine ... why family medicine?

DR. FITZGERALD: I wasn't sure what I wanted to be when I started college. I enjoy investigating, learning, problem solving. I also enjoy helping people. When I realized that medicine would allow me to do all these things, I knew it was the career for me.

I chose family medicine because I didn't want to limit my knowledge or ability to help patients.

How would you describe your practice?

DR. FITZGERALD: I work with four other physicians (two are MU Family Medicine alums) and a physician assistant at St. Anthony's Southfield Family Medicine clinic in St. Louis. I care for patients of all ages and provide a wide range of services: acute care, preventive health care, and chronic disease management.

When did you begin precepting?

DR. FITZGERALD: I began precepting for MU about a year ago. I enjoy working with students ... teaching keeps me on my toes and makes me a better doctor for my patients.

Why do you teach?

DR. FITZGERALD: Teaching provides me opportunities to help train and shape the next generation of family doctors.

I'll admit that my reasons for teaching are partly selfish, too. I want the students I precept to have a positive experience so that in the future, when they are deciding where to practice, they consider returning here either as a family physician or specialist. Having more physicians in my community will expand the care that's available to my patients.

What's the most rewarding part of your job?

DR. FITZGERALD: It feels really great to connect with patients. My goal is to give them the information they need to manage their health so they feel good and are able to work, travel, spend time with family ... or do whatever else they enjoy doing.

What's the most challenging part?

DR. FITZGERALD: The most challenging part of my work is managing the various expectations from all the different stakeholders. Employers want more volume; payers want lower costs; and all I want is to be a doctor and take care of my patients. At times it becomes a multidirectional tug of war that can hurt the patient and make me want to pull my hair out.

What makes you want to come to work every day?

DR. FITZGERALD: Knowing that I'll have an opportunity to make a difference in someone's life makes me look forward to my job and the work I do. It amazes me that even on a day when everything seems to be going wrong with my schedule, having just one positive interaction with a patient always makes me feel better and appreciate being a family physician.

Family/hobbies?

DR. FITZGERALD: My wife, Jessica, and I just celebrated our 10th wedding anniversary. She is director of International Student Services at Missouri Baptist University. We have a two-year-old son, Rhys. When the stars align, I enjoy scuba diving. Otherwise I keep busy with homeowner projects and following the St. Louis Blues and Tottenham Hotspurs.

CONGRATULATIONS TO OUR RESIDENCY GRADUATES

CLASS OF 2016 ——



Scott is returning to Springfield, MO, where he went to college and met his wife, Allison,

to practice outpatient family medicine at Mercy East Kearney Clinic. Scott and Allison have two children, Thomas and Ella.



Kendal Geno, MD

Kendal is joining Applegate Medical Group, Brookfield, MO, to practice outpatient and inpatient medicine. His wife, Amy, and three children, Aaron, Abigail, and Josephine, are excited to start this new adventure.



Alicia Ludden-Schlatter, MD

Alicia is staving at MU where she'll do outpatient family medicine at our South Providence clinic and train as an academic fellow. She and her husband, Nate. look forward to continued fun in Columbia.



Josh Billington, MD

Josh is moving to Hillsboro, his hometown in south central IIlinois, to practice at the nearby Springfield Clinic. Josh, his wife, Ashley, and their children, Audrey and Connor, plan to return for frequent visits to Columbia.



Adam Harrold, MD

Adam is moving to Salt Lake City with his wife, Joanna, and their two sons, Caden, 5, and Isaac, 2. Adam will begin the University of Utah Sports Medicine Fellowship program this fall.



Rick Manhas, MD

Rick is going home to Vancouver, Canada, to do outpatient medicine. Eventually he hopes to practice with his brother, Paul, who is currently a family medicine resident at the University of Alabama.



Megan Cates, DO

Megan continues to practice at her clinical training site, Family Health Center, which serves medically underserved patients in the community. She is also supervising residents and medical students at the clinic.



Anna Hulbert, MD

Anna is beginning MU's new Hospice and Palliative Medicine Fellowship program. She's glad that she can be in Columbia with her Karis Church family and still be near St. Louis, where her parents and siblings live.



Andy Patel, MD

Andy is moving to Olympia, WA, to practice at Providence Health. His wife, Pooja, an M4 at Mizzou, plans to move there for residency training after she graduates from medical school next year.



Amelia Frank, MD

Amelia, who is staying at MU as an academic fellow, is furthering her education while practicing family medicine at our South Providence clinic. She, her boyfriend, Bryan, and dog, Belle, enjoy life in Columbia.



Candy Lincoln, MD

Candy is moving to Mountain Home, AR, to practice with her father-in-law at Lincoln-Patton Medical Group. She and husband Cameron, a '16 MU Law School grad, are happy to return to the Twin Lakes area.



Andrew Valleroy, MD

Andrew, his wife, Megan, and daughter, Kate, 2, are moving to Washington, a small town 50 miles west of St. Louis. Andrew will practice rural family medicine with several MU alums at Mercy Clinic Washington.

A NEW CLASS OF FAMILY MEDICINE RESIDENTS

WE ARE PLEASED TO PRESENT OUR FIRST-YEAR AND INTEGRATED RESIDENTS

RESIDENT PICTURED LEFT TO RIGHT

ROW 1 Nicholas Bratten, MD Ben Crary, DO Geoffrey Dankle, MD

Brady Fleshman, MD

ROW 2 John Jayroe, MD Kristen Killen, MD Parker Kohlfeld, MD Kaci Larsen, MD

ROW 3 Stephanie Lersch, MD Kaitlin Saucier, MD Calvin Tai, MD

Aaron Wood, MD

MEDICAL SCHOOL

St. Louis University

AT Still University-Kirksville, MO

University of Iowa

University of Missouri

University of Arkansas

University of Missouri

St. Louis University

University of Alabama

University of Missouri-Kansas City

University of Missouri

University College Cork, Ireland

UAG School of Medicine, Mexico















INTEGRATED RESIDENTS: FOURTH-YEAR MU MEDICAL STUDENTS PICTURED LEFT TO RIGHT

Tyler Gouge Misty Todd





CONGRATULATIONS TO OUR FELLOW AMIT DASGUPTA, MD JUST COMPLETED OUR ONE-YEAR GERIATRIC MEDICINE FELLOWSHIP

Dr. Dasgupta earned his MD from St. George's University and did residency at Grant Medical Center, Columbus, OH.





MU FAMILY MEDICINE FACULTY PHYSICIAN RECOGNIZED FOR PROVIDING OUTSTANDING CARE TO AGING, SERIOUSLY ILL, AND DYING PATIENTS

PAUL TATUM III. MD. MSPH. CMD. FAAHPM, AGSF, Associate Professor of Family and Community Medicine, Director of the Hospice and Palliative Medicine Fellowship, and Associate Di-

rector of the Geriatric Medicine Fellowship at the University of Missouri, received the 2016 Hastings Center Cunniff-Dixon Physician Award.*

Dr. Tatum serves on the national medical director advisory council for Compassus: Hospice and Palliative Care and is medical director for The Neighborhoods by Tiger Place, a skilled nursing facility in Columbia, MO.

Nationally, Dr. Tatum is a member of Compassus's National Medical Directory Advisory Council, and he was recently elected as Director-at-large for the Board of Directors of the American Academy of Hospice and Palliative Medicine.

A self-described "country doctor" known for his

compassion and humility, Dr. Tatum remembers feeling frustrated years ago watching his father die without the care he needed to help him through this complex process. This experience keeps Dr. Tatum focused and committed to improving care for aging, seriously ill, and dying patients.

Dr. Tatum serves as a primary care physician, hospice physician, and inpatient palliative care consultant. He is widely respected for his expertise in symptom management and personalized care of people with serious illnesses. His colleagues describe him as a tireless advocate for palliative care with exceptional leadership, skill, vision, dedication, and ability to connect and inspire individuals to work collaboratively to improve patient care.

His dedication to students, colleagues, and especially patients and their families make Dr. Paul Tatum a most deserving recipient of a 2016 Hastings Center Cunniff-Dixon Physician Award.

^{*} The Hastings Center seeks to support palliative care skills and virtues by awarding financial prizes to physicians who deliver excellent patientcentered palliative care. The Cunniff-Dixon Physician Award is given in categories of senior, mid-career, and early-career, with Tatum winning the mid-career award. These awards are financed by the Cunniff-Dixon Foundation, which seeks to improve doctor-patient end-of-life care.



What advice do you have for our $016~{ m FAMILY}$ MEDICINE GRADUATES?

Here are two pieces of advice I would have given myself had I the wisdom way back when:

Keep forever conscious of the possibility that you can and do make mistakes, both while practicing medicine and while living life. You will still make mistakes, but it will make it easier for you to recognize when you have done so.

Maintain friendships and human connections by truly listening and sharing. For the most part, we're all social beings!"

Bill Birkby, MD RESIDENCY CLASS OF 1976

DR. BIRKBY: "I'm retired after practicing family medicine for 15 years and general pathology for 17 years. I enjoyed both gigs very much. I feel like I really experienced a wholesome career, viewing human medicine from two entirely different perspectives, learning medical practice and humility all along the way. There's no doubt that my bed rock foundation was laid permanently in place by the most wonderful group of mentors, teachers, advisors, and colleagues whom I met, worked with daily, and loved dearly during my years in Family and Community Medicine at MU. The bar was set quite high, but never out of reach! For the rest of my days, I will regularly be warmed by the memories of those times. I welcome communication from anyone reading this any time.



Since fully retiring, I am able to spend more time with my wife, Lynn, our son, two daughters, and four grandchildren.

Shield your patients from the maw of protocol. Be wise. Put yourself on the ways of long ago and

inquire about ancient paths. Which is the good way, and walk therein and ye shall find rest for your souls. (Jeremiah 6:16)

I've stepped into my river and now you step in yours. All I can tell you is that the water is cold and swift. Life is short, and art long; the crisis fleeting; experience perilous, and decision difficult.(Hippocrates, a classmate of Sherwood Baker)

And if that advice doesn't help, Oh for a muse of fire that would ascend the brightest heaven of invention. (Shakespeare: Henry V)

Read real books. It's all in there. Peace and hair grease."

Andy Foley, MD
RESIDENCY CLASS OF 1976
DR. FOLEY: "I retired in April. I read and I travel. Enjoy hiking. I contemplate the long, strange trip. I'm real boring.

44 Put your patients' health concerns first. Treat them like they were your family. Whatever you give out will come back to you tenfold, and your life will be filled with purpose and happiness."

Chuck Janovsky, MD RESIDENCY CLASS OF 1976

DR. JANOVSKY: 44 After finishing residency, I went to Michigan City, IN, to join



the Medical Group, a multispecialty practice that included 27 physicians; nine were family physicians. Over the course of 33 years, my practice grew to include close to 250 families. It was very fulfilling because it encompassed pediatrics to geriatrics. During my last 12 years in practice, I became a certified medical director for two nursing homes.

As you might imagine, between practice and trying to find time for my family, I was pretty well occupied. My wife, Terrie, and I have been married 45 years ... three of which were spent in Columbia, MO. Our children are Sarah Foster, 43, Andy Janovsky, 41, and Kathryn Thomas, 38. We are blessed with five grandsons and one granddaughter. I retired at age 62. Medicine had changed, and our group was bought by the Catholic hospital in town. That and some serious health concerns made me realize that it was time to pass the torch. Since then I have been able to spend quality time with family."

**Remember that as family physicians, we have the broadest perspective of any physician out there. My 14 years in clinical practice, now overlapping with 23 years in clinical informatics, confirms that family physicians are the best equipped to lead in the 21st century. The foundation will always be patient care first. Don't rush into other fields too early."



Phil Smith and his wife Beth

Phil Smith, MD RESIDENCY CLASS OF 1986

DR. SMITH: 44 After over 12 years in the chief medical information officer space and automating more than five dozen hospitals and countless clinics, I've decided to return to private consulting and working with a variety of companies, including innovators in medical software and devices. It keeps me young.

Now Beth and I are enjoying two grandsons, and a third grandchild is on the way."



⁴⁴A Native American elder once described to his grandson the struggle between good and evil that's in all of us as a battle between two wolves. "Which one wins?" the child asked. "The one you feed," he replied. Doctors have a similar struggle to achieve balance among their practice, their patients, their profession, their community, their family, and themselves. You must learn to feed the pack."

Steve Sloan, MD RESIDENCY CLASS OF 1986

DR. SLOAN: "I retired from a successful practice in Wyoming four years ago due to Parkinson's disease. While in practice, I was privileged to serve as president of the Wyoming Medical Society (WMS), president of our local hospital staff, president of Mountain Pacific Quality Health Foundation (physician review organiza-

tion), and as a member of the AMA delegation from Wyoming. In 2006, I received the WMS Community Service Award. I currently live with my wife, Lila, in Las Vegas, NV."

Gea

What advice do you have for our 2016 FAMILY MEDICINE GRADUATES?

CLASSES 1976 — OF — 2006 ◆1986 ◆ 1996 ◆



"You will learn more in your first year after residency than the entire three years you spent at MU! This is an old dictum, but more true now with the rapid ad-

vances in medicine. Your task is to be committed to continuing your education so that you can keep current with these ongoing changes. I think human genetics is advancing quickly and will soon make our methods of diagnosing and treating patients vastly different. Enjoy your privileges as a physician, and treasure the responsibilities you have in our society.**

Jim Nahlik, MD RESIDENCY CLASS OF **1986**

DR. NAHLIK: "I'm enjoying great work-life balance now with my wife and grown kids. For 12 years, I was chief of family medicine at Missouri Baptist Medical Center, St. Louis. In 2012, I retired and began doing emergency medicine in O'Fallon, MO. It's interesting how patients in the ER are similar to those in FP clinics. When I'm releasing patients and instructing them to follow up with their family physicians, I'm finding out that many of them are going to younger family docs whom I taught as residents!

For 10 years I served as ship's physician on two cruise lines, a job that provided me interesting travel experiences. All of our offspring were able to join us on at least two of my 25 cruises. My wife and I recently traveled to the Galapagos Islands. We also traveled to my grandfather's birthplace near Prague, and with help from a translator, we found his village and birth records.



44 HEAL WITH YOUR HEART. The click boxes will take care of themselves!

Steve Crane, MD
Kate Sloss, MD
RESIDENCY CLASS OF 1986
DR. CRANE AND DR. SLOSS:

We live in western North Carolina, not far from Asheville. Kate is practicing in a rural site in Lake Lure.

Steve is still a disruptive force in hopes of birthing a new patient-centered and humane medical system with a heart and soul!

We have three kids, three dogs, and six chickens. Our kids are strewn all over the world. Oldest is an occupational therapist in Chapel Hill. Middle one is a field ecologist who's chasing cobras in Thailand, and youngest is a naturalist at a state park in upper New York.

We have plenty of room at our place for guests and welcome anyone to come by for a visit!

44 Seek out career options that provide you added value as physicians, whether that be pursuing opportunities for a truly broad scope of practice or serving where you can become a clinical or health leader. Also keep yourself fit and don't defer adventures. Better to have a mess of unfin-

ished projects than a bucket list of things you haven't even started. If you have a list, don't make it a bucket list, cuz you just never know ...

Gene Freund, MD, MSPH RESIDENCY CLASS OF 1986

DR. FREUND: "While the past ten years have been amazing, I need to start with sad news. Last year, Claudia Denton, my wife since 1988, passed away suddenly. The woman with a minimal Framingham score succumbed to a coronary artery dissection. At a rough time for us ... leaving her two nearly grown children without the chance to develop an adult relationship with their beloved mom.

But we're getting on with our lives. The middle-aged guy with the borderline lipid profile still motorcycles to work. Son Carl seems to have hit his academic stride as an engineering student, and Grace is restarting her nursing studies at Penn.

I'm still in the US Public Health Service, spending most of my time as chief medical officer for the CMS component responsible for health insurance plans offered on the Federally-Facilitated Marketplace. But also ... I got to spend two months staffing the USPHS Ebola treatment unit in Liberia; I got goaded into a Mt Rainier climb in 2012, and I'm training for my third Army Ten Miler (slow, old guy class). Clinically I see soldiers ½ day/week and do FP duty on brief Corps deployments.

Remember that you are entering a profession, not just getting a job. There are plenty of ways to help your community using the skills that you have as a physician.

Let your patients continue to teach you.

Have fun. Being a family physician is still an awe-

some career in spite of the chaos in the health care system.

Phil Whitecar, MD

RESIDENCY CLASS OF 1986

DR. WHITECAR: "I retired as professor of family medicine at Wright State University a couple years ago. I started a Direct Primary Care practice with three of my colleagues who are also ex-faculty. Although I was the PCMH guru at our medical school, I came to realize that this model and meaningless use were taking family physicians away from what we do best – provide relationship-based medical care, seemingly just to get more money. DPC practice fits why I wanted to be a physician 30 years ago and why I still like practicing now. Also, I'm working at a hospice and using my buprenorphine waiver at two drug treatment facilities ... work that I find very rewarding.

Personally, I'm closing in on 40 years of marriage with Debbie, who has also started her own business. Our sons, Steve and Dave, are happily pursuing non-medical careers. So far we have only one grandchild to spoil!







qsa.

What advice do you have for our 2016 FAMILY MEDICINE GRADUATES?

CLASSES 1976 — OF — 2006 ◆1986 ◆ 1996 ◆

John Delzell Family



Family medicine gives you tremendous flexibility. Find and do what you love; don't feel constrained by standard paradigms. Don't be afraid to embrace the

new. Always try to see the world through the eyes of your patients. Optimism is wonderful medicine, supply as much as you can to your own life and the lives of your patients.

Tom Jevon, MD RESIDENCY CLASS OF 1986

DR. JEVON: "After all these years, I still really enjoy being a family doc. I work in my own practice with a partner and two nurse practitioners north of Boston. Despite working in a very competitive medical environment, we've been able to thrive ... I hope because of our focus on patient care. I've been very engaged with Partners HealthCare (an amalgamation of two academic medical centers and a group of hospitals and affiliates), which has really informed my approach to health care delivery. I have also been involved in the effort to make EMRs better.

On the personal side, I now travel a lot to the UK where my wife is working as an academic. While there, I get opportunities to talk and work with academic doctors and learn about the National Health Service and its single-payer health care system. Warts and all, it is a far better system than ours.

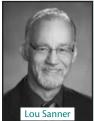


Figure out what you love to do and do more of that. Don't be afraid to try new things in and out of medicine.

My advice to *older patients* is to do three things every day: use your body; use your mind; and use your heart. That's good advice at any age.

Big stress learning years are M3, R1, and your first years in practice or academic job. The discom-

fort will go away. Don't confuse learner-stress with an actual dislike for the activity you're learning. The smoke will clear, and then it's just you in a room with a patient trying to figure out the way forward and getting a kick out of each other and the preciousness of time spent together. Same with colleagues, nurses, students. Fall in love with your profession and the mystery of each day.

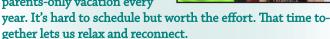
Lou Sanner, MD, MSPH RESIDENCY CLASS OF **1986**

DR. SANNER: "I've been on faculty at University of Wisconsin Madison Residency since finishing fellowship at MU in 1988. I remain a full service family doc delivering babies, doing inpatient care, OB ultrasounds. Currently I'm letting the air out of my power balloon as I transition my medical director duties to others. I'm contemplating working part-time and doing what I love: patient care and teaching residents, so I can have more time to travel with my fun wife, Jenny, and enjoy my 10 grandkids. We host singer-songwriter concerts in our yard each summer. SUPER FUN!

I also do work (with Steve Crane and other consultants) for AAFP's Residency Program Solutions. I plan to keep doing that gig and raising a ruckus until I become irrelevant.

44 1) Enjoy the now. It is easy to focus on what you are going to do later, but the most fun time is right now. I love our extraordinary ordinary life!

2) Take time to get away with your spouse. We have a parents-only vacation every



- 3) Have fun goals, not just professional ones. Our family set a goal of hiking to the highest peak on every island in the Caribbean. (Family pic was taken on Pic Paradis, French St Martin.)
- 4) Keep your practice broad. It makes you more attractive as a physician. It gives you more flexibility and options. It keeps you from getting bored.

John Delzell, MD, MSPH RESIDENCY CLASS OF **1996**

DR. DELZELL: **Lots of changes since 1996. I stayed on faculty at Mizzou until 2001, when I moved to Memphis to become family medicine program director at University of Tennessee; then I served as associate chair of family medicine at University of Kansas, Kansas City. After my divorce, I was lucky enough to marry an amazing woman who's also a family doctor. We have a very busy blended family life down here in south Florida. My wife, Dr. Heidi Chumley, is executive dean of American University of the Caribbean, which is based in Coral Gables but has its preclinical campus in Sint Maarten. We have five kids between us (9, 13, 17, 18, and 23).

Professionally, as vice president for education and designated institutional officer for Broward Health, I am responsible for 12 medical, dental, and pharmacy residency programs and about 125 residents. We have medical students rotating from three schools (Florida International University, University of Miami, Nova Southeastern). I'm associate dean for GME at Florida International University. Occasionally I attend in clinic or the inpatient service, but mostly I'm an administrator. I gave up delivering babies in 2013.



44 Your generalist training provides you with a wonderfully diverse set of skills that will allow you to build and shape your practice into exactly what you want it to be. Take advantage of that! It can go a long way toward providing you with a satisfying career. 77

Cully Bryant, MD RESIDENCY CLASS OF 1996

DR. BRYANT: "I'm a partner at Ferguson Medical Group, a multispecialty clinic in Sikeston, MO, and spend my clinical time seeing patients at the office and at several long term care facilities. I've expanded my nursing home practice (>200 patients across six homes) and serve as medical director for three nursing homes, one hospice, and our local health department.

Personally, I'm still a rabid Mizzou sports fan, despite our beloved alma mater's recent misadventures! I greatly enjoy working in my vegetable garden. And with only one child left at home, Julie and I are fast approaching *empty nesthood*. Looking forward to the peaceful solitude to come ... sort of.



What advice do you have for our 2016 FAMILY MEDICINE GRADUATES?

CLASSES

1976 — of — 2006

◆1986 ◆ 1996 ◆

44 It's a hard time to be a physician in our country. Even though you love people and find great joy in taking care of their health needs, the corporate hierarchy and bureaucratic pressures of our current health system may make it difficult for you to focus on patients and the reasons you became a doctor. Be prepared for the challenges of your profession.

Doug Mills, MD RESIDENCY CLASS OF 1996

DR. MILLS: "I've done ER, urgent care, and occupational health since residency. I started out in California, and after a few years I moved to Texas. I currently do urgent care in Austin.

I am in the process of manufacturing something unrelated to medicine. Once I get my new business going and become independently wealthy, I plan to open a free clinic and take care of people who can't afford health care.



44 Always put your patients first. If they are the focus of your practice, you will succeed in your career. Make sure your staff understands this as well.

Also, know your patients

beyond their medical issues and document this. I've always tried to put something personal (spouse, kid, job, school, sports, hobby) in my notes, so when they return, I have that information to share with them. Patients appreciate this effort, and if you do it, they will return and bring other patients into your practice.

And, regardless what type of practice you enter, always remember your family medicine background. I don't practice traditional family medicine, but I use those skills with every patient I see. Take care of the whole person, not just the chief complaint. 77

Brian Mahaffey, MD, MSPH RESIDENCY CLASS OF 1996

DR. MAHAFFEY: ⁶⁶ After being in Springfield, MO, for 16 years and working as the head team physician for Missouri State University, a team physician for the Springfield Cardinals (AA Affiliate of the Cardinals), and directing Mercy Sports Medicine, I had an opportunity to take another dream job within Mercy Health Systems. Four years ago, I was asked to be a team physician for the St. Louis Cardinals Major League Team. I was also named the Minor League Care Liaison; essentially I coordinate care throughout the organization. We settled in St. Louis two years ago. I have a sports medicine practice within Mercy and have been named director of sports medicine for Mercy Health Systems. In this role, I oversee sports medicine services throughout our four-state system.

Sandy and I just celebrated our 27-year anniversary; amazing she has put up with me that long. We enjoy traveling and spending time with family. We're empty nesters now, and both girls are doing well. Lauren, our oldest who graduated from Maryville University, works for Mercy at its orthopedic office here in St. Louis. Samantha is a pre-dental student at Mizzou.

In a time when the patient/doctor relationship has become so strained by government regulations and third party payers, try not to forget why you chose this career. It is so easy to lose professional



empathy, and when/if that happens, it is a travesty. For now and the foreseeable future, some of the power you need to be true advocates for patients and their pain has been taken away. In the end, even if you can't fix every medical issue that patients bring you, you can guide them to another doctor who can. If your patients realize how much you care about them, you have succeeded.

Kristin Oliver, MD, MSPH RESIDENCY CLASS OF **1996**

DR. OLIVER: "Hey to all!!! Hope everyone is doing well. Currently I practice sports medicine and orthopedic regenerative medicine in both Chesterfield and Columbia, MO, as a partner in Bluetail Medical Group. Bluetail is a three-doc private practice, which is growing with new affiliate offices open in Naples, Tucson, Madison, and Bozeman. We plan to add offices in Denver, Los Angeles, Chicago, and Fort Worth this year.

I'm married to Todd Oliver, an orthopedic surgeon at Columbia Orthopedic Group, and have two great stepdaughters. We still live on 20 acres just outside of Columbia.

44 Marcia regularly says to me, "I hope you get to help someone today." That is why I do what I do, when every other reason is whittled away: the privilege of helping one person, two, maybe even a dozen or more, each day. "

Mark Ellis, MD, MSPH RESIDENCY CLASS OF 1996

DR. ELLIS: 41 am now in my 17th year with Cox-

Health in Springfield, MO, the first six years as faculty at Cox Residency, the past 11 in full-time clinical practice. With the launching of the MU-Springfield medical campus this year, I've accepted a part-time role as an associate clerkship director. It will be good to get back to doing some teaching.

Marcia's and my children (Ryan, Garrett, and Kate) are now 13, 13, and 8 years old. During this their first-ever track season, I told Ryan and Garrett that my old partner, Cully Bryant, high-jumped something like 6 feet 10 inches. They looked at me with blank stares. Clearly, my credibility is shot. Then there's Kate, who at age 8 wrote what may be the very best poem ever written about a *stink bug*. Is it unseemly to brag about a daughter who can write a poem about a stink bug?

Marcia and I enjoy gardening (though I cannot raise a vegetable to save my life), and our whole family enjoys all manner of outdoor/active pursuits. I still like to write fiction/poetry when I get a chance. Life is good.



Gea

What advice do you have for our 2016 FAMILY MEDICINE GRADUATES?

CLASSES 1976 — OF — 2006 ◆1986 ◆ 1996 ◆



⁴⁴Take care of your family. And professionally, always keep in mind that your primary mission is caring for patients, a great privilege. ⁷⁷

Jerry Mank, MD RESIDENCY CLASS OF 1996

DR. MANK: ⁴⁴Twenty years in summary: 4 years Air Force active duty; 8 years Air Force Reserves; 2 years on staff at Audrain Medical Center in Mexico, MO; and last 14 years with

VA at Community Based Outpatient Clinic in Mexico, MO. Personally, my daughter, Rachel (married 01-17-16), now dually boarded in family medicine and emergency medicine, is working in the northwest as an ER doc. My wife, Christine, recently completed our new house on acreage with lake, and we have embarked on planting pecan trees that will make our grandchildren (God willing) pecan tree magnates.



Your whole career, people around you will expect you to be smarter than they are, but then criticize

you if you act that way. They will ask constantly for your opinion, but your conviction will be seen by some as dogmatism. You'll be required to be endlessly compassionate; but your own sadness or frustration will be misconstrued as misbehavior or a character flaw. This can make for a lonely existence. Spend as much time as you can with people who know how human you are and how goofy you can be. Anyone with a spouse, or children, or siblings, or parents, knows you can't get away with acting like a doctor at home!

Simon McKeown, MD RESIDENCY CLASS OF 2006

DR. McKEOWN: "I'm doing family medicine and urgent care in Mexico, MO. I am medical director of Mexico Urgent Care; physician for the Mexico School District and team physician for its football and soccer teams; consultant physician for Missouri Military Academy; and medical director of Audrain County Public Health.

We're all doing fine. Julie teaches Spanish at St. Brendan's School in Mexico. Jonah (22) plans to work on a master's degree in journalism at Mizzou, having graduated from Truman State; Christian (20) is studying at Richmond, the American University in the UK, and is currently playing soccer in the MLS Premier Development League in Naples, FL; Rory (18) is headed for Truman in the fall; Sophie (16) and Rosanna (14) attend Mexico High School; Dominic (12) and Brendan (10) are at St. Brendan's School. Mexico is a great town to raise a family; if you know of any graduates who are looking for somewhere to practice, I could sure use some help!

44 Always strive for the type of practice you truly want. The limitations of our current system are many, but knowing what is vital to your own personal/professional sense of fulfillment will help you make sound practice decisions.

Always remember to enjoy your patients. Making a difference in the lives of my individual patients is still the biggest reward and motivator for me. Helping students learn how

Pam Wiseman

they can make a difference to patients is a close second.

Lastly, be sure to pursue nurturing activities to keep yourself and your family healthy and happy. The things that keep me sane are yoga, meditation, cooking, and nature walks in both urban and rural settings.

Pam Wiseman, MD RESIDENCY CLASS OF 1996

DR. WISEMAN: "I'm an associate professor at Louisiana State University School of Medicine, New Orleans. As lead physician of our faculty practice, I see patients and precept longitudinal, clerkship, and interprofessional students in clinic. We're starting a nutrition course for medical students. And with grant funding from Humana, I'm able to do health coaching of diabetic and prediabetic students at my school-based health clinic this year.

Living and having a family in New Orleans is as interesting and challenging as it sounds. My children have all enjoyed growing up in our relatively small, uptown community, where we can walk or bike to most activities. My older boys, Gabriel and Aaron, attend Loyola University. My more adventurous daughter, Jolie, leaves for Seattle University this fall, and my youngest son, Eli, is in junior high and developing a love for music, including jazz. I'm a member of a Mardi Gras Krewe, Iris, which at 100 years is the oldest all-female Krewe in New Orleans! The proper request for throws at our parade is, "Pretty Lady!" or "Throw me something, Sister!"

Stay true to yourself. Do the things you want to do – things that make you happy – in your practice; don't do things just because you think you should. Your choices may be limited when you first start your career. But as you grow and develop, don't be afraid to make your practice what you want it to be ... it will be your second home after all!!

Erin Piontek, MD RESIDENCY CLASS OF 2006

DR. PIONTEK: "I've been back in St. Louis for about two years and currently busy trying to grow my practice (again). I work for Mercy Hospital as a full-time outpatient family physician. There are three physicians in the office, and we see all age groups and do minor in-office procedures.

My family has moved several times in recent years so that Arun, my husband, could complete a cardiology fellowship in Boston. We're happy to be back home in the Midwest now. We have two children, Arjun and Aisha, five-year-old twins. We're busy enjoying time with family, getting outdoors as much as possible, and toting kids to swimming, soccer, and school.



What advice do you have for our 2016 FAMILY MEDICINE GRADUATES?



Family medicine is challenging, but so rewarding. In the last ten years, I've developed amazing relationships with patients and colleagues. Find a mentor to help support you. Remember to take care of yourself and your family; take plenty of vacations!

Amanda Allmon, MD RESIDENCY CLASS OF 2006

DR. ALLMON: 46 I stayed at MU after residency. Today, I see patients at our South Provi-

dence clinic and serve as medical director of one of our three practices at that clinic. Teaching is still great fun for me! I'm an associate director for our third year family medicine clerkship and help in placing students offsite around Missouri. I also teach in the clerkship and during the first two years of medical school.

My husband, Jason Hoffman, and I just celebrated our 17th wedding anniversary. We have two sons, Graham, 10, and Becks, 7. They keep us busy with all their extracurricular activities! Our family enjoys traveling, playing golf, and spending time outdoors. Life is good for me in CoMO!



Do what you like. Don't let anyone tell you what your practice can or can't look like. Know your limits and stick to them. Find the fun and make that happen.

Paul Angleton, MD RESIDENCY CLASS OF 2006

DR. ANGLETON: 461'm employed by Mercy as a family doc in Wentzville, MO, working full-time in clinic. I'm also team physician for the River City Rascals baseball team. I recent-

ly went on a medical mission trip to Honduras, and that was amazing. If anyone wants to go there in Fall '17, let me know. My wife, Sarah, and I have two sons, Elijah and Jakey."



Expand your interests outside of medicine so you can enjoy these opportunities during your time off. Travel and explore new places. You'll continue to learn from your patients every day, and you'll find new professional interests from this.

Kristen Deane, MD RESIDENCY CLASS OF 2006 DR. DEANE: 461 stayed at MU after

graduation and since then, I've served as associate director for our Family Medicine Residency. I enjoy planning resident didactics and being able to mentor and teach residents. I have a busy outpatient practice - and also attend for residents - at our South

My husband, Kurt Tarwater, and I have three children, Henley, 9, Anderson, 7, and Harper, 4. We spend a lot of time watching them participate in swim meets, ball games, dance recitals, and other activities. Living in Columbia allows us to attend many MU sporting events where we continue to cheer for the Tigers. Our family likes to travel and enjoy the outdoors together.

Value your role. As a primary care physician, especially family medicine, you occupy a special place in the health care paradigm. Embrace it, advocate for your patients, and speak your mind. You have important input that needs to be acknowledged. Your time is valuable: don't let others waste it.



Time is the ultimate resource. It's completely finite, perishable, and nonrenewable. We only have so much; no one knows exactly how much. Use your time wisely. Make a difference now, today, and tomorrow, but don't wait until then. The beauty of our profession is that we have opportunities to accomplish this every day.

Don't always be somebody's monkey. Intermittently, other health care interests will put you in the position of being their monkey. It happens; it's part of the modern health care fabric. But you don't have to play the role. Be fair, and take responsibility for what falls within your purview. And say no to what doesn't. Be willing to disappoint, and practice good, evidencebased medicine.

Scott Roos, MD

RESIDENCY CLASS OF **2006**DR. ROOS: **4** Ten years already? Amazing! I've been reading these newsletters waiting for the day it would be our year to celebrate, but now that it is ... wow!

I practice outpatient family medicine, no OB, for BJC Medical Group in Lake St. Louis; our growing practice includes another family physician and a nurse practitioner. I love my job and my patients, and while at times, I'm nostalgic about my initial post residency career with NASA, I don't regret my decision to change. It was the right move for me, and I landed where I needed to.

I'm an assistant scoutmaster at a local Boy Scout Troop. My wife, Jan, practices patent law in St. Louis. My son, Henry, who just finished eighth grade, plays the trombone and runs track. My daughter, Anika, who just finished sixth grade, plays the saxophone and is on the soccer team. Both children are honors students. We enjoy biking the Katy Trail and hitting the microbreweries. I'm still a comic's geek! We're happy!"

We all serve a master. Choose well the master you decide to serve.'

(Advice from Dr. Dan Vinson at 2006 FCM Graduation)

BJ Schultz, MD, MSPH RESIDENCY CLASS OF 2006

DR. SCHULTZ: "I'm getting to apply the great medical training I received from MU Family Medicine at the Family Health Center and Columbia Orthopaedic Group.

Personally, I've been blessed with a wonderful wife, Sue, and three amazing children, Samuel, 10, Joel, 8, and Leisel, 5. Home court

is Columbia, MO, but we make frequent trips to Independence and Florida to visit grandparents. Our family does as much as we can together: worship God at home and church, swim, cycle, swing, run, hike, play violin/piano, read, draw/paint. We are not as thankful as we ought to be, but thankful, nonetheless."





What advice do you have for our 2016 FAMILY MEDICINE GRADUATES?

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both in medicine and in life. During residency, we have a new rotation every month, but as attendings, it's easy to be comfortable with what is familiar and routine. Keep your priorities in the forefront of your mind

and then find the opportunities that fit ... don't compromise your priorities for an opportunity.

Natalie Choi, MD RESIDENCY CLASS OF 2006

DR. CHOI: "I'm living in the western suburbs of Chicago with my husband, Tony, and our two boys, ages 3 and 6.

I just accepted the position of program director for Northwestern University's Family Medicine Residency program in Geneva, IL.



⁴⁴I urge you to always act in the best interest of your patients to the best of your ability, with honesty and compassion. To do this may require some extreme juggling, especially if you work in a clinic where you have little control over your schedule.

Kaaren Douglas, MD, MSPH FELLOWSHIP CLASS OF 1986

DR. DOUGLAS: "I am a writer and am working on

my second business book for women. My first book, Strategic Followup, Five Easy Steps to Build Your Business, will be released later this year. I continue to live happily in southern California.

⁴⁴Always keep patients at the center of your care. You'll face many hurdles, barriers, and stresses, but ultimately it's patient relationships and the gratitude your patients express that make it all worth it.

Also, question the status quo, ask why we do the things we do, and think creatively as you figure out solutions. We are counting on you!

Pat Adam, MD, MSPH FELLOWSHIP CLASS OF 1996

DR. ADAM: "I've been program director of the University of Minnesota Family Medicine Residency eight years and continue to enjoy the accomplishments and challenges of my job. My role is that of a Family Physician Plus; the program, residents, and faculty are my practice, and I feel honored to be part of so many wonderful physicians' and people's lives. I see patients about 30 percent of my time, just enough to still be a real doctor. I've been energized by the move away from fee for service to a more value-based payment, and the recognition by our specialty colleagues that family medicine is critical to the success of all. I feel privileged to be serving on several health care boards, which is allowing me to directly witness the effects of the ACA. So, professionally I'm never bored!

Michael and I are spending more time together as a couple, as our kids go off to college or stay busy doing their own thing. Our oldest is at Rochester Institute of Technology, New York, our middle is at University of Southern California-Los Angeles, and the youngest gets to be at home with us (and we with him!)

Sarah Curry, MD
RESIDENCY CLASS OF 2006
DR. CURRY: After residency, I returned to my

DR. CURRY: 44 After residency, I returned to my hometown of Sikeston, MO, and did traditional family practice for about five years. When our hospital built a new wound clinic, I was invited to work there one afternoon a week. Well, that one afternoon turned into two, then three, and eventually I

began working there full-time. I am now medical director of the Missouri Delta Wound and Hyperbaric Center, and I love it!

My kids are now 9 and 10. My husband took this photo of us on top of a mountain last summer in Big Sky, Montana.

Within reason, be confident in yourself and your conclusions. Then, depending on evidence and consultation, be prepared to implement, defend, or change your behavior or thinking.

Frank Lawler, MD, MSPH FELLOWSHIP CLASS OF 1986

DR. LAWLER: ⁴⁴ After practicing academic family medicine at University of Oklahoma for 23 years, I was recruited to be chief medical officer at the Oklahoma State Insurance Plan for state, education, and local government employees. The only patients I see now are at a free clinic, but my fellowship and 14 years of teaching epidemiology prepared me well for population health, criteria/technology evaluation, and statistical analysis.

Personally, we have our first grandchildren, twin boys.

Focus on the wonderful moments and relationships you have with your patients. That is what truly makes all the other hassles of the job worth it. Adapting your professional role to fit what you're most interested in goes a long way towards job and life satisfaction. Glad that I figured out during my first 4-5 years of practice what I really wanted professionally."



Michael Stiffman, MD, MSPH FELLOWSHIP CLASS OF 1996

DR. STIFFMAN: 41 love my work. I do clinical outpatient family medicine most of the time and also work in an infectious disease clinic providing HIV care. (Thanks to Steve Zweig for getting me started down this path by allowing me time away during residency to get HIV training.) As more patients with HIV are living into their geriatric years, ID docs need all the rest of us to take care of the other chronic and preventive needs of these patients. I've been giving talks about this to primary care docs since we are the future. With truly effective medical prevention of HIV here, family docs need to learn about and embrace this new role. I also enjoy having med students rotate with me.

Since Pat became residency program director, which is a truly endless job, I have cut down on my FTE and become the primary chauffeur, shopper, and cook in the family. Enjoying that, too.



What advice do you have for our 2016 FAMILY MEDICINE GRADUATES?



I have little advice to offer, certainly when it comes to careers in medicine. My professional goals are to keep a job that pays the bills and – as much as possible

experience joy by doing interesting and meaningful work together with people whose company I enjoy. I try to keep an eye out for roles where these goals overlap.

One bit of advice: Work on something creative every morning, before checking email.

Michael Ohl, MD, MSPH FELLOWSHIP CLASS OF 2006

DR. OHL: Many of you will be surprised to hear that I've held down the same steady job for seven years now, and am a productive, tax-paying member of society. I've found a niche in the infectious diseases division of the Internal Medicine Department at University of Iowa, and it seems like a good fit. My clinical time is mostly spent in HIV care. I've also developed an eclectic (i.e. unfocused) research program that includes a mixture of HIV outcomes and rural health studies. We're interested in developing strategies to improve collaboration between rural primary care providers and urban specialists when sharing care for patients with chronic conditions. Give me a call if you have ideas about this, or if you just want to talk life, family, sports, whatever.

Martha and I have settled in Iowa City with our daughter Madeline, 15, and son Aidan, 12. My latest hobby is learning Scandinavian languages so that I can watch dark, existentialist Scandinavian films without relying on the subtitles, which I've always suspected were not capturing the true spirit of the movie. I think some languages are probably better at expressing angst than others. Let me know if you have suggestions for films.

Jeg glæder mig til at høre fra jer."

It's really important to find those things in your personal and professional life that energize you and keep you striving for new learning and understanding."

Becky Hoffman, MD, MSPH FELLOWSHIP CLASS OF 2006 DR. HOFFMAN: 41 just began a new posi-

tion as assistant professor at Southern Illinois University's (SIU) Department of Family and Community Medicine in a part-time, nonclinic capacity. I continue to maintain a clinical practice with Anderson Medical Group as a solo family doctor in Collinsville, IL.



My husband, Chad Maloney, and I now have three children: David, 7, Max, 5, and Lauren, 1. Life is busy and always exciting."

**Remember that as a family physician, you're in a unique position of having flexibility and options to practice in different settings, doing different things. Try to choose option(s) that maximize your skills and provide the best balance between your professional life, family life, and overall personal happiness. At all times, do your best to listen closely to your patients. Know your limitations and never

feel inadequate or ashamed about reaching out for help from your colleagues or providers in other specialties."

James Birch, MD, MSPH, CMD

FELLOWSHIP CLASS OF 2006

DR. BIRCH:

Assistant Professor, Department of Family Medicine, University of Kansas School of Medicine.

Associate Director, Geriatric Medicine Clerkship.

Academic faculty for family medicine residents and students at the Geriatric Interprofessional Teaching Clinic.

Associate Director, Geriatric Medicine Fellowship."

MU Family Medicine Graduates

Alums not included in our 2016 ASK FOR ADVICE project (pgs 6-13)

Larry Johnson, MD 1976 RESIDENT	Deceased: 2013
Lynn Broadfield-Huffman, MD 1986 RESIDENT	Deceased: 2015
E. Gene Draves, MD 1996 RESIDENT	Festus, MO
Bridget Early, MD 1996 RESIDENT	Columbia, MO
Mary Beth McCoy, MD 1996 RESIDENT	Parker, AZ
Deborah Weems, MD 1996 RESIDENT	St. Joseph, MO
Ryan McWilliams, MD 2006 RESIDENT	Anchorage, AK
Jeremy Swindle, MD 2006 RESIDENT	Newberg, OR
Janet Groff, MD, MSPH 1986 FELLOW	Tucson, AZ

MU FAMILY MEDICINE PROFESSOR NAMED ASSOCIATE DEAN AT MEDICAL SCHOOL

KEVIN KANE, MD, MSPH, professor of clinical family and community medicine, 1997 FCM Resident, and 2000 FCM Fellow, has been appointed associate dean for education improvement at MU's School of Medicine. Dr. Kane succeeds John

Gay, MD, associate professor, MU Obstetrics and Gynecology.

MU's School of Medicine has expanded and now includes a second clinical campus in Springfield. Dr. Kane will lead the integration activities between the two campuses, working in partnership with Andrew Evans, MD, associate dean for the Springfield campus. Dr. Kane, former faculty director for curriculum and evaluation at MU's medical school, will continue overseeing other aspects of medical student education in his role as associate dean.

A family physician at MU's South Providence clinic, Dr. Kane will maintain his clinical practice in addition to his new leadership responsibilities in the School of Medicine.

MU FAMILY MEDICINE RESIDENTS



megan WARHOL, DO



andy PATEL, MD



anna HULBERT, MD



alicia LUDDEN-SCHLATTER, MD

gained understanding, knowledge, and skills from their GLOBAL HEALTH EXPERIENCES

Four MU Family Medicine Residents took medical mission trips this past year; their trips were supported in part with money from the University of Missouri GLOBAL HEALTH TRAINING FOR FAMILY MEDICINE RESIDENTS FUND.

Donations to this fund will sustain our ongoing commitment to global health education and training for MU Family Medicine Residents. We hope you will consider sending a gift.

For more information or to make an online donation, please visit: fcm.missouri.edu/giving

MEGAN WARHOL, DO, AND ANDY PATEL, MD, went on MU School of Medicine's annual medical mission trip to Jamaica for two weeks in March. MEGAN talks about their experience:



We worked most mornings and afternoons at Falmouth Clinic, an outpatient facility staffed year-round by US health care providers, and had evening lectures by MU Medicine Professor Dr. Gor-

don Christianson on various infectious disease topics. When we weren't in clinic or at a lecture, we found time to explore the area.

Our group went running together at sunrise some mornings and then got to relax at a nearby beach a couple of times. We also spent an afternoon hiking Dunn's River Falls, a famous waterfall we were able to climb. Another night after dark, one of the locals took us out on a boat to see the *glistening waters*, where the algae glow around you as you swim. We had an opportunity to see local wood-carvers busy in their shops and talk with them about the importance of their work.

why: After participating in global health training as a medical student, I knew I wanted to do it again. Many residents never get to see or experience medicine outside the comforts of their own

hospitals, let alone in a foreign country. When I heard about the trip to Jamaica, I knew it was something I wanted to do. Our medical team was able to help

amaica

esources globally will continue to have a world-wide impact; it is

rewards: This trip taught us more than we ever expected to learn. While in Jamaica, we faced situations where lab and x-ray services were not immediately available, and the data we had access to was limited. We provided a broad range of services, from preventative to acute care, and performed minor surgeries in our clinic. We were physicians to our patients, and teachers to the medical students who worked alongside us.

Patient Care at the Falmouth Clinic

challenges: One day while relaxing on the beach, our team successfully resuscitated a drowning victim. We had no resources available, but were able to achieve return of spontaneous circulation before the emergency responders arrived. This was definitely a challenging situation, but it was amazing to see our team work together during this emergency.

Value: My experience in Jamaica has been a highlight of my residency. We are so fortunate at MU Family Medicine to have global health training opportunities. They enhance our training

and help us become well-rounded physicians capable of taking care of patients with varying health issues. And they teach us a unique set of leadership skills. The lack of health care resources globally



imperative that the physicians of tomorrow be equipped to take on these constantly evolving challenges as they arise.

so many individuals who have extremely limited access to health care resources. This was an experience I will never forget.

ANNA HULBERT, MD, went on a medical mission trip to Gabon, Central Africa, for two weeks in January. ANNA talks about her experience:



I spent most of my time in the hospital but made many sweet memories with my co-travelers and the long term missionaries at Bongolo Hospital. Two attendings went with me. In

my free time, I traveled to a nearby village and did some hiking.

Why: The purpose of my trip was to learn about the medical mission field and ponder whether this will be something I want to pursue long term.

rewards: While in Gabon, I saw some incredible things done with very limited resources. As a family medicine physician, I

felt well prepared to help in many different parts of the hospital -- antepartum, labor and delivery, postpartum, adult and pediatric why we became doctors in the first place."

wards. I provided outpatient care in some local clinics, including a HIV clinic. I enjoyed the opportunities I had to work with and try to teach the general practitioners who had completed their medical training in Africa but had no formal residency training. My co-travelers and I gave the nurses a lecture on orthostatic vital signs.



challenges: I will learn more French before I take another trip. There was a lot of paperwork involved, and I'm so grateful that the residency helped me go. The most limiting factor of this trip was financial.

> **value:** I would absolutely do this again. I think global health training is important for those in the medical profession because

it helps us develop a broader vision for service and reminds us of

ALICIA LUDDEN-SCHLATTER, MD, went on a one-week mission trip to Guatemala in February. **MU's Chapter of the Christian Medical and Dental** Association organizes this annual trip to Guatemala. **ALICIA talks about her experience:**



We went to the small and rural mountain community of El Pinal. We were quite busy providing care in Guatemala. The town provided us a community center to use, which was where we slept at night and held clinic during the day. We woke up early every morning, broke down our cots and sleeping gear, and set up patient care stations. We saw patients most of the day. Some

of us went on home visits to provide food, supplies, basic medical care, and fellowship to home-bound individuals. In the evening, we took down our patient care stations, had dinner, debriefed our experiences, and then did reflection as a group.

why: I've gone on CMDA mission trips several times. Initially I went to use my medical skills to serve those in high-need areas. I continue going because these trips encourage and inspire me.

rewards: While in Guatemala, I learned how to juggle two roles at once. I was a medical provider to my patients and an edu-

cator to the medical students in our group.

The most powerful part of this trip was the warm wel-

come we received from the people of El Pinal. On arrival, church leaders greeted us with singing and guitar-playing. Every morning, women from town arrived to fix us breakfast, and they helped prepare lunch and dinner for us as well. The food was incredible! Few people in El Pinal have running water or electricity, but one family opened their home to us. The community shower uses rain



water, and the townspeople heated the water over a fire to make sure every shower we took was warm. The people of El Pinal were grateful for the medical care and supplies we brought them, but we felt just as grateful for their hospitality and acts of kindness!

challenges: The biggest challenge we faced in El Pinal was the language barrier. Most of our patients spoke Spanish, which I don't speak. We had access to translators, but it was still difficult to communicate because of cultural differences. Furthermore, some patients didn't speak any Spanish; they spoke a Mayan dialect, and communicating with them required two translators. After experiencing what it's like to work in an environment where the culture and language are unfamiliar to me, I have more empathy for my patients in the U.S. who don't speak English.

Value: My work in Guatemala is always valuable and rewarding. Every time I go, I come home feeling more appreciative of the opportunities and resources I have. These experiences remind me I that there's joy in serving others and making a difference in the

> lives of those less fortunate than me. I would encourage all students and physicians to pursue opportunities in global

health because it leads to a broader understanding, greater empathy for patients, and hopefully, a keener sense of purpose.



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To make an online donation to MU Family and Community Medicine:

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WORKSHOP FOR NEW FAMILY MEDICINE CHAIRS

Together with leadership from the Association of Departments of Family Medicine (ADFM), MU Family and Community Medicine held the 2015 annual New Chairs Workshop in Columbia, MO, last September. Participants gathered for a photo at the end of the three-day event (PICTURED LEFT TO RIGHT).

FIRST ROW: Jack Colwill, MD, MU Family Medicine; Ted Johnson, MD, MPH, Emory University; Mark Loafman, MD, MPH, Cook County Health and Hospital Systems; Mary Coleman, MD, PhD, Louisiana State University.

SECOND ROW: Ardis Davis, MSW, ADFM; **Myra Muramoto, MD, MPH**, University of Arizona.

THIRD ROW: Bengt Arnetz, MD, PhD, Michigan State University; Richard Friend, MD, University of Alabama; Paul James, MD, University of Iowa; Stacy Brungardt, CAE, STFM; Steve Zweig, MD, MSPH, MU Family Medicine; Christine Arenson, MD, Thomas Jefferson University; Mike Hosokawa, EdD, MU Family Medicine.