



MedStar Franklin Square
Medical Center

Knowledge and Compassion
Focused on You

ANNUAL REPORT

2016-2017

The Department of Family Medicine
*“Improving Health Through Partnership,
Scholarship and Advocacy”*



A YEAR IN REVIEW FROM DR. MELLY GOODELL

Chair, Department of Family Medicine



I'm proud to share the Department of Family Medicine 2016-2017 Annual Report with you.

This year brought new challenges with the conversion to a new electronic health record and processing more than 40 years of history as we moved upstairs to a larger and newly renovated office suite in our patient centered medical home. You will be impressed by the outstanding work done by our residents and faculty, and those who support them, in striving to improve the health of our community, provide the highest quality patient care, achieve excellence in resident and student education, and to represent MedStar locally, regionally, and nationally.

RESIDENCY HAPPENINGS

We are very pleased with our past academic year for 2016-2017.

We were successful with our recruiting season and we filled in the match with high quality residents. We now have a full complement of residents in the four- year Combined Family Medicine and Preventive Medicine program in collaboration with the Johns Hopkins Bloomberg School of Public Health.

Our residents and faculty continue to hold numerous national and regional leadership positions and present at local and national conferences. We have been a level 3 PCMH since 2011 and continue to improve the quality and cost of care that we deliver in the Family Health Center.



FAMILY MEDICINE CORE FACULTY

The Heart of Our Department



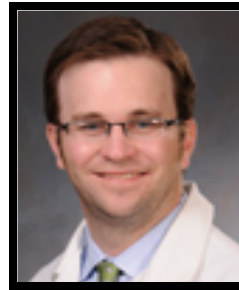
Nancy Barr, MD
Medical Director,
FHC/Med Student Ed



Kate Diehn, MD
Faculty



Lauren Drake, MD
Faculty



Michael Dwyer, MD
Program Director, FM
Residency



Uchenna Emeche, MD
Faculty, FM
Associate Medical Director



Andrea Gauld, PharmD,
BCACP, BCPS



Melly Goodell, MD
Chair, FM



Lauren Gordon, MD
Director of Women's Health



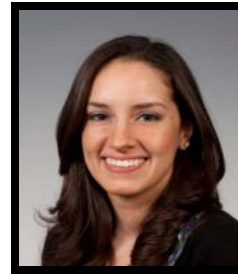
Claudia Harding,
LCSW-C, BCD,
Dir of Behavior Science/
Comm Med



Martha Johnson, MD
Faculty



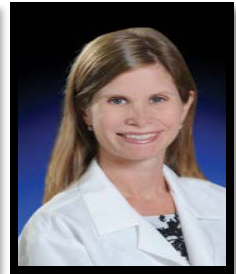
Joyce King, MD
Director of Inpatient
Training



Laura "Eli" Moreno, MD
Faculty



Michael Niehoff, MD
Director of
Musculoskeletal
Programs



Kendal O'Hare, MD
Faculty



Sallie Rixey, MD, MEd
Vice Chair, Dept of FM,
Co-Dir of Family and
Prev Med Combined
Program



Kelly Ryan, DO
Clinical Faculty &
Sports Medicine



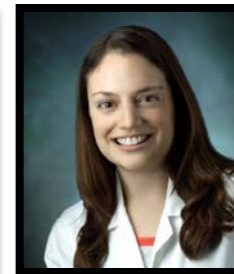
Britt Gayle, MD
Faculty



Tobie Lynn Smith, MD
Medical Director,
HCH-BC



Katherine Stolarz, DO
Faculty



Elise Worley, DO
Faculty

"I came in 1991 and was given the opportunity to care for patients and educate physicians; to learn about systems, leadership, philanthropy, boards, mentoring and community, all because of you and the support of this amazing institution. It has been such a wonderful career, it defined who I am in so many ways. All the best, these are amazing times!" Sallie Rixey, MD, MEd

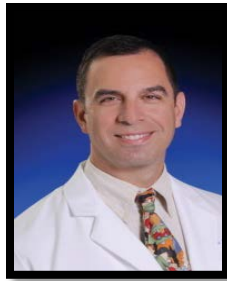
FAMILY MEDICINE PEDIATRIC FACULTY 2016-2017



Harsha Bhagtani, MD



Robin Chernoff, MD



Lee Fireman, MD



Akil Getachew, MD



Scott Krugman, MD,
Chairman, Dept of Pediatrics



Ari Silver-Isenstadt, MD



Anna Reed, MD



"Love this program and would absolutely come back if I had to pick all over again. I love the faculty, staff, residents, and generally think this is a very strong program. Everyone I have worked with (related to FHC) has been supportive, dedicated, and has had great ideas for innovation. I hope to see this program continue to thrive, grow, and continue to improve." Resident, Family Medicine

FAMILY MEDICINE RESIDENCY CLASS OF 2017



Richard Bruno, MD
FM-PREV MED

Nikhil Desai, DO

Ashley Dunn, DO

Max Dutkin, MD

Tamkeen Farooq, DO

Ypapanti Meris, MD

Cynthia Omokaro, MD

Melanie Powell, MD

Patrick Smith, MD

FAMILY MEDICINE RESIDENCY CLASS OF 2018



Julian Barkan,
DO, MPH

Jasmeen Gill, MD

Jordan Gottschalk, DO

Suchi Nagaraj, MD

Melissa Nicoletti, MD

Ijeoma Okeke, DO

Jamille Taylor,
MD, MPH

Grace Cho
Wessling, MD

Max Romano,
MD, MPH
FM-PREV MED
Class 2019

Hasan Shihab,
MBChB
FM-PREV MED
Class 2018

FAMILY MEDICINE RESIDENCY CLASS OF 2019



Candice Baine, MD



Melanie Connah, MD



Kai Chen, MD



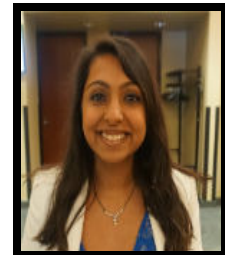
Michelle Dutkin, MD



Janelle Hinze, MD



Nithin Paul, MD
FM-PREV MED
Class of 2020



Melanie Sawhney, DO



Farrah Siddiqui, MD

2016-2017 FAMILY MEDICINE INTERVIEW STATS

Number of Total Applicants: 1,983

	<u>Invited To Interview</u>	<u>Interviewed</u>
FM Program	192	126
Dual Program	10	7



WELCOME FAMILY MEDICINE RESIDENCY CLASS OF 2020

"Rotating at MedStar Franklin Square Hospital during my 4th year electives brought me back to my hometown. The diversity in patient population and rich learning environment, and, of course with some fun during my time there, led me to choose Franklin Square to pursue my love for Family medicine. I look forward to serving the society through my expertise in healthcare and can't wait to dip my toes into residency at Franklin Square!!"

Sadhika Jamisetti, M.D. 1st Year Resident

"I knew at this point that family medicine was the best way for me to be able to form lasting relationships not only with individuals but with the entire family. I couldn't have made a better choice than to have come to Franklin Square. The physicians that I work with all have such a strong sense of responsibility for their patients and truly care in a way that I have not seen before. I look forward to meeting new patients and their families, to peel back the layers and find out what really motivates my patients to make positive changes in their lifestyle to help them live their healthiest life!"

Charles R. Litchfield, M.D. 1st Year Resident

"With the opportunity to train at Franklin Square, it feels like I'm back home. "

Joseph Brodine, MD, First-Year Combined Family Medicine and Preventive Medicine Resident



Mariam Antonios, DO



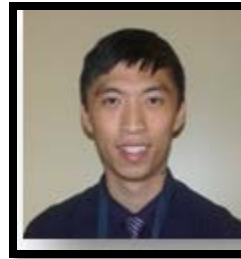
Chelsea Backer, DO



Annie Bailey, MD



Sadhika Jamisetti, MD



Allen Jian, MD



Samantha Kurzrok, MD



Bob Litchfield, MD



Priya Raghavan, MD



Joseph Brodine, MD
FM/Prev Med
Class of 2021



PREVENTIVE MEDICINE *It Happens Here*

Sallie Rixey, MD, MEd, started the combined program with a vision to advance care of patients best enhanced through collaborative relationships. She always believes that Family Medicine is where the rubber meets the road. She retires in the Fall this year after over four decades of an illustrious career. She will continue to provide technical support and sage advice to the program as we move forward.

Michael Dwyer, MD, current Program Director of the categorical Family Medicine Program, will serve as co-director of the combined Family Medicine and Preventive Medicine program with Dr. Clarence Lam, Program Director of the Johns Hopkins General Preventive Medicine Program.

Richard Bruno, MD, MPH (PGY-4) completed rotations with the US Department of Health and Human Services' Office of Disease Prevention and Health Promotion, helping federally qualified health centers highlight the free healthfinder.gov widget which allows patients to find out what services are recommended for them. His next rotation was with the Clinton Foundation's Health Matters Initiative, developing strategies to address the opioid epidemic. He spent time with the Robert Graham Center for Policy Studies in Family Medicine & Primary Care, identifying practical measures of continuity of care, which he presented to the Bureau of Primary Health Care of the US Department of Health and Human Services' Health Resources and Services Administration, and will be presenting at the North American Primary Care Research Group's annual meeting in November. He testified for numerous bills before the Maryland General Assembly and lectured at Georgetown Medical School on "Legislative Advocacy," encouraging medical students to engage in local advocacy on behalf of their patients.

He has served on the board of the National Physicians Alliance, Physicians for a National Health Program, the American Association of Public Health Physicians, MedChi (the Maryland state medical society), the Baltimore County Medical Association, Sugar Free Kids Maryland, and Friends of Hampden School #55. He was appointed by Governor Lawrence Hogan to serve on the State Advisory Council on Congenital and Hereditary Diseases, which determines which tests are included on all newborn screenings in the state. He will be working with Baltimore Medical System as a family & preventive medicine physician after graduation.

Hasan M. Shihab, MD, MPH (PGY-4) in the last year completed rotations at the State of Maryland Department of Health with the Environmental Health Bureau, participating in Childhood Lead Poisoning Prevention Program outreach activities, developing a Scoring Tool for Cancer Cluster Investigation Criteria, outbreak investigations of food borne and zoonotic diseases. He also worked on setting up a conference on Management of Highly Pathogenic Medical Waste Conference. He also completed a one month rotation at the International Center for Diarrheal Diseases Research (ICDDR,B) in Dhaka, Bangladesh. He provided technical support to a research study looking at outcomes of patients and their contacts after implementing a hand washing protocol in patients with Cholera and chronic diarrhea. He received the Paul Lietman Global Health Fellowship for this rotation. While in Bangladesh, he received an Award of Excellence from the Public Health Foundation of Bangladesh for his talk on The Aging Tsunami - A Global Health Threat. His future career interests are in Hospital Medicine, Global Health and Academic Medicine.

Max Romano, MD, MPH (PGY-3) completed four preventive medicine rotations at Johns Hopkins Healthcare (JHHC), MedStar Family Choice (MFC), Maryland Department of Health and Mental Hygiene (DHMH) Maternal Child Health Bureau, and the Agency for Healthcare Research and Quality US Preventive Services Task Force program (AHRQ/USPSTF). At JHHC and MFC he worked on multiple Medicaid managed care quality improvement projects focusing on data exchange systems and prenatal/postpartum quality improvement efforts. He presented his MFC work at the American College of Preventive Medicine annual conference and the MedStar Health Research Institute's 6th Annual Research Symposium, where he earned a Resident Research award for third place in the PGY1-3 category. At DHMH he analyzed bills affecting mothers and children during the state legislative session. At AHRQ/USPSTF he worked on multiple guidelines and initiatives in support of the USPSTF evidence-based recommendations for primary care. Additionally, he served on the Editorial Advisory Board of the Annals of Family Medicine Journal and co-authored a commentary in the Annals on the presidential election and Family Medicine entitled "Family Medicine in a Divided Nation."

Nithin Paul, MD (PGY-2) completed his internship at Franklin Square in July this year. In the next year, he will be attaining a Masters in Public Health as part of his Preventive Medicine training at Johns Hopkins University. He is currently the Franklin Square Resident Trustee at the Maryland Academy of Family Physicians. Within the community, he took the lead organizing a community tour for family medicine residents to visit the Great Blacks in Wax Museum and learn about Baltimore's African American History. He has joined Baltimore City Medical Providers and School Leader Workgroup, participated in the Mayor's Call to Action Workshop, and is also planning on working with Baltimore Connect on community health needs assessments and strengthening collaborations.

Joseph Brodine, MD, MSN/MPH (PGY-1) matched into the Program as our fifth resident since the program's inception. Joe is a graduate of Georgetown University School of Medicine and brings with him a wealth of experience from his pre-medical career.



FACULTY HAPPENINGS...



Drs. Uchenna Emeche (far left), FM faculty, and resident alumni, Joey Nichols (5th from the left), with medical students at the AAFP FMIG (Family Medicine Interest Group) event at Johns Hopkins.

The event allows family physicians in the area to speak with Johns Hopkins medical students interested in family medicine.

The Department of Family Medicine faculty held their annual retreat in March. Guest speakers included Sarah Thornton, MD, Assistant Professor of Medicine, Internal Medicine/Pediatrics, Georgetown University School of Medicine on “How to Incorporate Your Mobile Device in Clinical Teaching” and Amita Shukula, Founder and CEO of Vitamita and author of *Enduring Edge: Transforming How We Think, Create and Change*, on “Cultivating a Mindful Mindset to Prevent Burnout and Promote Well-Being.”

Curriculum updates and goals were also presented by faculty for the FHC on musculoskeletal, sports medicine, women’s health, inpatient services, research, journal club, practicum, geriatrics, home visits, didactics, behavioral health, dermatology, prev med, obstetrics, patient safety, and pediatrics.



FACULTY NEWS & IN THE NEWS...

- Nancy Barr, MD was nominated for the Faculty Affiliate Award at Georgetown University School of Medicine's 39th Annual Golden Apple Award. This award is presented to a physician outside of Georgetown who has made a significant contribution to clinical medical education and provided mentorship to medical students during their rotations.
- Congratulations to the following Family Medicine faculty at MedStar Franklin Square Medical Center on their recent appointment to the academic rank of Assistant Professor of Clinical Family Medicine at Georgetown University: Martha Johnson, MD; Joyce King, MD; Laura Moreno, MD; Kendal O'Hare, MD; Kelly Ryan, DO; and Katherine Stolarz, DO.
- Dr. Tobie-Lynn Smith, FM Faculty and Medical Director, HCH-BC, was nominated by USA Swimming for the United States Anti-Doping Agency (USADA) Board of Directors last spring and was just selected to be on the Board as one of the Athlete Representatives. USADA is the national anti-doping organization in the United States for Olympic, Paralympic, Pan American, and Parapan American sports. The organization is charged with managing the anti-doping program, including in-competition and out-of competition testing, results management processes, drug reference resources, and athlete education for all United States Olympic Committee recognized sport national governing bodies, their athletes, and events.
- Family Medicine announces that Claudia Harding, LCSW-C, BCD and Kendal O'Hare, MD are participants in the new 2016 LEADership COHORT, which includes members of both CENTILE-sponsored GUMC faculty and MedStar Health Teaching Scholar Faculty. The Leadership Education and Development (LEAD) Certificate Program is a nation-wide educational leadership development program administered through the Association of American Medical Colleges (AAMC). Georgetown University Medical Center and MedStar Health were the first to offer this innovative program to their faculty as an Institutional Model. Claudia Harding will serve as MedStar Health Teaching Scholar Fellow and Dr. Kendal O'Hare, her mentor, in this cohort-based one-year program.
- Congratulations to our very own: Harsha Bhagtani, MD, Pediatrics; Joyce King, MD, Family Medicine; Scott Krugman, MD, Pediatrics for being awarded Baltimore Magazine's "Top Docs" in 2016. We are proud to announce that out of the 118 MedStar Health physicians recognized by Baltimore Magazine as "Top Docs", 63 are MedStar Franklin Square Medical Center physicians. Nearly 12,000 physicians in the region were surveyed for this year's list and highly anticipated 30th annual edition.



FACULTY NEWS & IN THE NEWS...



STFM leaders recognized during pregame ceremony on the field last night at Padres/Rangers game-all part of STFM's 50th Anniversary celebration at the Annual Spring Conference in San Diego.

From Left to Right:
Melly Goodell, MD, STFM Board President;
Stephen Wilson, MD, STFM Board President-Elect;
Alan Shahtaji, DO, faculty member at UCSD;
Stacy Brungardt, CAE, Executive Director, STFM



WJZ-TV | CBS Baltimore
February 24, 2017

Dr. Krugman discussed the potential harms related to children's use of digital devices in schools.

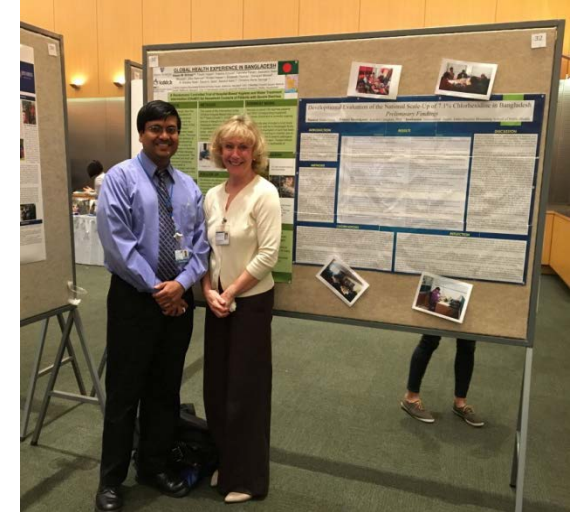


Doctor's Honored for Their Care For Abused Children
WBAL-TV Baltimore. Congratulations Dr. Krugman.

FAMILY MEDICINE AND GLOBAL HEALTH

Drs. Kathy Stolarz and Hasan Shihab were presenters at the 2016 AAFP Family Medicine Global Health Workshop
September 8-10, 2016, Atlanta, Georgia

“The AAFP Global Health Workshop is my favorite conference of the year. Faculty, residents, and students share their experiences and ideas for developing future global health opportunities and curricula that are sustainable, ethical, high-impact, and meaningful. This conference re-energizes me every year and reminds me of why I became a Family Physician in the first place: to help those in need.” Dr. Kathy Stolarz



Drs. Hasan Shihab and Sallie Rixey during the poster presentation at the Hopkins Global Health Day on March 30 at the Bloomberg School of Public Health.

GLOBAL HEALTH EXPERIENCE IN BANGLADESH
A Randomized Controlled Trial of Hospital-Based Hygiene and Water Treatment Intervention (CHoBI7) for Household Contacts of Patients with Severe Diarrhea.

GLOBAL HEALTH AND WORKING SHOULDER TO SHOULDER

Dr. Lauren Gordon returned to Honduras to continue the mission of the Shoulder to Shoulder organization.

The outreach mission included creating and operating sustainable health, nutrition and education services with equitable access for everyone in the rural frontera of Honduras.



GLOBAL EXPERIENCES



Nithin Paul, MD (FM-Prev Med, Class of 2020) from Sidney Kimmel Medical College at Thomas Jefferson University documented his experiences during a recent trip to a refugee camp for Syrians in Jordan. Nithin and his colleagues traveled to Jordan in 2016 as part of their medical school experience. His interest in healthcare in the Middle East arose from his undergraduate participation with Middle Eastern Partnership Initiative (MEPI). The articles were recently published at the Philadelphia Inquirer as a series over the past three days.



Hasan M. Shihab, MBChB, MPH returned from the Global Health Fellowship in Bangladesh. While there, Dr. Shihab worked with a study team to recruit a patient into the research study and participated as Field Research Assistant during a follow up visit with a patient and household in Korail slum. He also worked in the lab plating water/stool samples from study patients, studied intervention work, and visited rural Bangladesh during a site visit of the Geophagia study, where domesticated animals are part of the household.

SCHOLARS' CORNER AND CONFERENCES



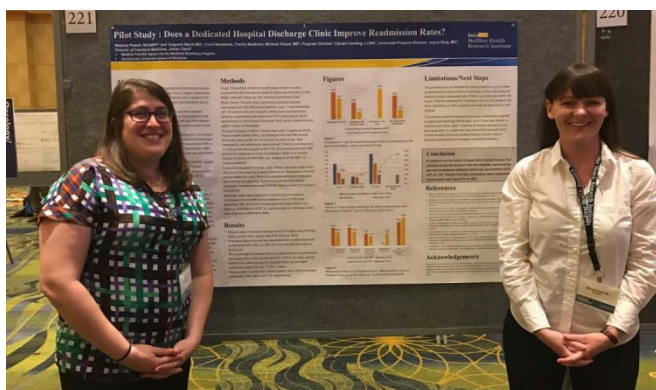
Faculty and residents attended STFM's Annual Spring Conference in San Diego, California, May 5-9. The 50th anniversary conference highlights family medicine past, present, and future and is the nation's most energized networking forum, with nearly 400 educational and interactive seminars, lecture-discussions, papers, and poster presentations. STFM Baseball Night at Petco Park was part of the festivities as the Padres took on the Rangers.



Max Romano, MD presented at the 2017 MedStar Health Research Symposium at the Bethesda North Marriott Hotel and Conference Center. The Symposium brings together investigators, residents, executive leaders, associates and collaborative partners from across the MedStar system to share the clinical research they are conducting.



Family Med residents enjoyed presenting their work at the 6th Annual MedStar Health Research Symposium with residents, fellows, and faculty across the MedStar system. Drs. Melanie Powell and Pandi Meris shared the encouraging results of their discharge clinic project improving continuity of care for our patients in the Family Health Center while Dr. Max Romano shared his work on long acting reversible contraceptive use in MedStar Medicaid patients.



Drs. Ypapanti Meris and Melanie Powell presented their research abstracts at the 2017 MedStar Health Research Symposium at the Bethesda North Marriott Hotel and Conference Center.



Family Medicine Represented at the AAFP National Conference. Front: Drs. Ypapanti Meris, Sallie Rixey, Jasmine Gill. Back: Drs. Patrick Smith, Julian Barkan, Richard Bruno, Nithin Paul.



Family Medicine wrapping up the FMEC Conference-It's tradition.

FAMILY MEDICINE & ADVOCACY



Drs. Richard Bruno (Prev Med/FM Resident), Matt Burke (former FM faculty), Kate Jacobson (former FM faculty), Tobie-Lynn Smith (FM faculty) and Joseph Brodine (4th year Georgetown University medical student) participate in MAFP's Advocacy Day for Patients in Annapolis in February. Issues included public health, primary care physician workforce development and sustainability, and access to care.



Drs. Melanie Powell, Sallie Rixey, and Richard Bruno attended Public Health Night at the Maryland General Assembly in February, sponsored by the Maryland Public Health Association, Health Care for All Maryland, the Maryland Environmental Health Network, Sugar Free Kids Maryland, and the American Heart Association - Mid-Atlantic Affiliate.



Dr. Michael Niehoff met with Kathy Szeliga, Maryland State Delegate, on Advocacy Day for Patients in Annapolis in February.

Ms. Szeliga currently serves the people of the 7th District which includes both Baltimore and Harford Counties. Thank you Dr. Niehoff for advocating for our patients and providers.

...AND LEGISLATIVE WORK 2016-2017



Dr. Richard Bruno testifying at the Maryland House of Delegates in support of drug pricing transparency bills.



Dr. Richard Bruno served as Doctor of the Day in the Maryland General Assembly on February 9. He interfaced with legislators and provided valuable assistance to all those who needed medical attention in the General Assembly complex. Pictured: Drs. Sallie Rixey, Richard Bruno and Delegate Clarence Lam. On that same day, Drs. Melanie Powell, Sallie Rixey, and Richard Bruno attended Public Health Night at the Maryland General Assembly sponsored by the Maryland Public Health Association, Health Care for All Maryland, the Maryland Environmental Health Network, Sugar Free Kids Maryland, and the American Heart Association - Mid-Atlantic Affiliate.



Dr. Richard Bruno, PrevMed/FM resident and MedChi BOD and Sugar Free Kids MD, spoke at a press conference on January 5 with representatives from the American Heart Association, the National Association for the Advancement of Colored People, the Service Employees International Union, and the Horizon Foundation as they launched their campaign to support the passage of the new Healthy Vending Machines bill.

INNOVATION & LEADERSHIP



AAFP Congress of Delegates closing ceremony in Orlando, Florida: Melly Goodell, MD (Chair and STFM President), Tobie Smith, MD (current faculty and former resident representative, AAFP Board of Directors), Matt Burke, MD (former faculty and incoming New Physician representative to AAFP Board of Directors), Richard Bruno, MD (Current PGY4 and outgoing resident rep to AAFP Board of Directors) October 2016



Drs. Melly Goodell, Joey Nichols and Richard Bruno at the Family Medicine Experience (FMX) at AAFP's annual meeting in Orlando, Florida. October 2016

*"I have been VERY happy with the education I have received here. The faculty and resident commitment to learning and teaching is awesome. I feel prepared for whatever I choose to do."
Resident, Department of Family Medicine*

SCHOLARS' FORUM

Department of Family Medicine 12th Annual Scholar's Forum
Thursday, June 1, 2017

Congratulations to our presenters and faculty advisers.

Nikhil Desai, DO

"Osteopathic Manipulative Treatment in Primary Care"

Ashley Dunn-Kerr, DO

"Quality Improvement: Integration of Simulation into Residency Training"

Max Dutkin, MD

"A Quick Intervention to Address Resident Burnout"

Tamkeen Farooq, DO

"An Exploration of Staff Wellness, Clinic Dynamics, and Perceptions for Improvement: Thematic Analysis in a Quality Improvement Project"

Ypapanti Meris, MD & Melanie Powell, MD, MPH

"Pilot Study: Does a Dedicated Hospital Discharge Clinic Improve Readmission Rates?"

E. Cynthia Omokaro, MD, MPH

"Trauma Informed Care in Family Practice Setting"

Patrick R. Smith, MD

"Patient Flow in an Academic Family Medicine Practice"



RESIDENT NEWS



➤ Dr. Richard Bruno testified at the Maryland House of Delegates in February in support of drug pricing transparency bills and he was also quoted on the local NPR affiliate WYPR, regarding the styrofoam ban bill. He also attended the 6th Annual Students for a National Health Program summit in Philadelphia in March, spoke on advocating for patients, participated in a mentoring session with medical students, and was interviewed in the Philadelphia Inquirer. He also participated in a healthcare professionals rally and march on February 25 in Annapolis to protest the repeal of the ACA.

➤ In February, Drs. Richard Bruno, Melanie Connah, Julian Barkan and Nikhil Desai were featured in an Op-ed in the Baltimore Sun regarding polystyrene foam and its effects on people and the environment.

➤ After an inspiring lecture on writing testimony by Dr. Melanie Powell during a Thursday afternoon didactics, Drs. Julian Barkan, Max Romano, Melanie Connah, and Richard Bruno submitted testimony in support of Maryland House Bill 669, which raises the minimum age to purchase tobacco products from 18 to 21. They estimated this would significantly impact the number of people who become addicted to tobacco products at an early age, thus decreasing the overall mortality burden.

➤ Max J. Romano, MD, MPH corresponding author: Annals of Family Medicine, January/February 2017, Perspectives in Primary Care: Family Medicine in a Divided Nation. Johns Hopkins University Bloomberg School of Public Health, MedStar Franklin Square Medical Center, Baltimore, Maryland.

➤ The MedStar Health Research Symposium Executive Planning Committee and Scientific Review Committee awarded Max Romano, MD, MPH, a tie for third place award in the PGY 1-3 Resident Category for the 2017 MedStar Health Research Symposium held in May. His poster “Continuation of long-acting reversible contraceptives among Medicaid patients” received one of the highest scores among over 180 abstract submissions and has qualified for an oral presentation at the Symposium.

RESIDENT POSTERS

A Quick Intervention to Address Resident Burnout

Max Dufkin, MedStar Franklin Square Medical Center, Baltimore, Maryland
Department of Family Medicine

Abstract

A quick intervention with Family Medicine residents may decrease the amount of stress and burnout within the resident population at Franklin Square Medical Center.

Introduction & Relevance

Burnout is a growing problem affecting many physicians, up to 40%. Based on a survey survey, a large portion of burnout can be attributed to Electronic Health Record (EHR) use and use of personal time to complete documentation. This can affect physician well being as well as patient satisfaction and medical error rates.



Objectives

To assess whether a short intervention of EHR tips and tricks can improve resident physician efficiency.

Methods

- Pre-survey to assess strategies already in place and personal feelings on time balance and burnout
- 10 Specific qualitative measures
- 1 page handout with 4 tips and tricks regarding efficient EHR use
- Limit post-survey to assess any changes in behavior and/or any effect on time use outside of clinic
- Sample taken from residents in all years of training

Tips & Tricks

- Document the Minimum Necessary
- Use sample notes
- Use EHR to your benefit (Don't Fret)
- Be specific
- Embrace Batch Processing
- Use your clock to your advantage

Challenges

- Limitations in gated data with resident attendance at lectures
- Small sample size
- No specific qualitative measures
- No specific trend to follow responses
- No specific correlation between efficiency and burnout

Discussion

- Burnout may be higher within our own residency than first thought
- A short intervention within the Family Medicine residency proved to be helpful to residents
- A quick handout can change behaviors in residents

Future Work

- Repeat studies with larger sample size
- More accurate measures of burnout
- Different interventions
- Further look into burnout and increased
- Future work within our own residency

Reference

- Physician Burnout It Just Keeps Getting Worse. *CMAJ*. February 14, 2016
- EHR Burden Weighs Heavily on Physicians, Leads to Burnout. *Diary*. Medscape Sep 6, 2016

"Burnout" is "an erosion of the soul caused by a deterioration of one's values, dignity, spirit, and will."

Trauma Informed Care in Family Practice Setting

Domenecostino Cynthia Onokoro, MD MPH, Claudia Harding, MSW, Scott Krogman, MD, Michael Dwyer, MD, Harsha Bhargava, MD, Lee Freeman, MD, Regina Howard, MSW
MedStar Franklin Square Medical Center, Baltimore, Maryland
Department of Family Medicine

Abstract

Despite a 10 year framework on how to best care for the family physician for trauma informed care, there is a need to create a framework for family physicians to provide trauma informed care to their patients. This poster will describe the process of creating a trauma informed care framework for family physicians in a rural setting. The framework will include a list of trauma informed care principles, a list of trauma informed care strategies, and a list of trauma informed care resources.

Methods



Results

- Total number of patients screened: 124
- Sex: 70 Male and 57 Female
- Age: 5 days old to 14 years old
- 53 Positive
- 10 were interested in counseling
- 10 attended initial session and completed ACE-OSQ
- 7 positive ACEs
- 2 positive OSQ
- 1 started counseling
- 1 referred to Medical SW

Challenges

- Identifying patients who were interested in counseling and had no other barriers to counseling
- Identifying patients who were interested in counseling and had no other barriers to counseling
- Identifying patients who were interested in counseling and had no other barriers to counseling

Response to Challenges

- Implementing EHR guidelines to assess patients for ACEs
- Identifying patients who were interested in counseling and had no other barriers to counseling
- Identifying patients who were interested in counseling and had no other barriers to counseling

Introduction & Relevance

The need for a trauma informed care framework for family physicians is growing. This poster will describe the process of creating a trauma informed care framework for family physicians in a rural setting. The framework will include a list of trauma informed care principles, a list of trauma informed care strategies, and a list of trauma informed care resources.

Objectives

- To provide a trauma informed care framework for family physicians in a rural setting
- To provide a trauma informed care framework for family physicians in a rural setting

QUESTIONS ASKED

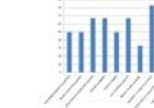
- How many patients were screened?
- How many patients were interested in counseling?
- How many patients attended the initial session?
- How many patients completed the ACE-OSQ?
- How many patients were positive for ACEs?
- How many patients started counseling?
- How many patients were referred to the Medical SW?

Question	Response
How many patients were screened?	124
How many patients were interested in counseling?	10
How many patients attended the initial session?	10
How many patients completed the ACE-OSQ?	10
How many patients were positive for ACEs?	7
How many patients started counseling?	2
How many patients were referred to the Medical SW?	1

RESULTS



Results: ACES Questionnaire



Osteopathic Manipulative Treatment in Primary Care

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Department of Family Medicine

Abstract

Study Question: Can Osteopathic Manipulative Treatment be a successful service at a FHC?

A trial was conducted to assess the use of Osteopathic Manipulative Treatment (OMT) at the Family Health Center. From January to March 2017, 12 patients were seen in 15 clinic visits by 12 residents during a dedicated OMT clinic session every two weeks. Self-reported musculoskeletal pain was assessed with a validated pain survey before evaluation and osteopathic treatment, with follow up questions about pain immediately after and 7-10 days after treatment.

Residents were also surveyed regarding interest in OMT, and whether they viewed the role as a valuable learning experience for themselves and as a useful treatment modality for patients. No statistical significant findings can be drawn due to the small sample size. However, based on analysis of descriptive data, on average, patients experienced a reduction in pain immediately after and 7-10 days after treatment, as well as reduced interference due to pain in general activities and work.

Though a statistically significant finding cannot be drawn about resident satisfaction, on average responses indicate that residents found that offering OMT to patients is valuable. There is not enough quality data to accept or deny the null hypothesis (no benefit of OMT). However, given these positive descriptive findings, there is a suggestion that with more enrollment and a longer duration of study, a larger sample size for a more robust analysis could be obtained.

Introduction & Relevance

Osteopathic Manipulative Treatment (OMT) provides effective methods of treating musculoskeletal disorders beyond what Primary Care Physicians normally offer in hospital or clinic settings.

The National Ambulatory Medical Care Survey revealed that musculoskeletal and connective tissue disorders comprise 10% of all visits.

Osteopathic Medicine, through the application of Osteopathic Manipulative Treatment (OMT), provides a set of active methods that can be applied by Primary Care Physicians in both diagnosing and treating musculoskeletal (MSK) disorders in hospital and clinic settings.

Objectives

To determine whether Osteopathic Manipulative Treatment (OMT) is a successful service at the Family Health Center.

Outcome measured in 3 ways:

- All patients satisfied with OMT?
- Are residents satisfied/informed on learning opportunities outside of conventional hospital and office based family medicine?
- Can administration appreciate an increase in revenue, and a more comprehensive care environment by offering OMT?

Methods

A trial utilizing OMT in the Family Health Center was conducted. Overall Structure:

- 3 month trial duration, January to March 2017
- 1 OMT clinic session 2x/week on Tuesday afternoons with 4 clinic spots, available, 45 min each
- Target of 24 appointments, 18 spots, kept, 6 "no shows"
- FHC Clinic Identifies Residents, 2 residents per session for total of 12 residents and 1 MA.

Procedures:

- Patients with tension headaches, neck, rib, or back pain, Sciatica, Sacrospinous Joint Dysfunction, Acute Otitis Media or other referrals requiring drainage were referred for OMT.

Data Collection

- Brief Pain Inventory Short Form was used to collect data via self report or pain interference with activities before, immediately after and 7-10 days after (by phone) OMT.
- Data collected on satisfaction with OMT experience.
- Survey sent to 12 residents as assessing value of learning experience, any improvement in clinical skills and management, any benefit to patients from regular OMT clinic.

Challenges

Limitations in the study included limited time to establish clinic and survey patients, incomplete phone follow up, and the time consuming nature of the insurance coverage process.

Lessons learned include the need to establish a schedule of regular follow-up interviews to truly assess the value of multiple members from the care team, including the resident physicians and the medical assistant. There will be a process to efficiently determine desired regarding insurance coverage.

Results

Patient Pain Treatments and Satisfaction	N = 12 unique patients	N = 18 observations
Before Treatment		
Pain Right Now	6.88/10	8.70/10
Interference w/ Gen. Activity	4.5/10	5.5/10
Interference w/ Work	4.33/10	5.13/10
Pain Immediately After Treatment	4.16/10	4.17/10
7-10 Days After Treatment		
Pain Right Now	4.0/10	6.08/10
Interference w/ Gen. Activity	3.07/10	4.50/10
Interference w/ Work	2.72/10	4.35/10
Average Change After 7-10 Days After Treatment		
Pain	-1.71/10	-1.2/10
Interference w/ Gen. Activity	-1.58/10	-0.55/10

Resident Satisfaction

Resident Satisfaction	N = 11 of 12 resident providers
My participation in OMT clinic was a valuable learning experience.	7.30/10
I believe OMT could improve my clinical skills and medical decision making for patients.	6.48/10
I would like more experience with OMT.	6.1/10
I think patients would benefit from a regular OMT clinic.	8.18/10

Discussion

This trial indicates that OMT is a valuable study to establish another modality to treat a common problem patients have (musculoskeletal pain). The OMT clinic proved to be a successful service at the Family Health Center. It also provided a valuable learning experience for residents and a more comprehensive care environment by offering OMT.

Additionally, the hands-on approach to a functional disorder and the team-based approach of the patient care team can increase patient satisfaction and improve the relationship between the PCP/FHC and patients.

The use of OMT may assist health providers in identifying patients of high risk of overusing ER services, developing drug dependence and opioid addiction, and can present an opportunity to work with administrative leaders and quality health officials for data collection and efforts to reduce opioid prescription writing and abuse.

Through this trial, the FHC established a working relationship with the MA Management at FHC. Thus, the use of OMT can build on FHC's capacity to work with other specialists for a multidisciplinary approach to care. From resident surveys, this could help providers identify other means for treating pain, and can empower providers to identify treatment themselves.

OMT may help providers with MSK interest make more confident medical decisions.

References

- U.S. Department of Health and Human Services. Centers for Disease Control and Prevention. National Center for Health Statistics. *National Ambulatory Medical Care Survey 2013*. <http://www.cdc.gov/nchs/data/ahca/ahca13.pdf>

On-Line Resources

American Osteopathic Association
www.aoa.org

Pilot Study: Does a Dedicated Hospital Discharge Clinic Improve Readmission Rates?

Melissa Powell, MD MPH, and Yagouhi Merri, MD, Chief Residents, Family Medicine; Michael Dwyer, MD, Program Director; Claudia Harding, LGSW, Associate Program Director; Joyce King, MD, Director of Hospital Medicine, Johns Hopkins

- MedStar Franklin Square Family Medicine Residency Program
- Georgetown University School of Medicine

Abstract

Background: Poorly managed care transitions at the time of hospital discharge are associated with medication errors, higher readmission rates and increased health care costs. Patients with a recent FHC visit are especially vulnerable to poorly managed care transitions due to lack of available continuity of care.

Methods: We created a weekly transition of care clinic session (Hospital Discharge Clinic) for patients being discharged from the Family Medicine Inpatient (FMI) service. The half-day clinic session was staffed by medical and pharmacy students and residents on the FMI service.

Results: Overall readmission rates decreased from 21% in the control period to 16% in the study period. The number of patients discharged from the FMI service without an appointment decreased from 34% in the control period to 12% in the study period. Readmission rates were highest among patients without a hospital follow-up appointment (26%).

Conclusion: An inpatient transition of care clinic at the FHC created access for patients discharged from the FMI service. Overall readmission rates were similar for patients seeing an acute provider; the FHC is a continuity provider in hospital discharge clinic.

Methods

Quals: The authors created a pilot study aimed at quality improvement with the specific goals of improving continuity of care, timely outpatient follow-up, and reducing readmission rates.

Study Period: The pilot study started encompassed patients discharged from the FMI service between June 14th and September 14th. All patients who had medication orders were scheduled for a follow-up appointment with either their PCP (instructed to call for appointment) or the Hospital Discharge Clinic (given a date and time within 14 days of discharge).

Inclusion/Exclusion Criteria: Patients had to be 1) registered at the Family Health Center (FHC), 2) discharged from the FMI service during the study period, and 3) at least 10 years of age. Both observations and admissions were included. Patients excluded were 1) the home visit program at the FHC, 2) transferred from the FMI service to a subspecialty or acute rehabilitation center or another hospital or service at MGHMC (ie. Surgery or GYN-ONC), 3) program patients.

Primary/Of Hospital Discharge Clinic: Phone calls were made within 48 hours of discharge for a needs assessment. Residents on the FMI service staffed the clinic. Primary physicians performed medication reconciliation and teaching. Social work consults were made if applicable. Patients seeing their PCP for follow-up were not subject to the protocol.

Measures: Data was compared to a control group of patients discharged from the FMI service between June 1st 2015 and September 15th 2015 and included post-discharge phone calls, follow-up patients, PCP, acute provider vs. discharge clinic, show rates and readmission rates.

Results

- Patients seen in hospital discharge clinic had higher rates of timely follow-up than those seeing their PCP (87% vs 56%).
- Post-discharge phone call was associated with a higher show rate in discharge clinic (85% vs 66% for those who did not receive a phone call).
- The percentage of patients without a hospital follow-up appointment decreased (24% in the control group vs 15% in the study period).
- Patients who were not sent for hospital follow-up had higher readmission rates (32% vs 16%, if seen).
- Patients seen in acute clinic had the highest show rates and lowest readmission rates (83% vs 11%, respectively).

Figures



Figure 1 Comparison of Type of Appointment (Appointment/Schedule vs. No Appointment/Response, Control and Study Period)

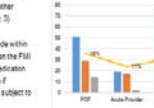


Figure 2 Type of Appointment (Appointment/Schedule vs. No Appointment/Response, Control and Study Period)



Figure 3 Readmission Rates for All Eligible patients from Control Period compared with Study Period with appointment PCVs

Limitations/Next Steps

The protocol was not followed on many occasions (ie. no follow up appointment made at time of discharge), loss of assigned medical student resources due to follow-up phone calls within 48 hours. Patients scheduled for discharge clinic the first week of the study had follow-up with a resident who had not seen them in the hospital.

The process could be improved by having a dedicated nurse/MA to make post-discharge phone calls, which have been shown to improve clinic show rates. A survey of resident perceptions on discharge calls to assist care was planned but not performed. Future studies could look at effectiveness of acute visits in reducing readmissions for non-hospitalized patients.

Conclusion

An inpatient transition of care clinic created access for patients being discharged from the hospital, reducing the percent of patients without a follow-up appointment from 34% to 12%. Overall this was associated with a reduction in readmission rate from 21% to 16%.

References

- 1. American Osteopathic Association. *2013 National Ambulatory Medical Care Survey*. <http://www.cdc.gov/nchs/data/ahca/ahca13.pdf>
- 2. Powell M, Merri Y. *2015 National Ambulatory Medical Care Survey*. <http://www.cdc.gov/nchs/data/ahca/ahca15.pdf>
- 3. American Osteopathic Association. *2014 National Ambulatory Medical Care Survey*. <http://www.cdc.gov/nchs/data/ahca/ahca14.pdf>
- 4. American Osteopathic Association. *2013 National Ambulatory Medical Care Survey*. <http://www.cdc.gov/nchs/data/ahca/ahca13.pdf>
- 5. American Osteopathic Association. *2012 National Ambulatory Medical Care Survey*. <http://www.cdc.gov/nchs/data/ahca/ahca12.pdf>
- 6. American Osteopathic Association. *2011 National Ambulatory Medical Care Survey*. <http://www.cdc.gov/nchs/data/ahca/ahca11.pdf>
- 7. American Osteopathic Association. *2010 National Ambulatory Medical Care Survey*. <http://www.cdc.gov/nchs/data/ahca/ahca10.pdf>
- 8. American Osteopathic Association. *2009 National Ambulatory Medical Care Survey*. <http://www.cdc.gov/nchs/data/ahca/ahca09.pdf>
- 9. American Osteopathic Association. *2008 National Ambulatory Medical Care Survey*. <http://www.cdc.gov/nchs/data/ahca/ahca08.pdf>
- 10. American Osteopathic Association. *2007 National Ambulatory Medical Care Survey*. <http://www.cdc.gov/nchs/data/ahca/ahca07.pdf>
- 11. American Osteopathic Association. *2006 National Ambulatory Medical Care Survey*. <http://www.cdc.gov/nchs/data/ahca/ahca06.pdf>
- 12. American Osteopathic Association. *2005 National Ambulatory Medical Care Survey*. <http://www.cdc.gov/nchs/data/ahca/ahca05.pdf>
- 13. American Osteopathic Association. *2004 National Ambulatory Medical Care Survey*. <http://www.cdc.gov/nchs/data/ahca/ahca04.pdf>
- 14. American Osteopathic Association. *2003 National Ambulatory Medical Care Survey*. <http://www.cdc.gov/nchs/data/ahca/ahca03.pdf>
- 15. American Osteopathic Association. *2002 National Ambulatory Medical Care Survey*. <http://www.cdc.gov/nchs/data/ahca/ahca02.pdf>
- 16. American Osteopathic Association. *2001 National Ambulatory Medical Care Survey*. <http://www.cdc.gov/nchs/data/ahca/ahca01.pdf>
- 17. American Osteopathic Association. *2000 National Ambulatory Medical Care Survey*. <http://www.cdc.gov/nchs/data/ahca/ahca00.pdf>
- 18. American Osteopathic Association. *1999 National Ambulatory Medical Care Survey*. <http://www.cdc.gov/nchs/data/ahca/ahca99.pdf>
- 19. American Osteopathic Association. *1998 National Ambulatory Medical Care Survey*. <http://www.cdc.gov/nchs/data/ahca/ahca98.pdf>
- 20. American Osteopathic Association. *1997 National Ambulatory Medical Care Survey*. <http://www.cdc.gov/nchs/data/ahca/ahca97.pdf>
- 21. American Osteopathic Association. *1996 National Ambulatory Medical Care Survey*. <http://www.cdc.gov/nchs/data/ahca/ahca96.pdf>
- 22. American Osteopathic Association. *1995 National Ambulatory Medical Care Survey*. <http://www.cdc.gov/nchs/data/ahca/ahca95.pdf>
- 23. American Osteopathic Association. *1994 National Ambulatory Medical Care Survey*. <http://www.cdc.gov/nchs/data/ahca/ahca94.pdf>
- 24. American Osteopathic Association. *1993 National Ambulatory Medical Care Survey*. <http://www.cdc.gov/nchs/data/ahca/ahca93.pdf>
- 25. American Osteopathic Association. *1992 National Ambulatory Medical Care Survey*. <http://www.cdc.gov/nchs/data/ahca/ahca92.pdf>
- 26. American Osteopathic Association. *1991 National Ambulatory Medical Care Survey*. <http://www.cdc.gov/nchs/data/ahca/ahca91.pdf>
- 27. American Osteopathic Association. *1990 National Ambulatory Medical Care Survey*. <http://www.cdc.gov/nchs/data/ahca/ahca90.pdf>
- 28. American Osteopathic Association. *1989 National Ambulatory Medical Care Survey*. <http://www.cdc.gov/nchs/data/ahca/ahca89.pdf>
- 29. American Osteopathic Association. *1988 National Ambulatory Medical Care Survey*. <http://www.cdc.gov/nchs/data/ahca/ahca88.pdf>
- 30. American Osteopathic Association. *1987 National Ambulatory Medical Care Survey*. <http://www.cdc.gov/nchs/data/ahca/ahca87.pdf>
- 31. American Osteopathic Association. *1986 National Ambulatory Medical Care Survey*. <http://www.cdc.gov/nchs/data/ahca/ahca86.pdf>
- 32. American Osteopathic Association. *1985 National Ambulatory Medical Care Survey*. <http://www.cdc.gov/nchs/data/ahca/ahca85.pdf>
- 33. American Osteopathic Association. *1984 National Ambulatory Medical Care Survey*. <http://www.cdc.gov/nchs/data/ahca/ahca84.pdf>
- 34. American Osteopathic Association. *1983 National Ambulatory Medical Care Survey*. <http://www.cdc.gov/nchs/data/ahca/ahca83.pdf>
- 35. American Osteopathic Association. *1982 National Ambulatory Medical Care Survey*. <http://www.cdc.gov/nchs/data/ahca/ahca82.pdf>
- 36. American Osteopathic Association. *1981 National Ambulatory Medical Care Survey*. <http://www.cdc.gov/nchs/data/ahca/ahca81.pdf>
- 37. American Osteopathic Association. *1980 National Ambulatory Medical Care Survey*. <http://www.cdc.gov/nchs/data/ahca/ahca80.pdf>
- 38. American Osteopathic Association. *1979 National Ambulatory Medical Care Survey*. [http://www.cdc.gov/nchs/data/ahca/ahca79](http://www.cdc.gov/nchs/data/ahca/ahca79.pdf)

RESIDENT GRADUATION & FUTURE PLANS

CONGRATULATIONS TO THE CLASS OF 2017

Richard Alden Bruno, MD, MPH

Baltimore Medical Systems, Baltimore, Maryland
Family Medicine

Nikhil Gunvantrai Desai, DO

Healthpoint Community Health Center, SeaTac
Family Medicine, Washington

Ashley Kay Dunn-Kerr, DO

MedExpress Urgent Care
Urgent Care; Maryland and West Virginia

Max Thaddeus Dutkin, MD

Kaiser Permanente
Urgent Care, Maryland

Tamkeen Muneera Farooq, DO

Private Practice
Boston, MA

Ypapanti Meris, MD

Family Medicine Outpatient, Mercy Health-Howland Primary Care
Campbell, Ohio

Ekenesenarienrien Cynthia Omokaro, MD, MPH

LOCOMs, Pennsylvania
Essentia Health, Minnesota

Melanie Powell, MD, MPH

Pt Safety/Quality Improvement Fellowship
MedStar Health

Patrick Reid Smith, MD

Kaiser Permanente
Urgent Care, Maryland



2017 FAMILY MEDICINE GRADUATION & AWARDS CEREMONY

Faculty Excellence Award: Sallie Rixey, MD, MEd
Faculty Teaching Award: Joyce E. King, MD
Outstanding Resident Teacher Award: Ashley Dunn-Kerr, DO
Pediatric Teaching Award: Harsha Bhagtani, MD
Reichel Award for Geriatrics: Nikhil Desai, DO
Reichel Award for Outstanding Teaching: P. Jeffrey Ferris, MD
Scholarship Award: Richard Bruno, MD, MPH
Advocacy Award: Richard Bruno, MD, MPH
Lee Rome Memorial Award: Ypapanti Meris, MD
The d'Artagnan Award: Ekenesenarienrien Cynthia Omokaro, MD, MPH



MEDICAL STUDENT EDUCATION

Teaching Is Our Passion

The Department of Family Medicine and Family Medicine Residency at MedStar Franklin Square Medical Center have many opportunities for medical students at all levels of training interested in Family Medicine. We accept students from various institutions for elective rotation. In addition to medical students, we also host students in other related fields such as pharmacy and social work.

Rotations are four weeks in length in an outpatient setting. Priority will be given to medical students enrolled in an LCGME accredited medical school in the USA or Canada who are also in their fourth year of medical school and applying to family medicine residency programs through ERAS or in their third year of medical school and have an interest in pursuing a career in family medicine.

Our Family Health Center is a NCQA Level III PCMH (patient centered medical home), a model of healthcare delivery aimed at improving the quality and efficiency of care by using evidence-based, patient-centered processes that focus on highly-coordinated care and long-term participative relationships. With more than 10,000 patients and 30,000 visits per year, our Family Health Center exposes medical students to a very diverse patient population and a large percentage of pediatric patients. This allows students to participate in the management of chronic diseases, preventive care, developmental assessment, acute patient issues, project based learning quality improvement, patient registry data and other PCMH projects.

During their rotation, medical students work 1:1 with senior residents and faculty in a welcoming teaching environment and are exposed to a wide variety of clinical experiences, including adult medicine, pediatrics, geriatrics, orthopedics, gynecology, obstetrics, office procedures and behavioral health. Our students go on home visits and participate in didactics alongside the residents and also participate in specialty clinics within our health center such as sports medicine and procedures. Students also have the opportunity to work at Health Care for the Homeless (HCH) and visit a variety of community based facilities that collaborate with the Family Health Center in an effort to provide better care for our patients. In addition, our core faculty is augmented by four pediatricians and a PharmD who have regular clinical and teaching roles that add to the elective rotation. Pharmacy educational sessions cover multiple areas of pharmacology including hypertension, antibiotic selection, smoking cessation, patient education and adverse drug reactions.

YEAR 1 OF THE GEORGETOWN LONGITUDINAL INTEGRATED CURRICULUM A HUGE SUCCESS!

Eleven Georgetown students were part of our inaugural longitudinal integrated curriculum in the 2017-2018 academic year! The students spent one semester (6 months) of their third year of medical school with us learning about primary care in family medicine, internal medicine, pediatrics and obstetrics/gynecology in an innovative, patient-centered way. Unlike traditional blocks, the students experienced primary care simultaneously in these areas during the six months. Their learning also included work with multiple sub-specialties in internal medicine and pediatrics.

Congratulations to these students on their successful completion of the LIC semester!



George Koch, GU 3rd year student reflects on his LIC experience.

“As far as my experiences here at the Family Health Center and at Franklin Square go, I honestly couldn’t even begin to do justice to the extent to which I’ve grown, as a person and a medical student, because of the hard work and mentorship I’ve received here.

The residents are welcoming and love teaching. I’ve regularly been pulled into exam rooms to see examples pathology for no other reason than to enrich my own learning. Furthermore, the residents actively seek to put me in positions to exceed in my clinical duties, and look for opportunities for me learn about what interests me. They have definitely been a huge asset to my learning during the LIC. The attending physicians have been wonderful as well. Whenever I work with them, and it really is all of them, I am treated as a valued member of the team, and not just shadow. They are constantly pushing me to take more responsibility for my patients and they have done a wonderful job of fostering my growth.

Finally, the staff here at the FHC has been amazing. I left them for last for a simple reason; they’re the best. The highest praise I can give is to say that everyone here at FHC has made me feel like I am part of the family. When I come to work here, I think of it as coming to work at my office. The MAs especially know the perfect line to draw where they give me enough autonomy to make decisions and learn, but also know when to help me along and give me advice based on their years of experience. I’ve learned so much here while being a member of the LIC, but what I’m going to miss most is working at the FHC every day. It’s fun, it’s challenging, I learn a lot, and I love working with everyone here.”

SPORTS MEDICINE IN THE COMMUNITY



Georgetown University School of Medicine students spent the afternoon with Dr. Kelly Ryan and MedStar Sports Medicine at the Senior PGA Tour learning about golf injuries.



Musculoskeletal exam teaching and trampoline.



MedStar Sports Health provided medical support on the course and in the finish line area at the Baltimore Running Festival in October.



Dr. Kelly Ryan, Andrea Gaud, PharmD, BCPS and Kayla Funk, Community Health Educator, along with pharmacy students, participated in the Laurel Racetrack Health Fair. Also thanks to residents, Nikhil Desai and Jasmeen Gill.



Beyond the basics football camp...
A musculoskeletal rotation



MDAFP Conference
College Park, June 2017



American Medical Society for
Sports Medicine Conference
(AMSSM). San Diego, May 2017



Maryland Preakness
May 2017

THIS GROUP CALLED MEDSTAR...



Our very own, family medicine physician, Dr. Kelly Ryan, provides medical coverage to the Maryland Thoroughbred Horsemen's Association at Laurel and Pimlico racetracks.

MedStar Health's Horsemen's Health program continues to make headlines. Steve Koch, Executive Director of Safety and Integrity Alliance for National Thoroughbred Racing Association (NTRA), mentioned MedStar in a recent interview. "...who's really leading the herd, Maryland has some active concussion management, return-to-ride protocols. They've got this group called MedStar over there, and they are absolutely setting the bar in the industry." Visit <http://ow.ly/sN9S3088tj0> to listen to the entire interview with Steve Koch on the latest safety initiatives in the world of horse racing. *Photography by Dottie Miller and Caris Photography.*

THE FAMILY HEALTH CENTER MOVES TO NEW SPACE

The Family Health Center and Department of Family Medicine moved into 15,000 square feet in Suite 300 of the Medical Arts building on Franklin Square Drive on March 23. More than 90 associates processed 40+ years of history in the old space and in three days prepared the new suite to provide services for over 30,000 patient visits per year in our patient centered medical home.

In the last five years, Family Health Center visits have grown by almost 25%, necessitating revised and expanded space to accommodate increased patient visits and 45 different providers who see patients at the site. The new Family Health Center has 31 exam rooms and 2 procedure rooms and space is designed to enhance work flow and resident and student work areas including updated conference space.

The Family Health Center is a designated Level III Patient-Centered-Medical-Home (PCMH) by the National Committee for Quality Assurance, a model of healthcare delivery aimed at improving the quality and efficiency of care by using evidence-based, patient-centered processes that focus on highly coordinated care and long term participative relationships. Furthermore, as a community teaching hospital, we have the unique responsibility of educating new family medicine physicians and medical students on the principals of PCMH. An Open House was hosted on May 31 to celebrate the notable achievements of the Family Health Center.

"The new Family Health Center is so beautiful, so patient-friendly, and up-to-date. The staff seem happy and very positive. The waiting room and reception desks are more private now and the area is so full of light throughout the unit and very welcoming for all who enter through the windowed doors. There is also a lab station, a Wednesday Discharge Clinic for follow-up post hospital admission and Advanced Radiology available on the first floor. The new Family Health Center is a 'one stop medical office' that saves patient time and travel with excellent medical care."

Maryellen Chittenden, RN



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Follow Family Medicine on Facebook:
We're at 369 and counting!
<https://www.facebook.com/MedStarFranklinFMR/>