A YEAR IN REVIEW FROM DR. MELLY GOODELL
Chair, Department of Family Medicine

I’m proud to share the Department of Family Medicine 2017-2018 Annual Report with you.

This year saw us continue our successful clinical and educational journeys while navigating changes in the local healthcare landscape. 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 2017-2018.

We were successful with our recruiting season and we filled in the match with high quality residents. Our four-year Combined Family Medicine and Preventive Medicine program in collaboration with the Johns Hopkins Bloomberg School of Public Health continues to attract talented residents.

Our residents and faculty 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
ADJUNCT FACULTY
2017-2018

Kendal O’Hare, MD
Adjunct Faculty

Tobie Lynn Smith, MD
Medical Director,
HCH-BC

Jay Weiner, MD
Adjunct Faculty

FAMILY MEDICINE
FALL 2018
ADDITIONAL FACULTY

Sasha Mercer, MD
Faculty

David Pierre, DO
Faculty

Ari Silver-Istenstadt, MD
Pediatrics Faculty

Stephanie Hemm, MD
Pediatrics Faculty

Tia Medley, MD
Pediatrics Faculty

Jessica Nooralian, MD
Pediatrics Faculty
In August we said goodbye to Dr. Sallie Rixey. Dr. Rixey’s contributions to the department of Family Medicine spanned over 20 years as she served as Program Director of the Residency Program, Founder and Program Director of the Combined Preventive Medicine Program with Johns Hopkins Bloomberg School of Public Health, and Vice Chari of the Family Medicine department.

In addition Dr. Rixey contributed numerous decades of care to our patients, guidance and advice to residents as well as students, and friendship to fellow providers. Although she is no longer practicing with the Family Health Center, we all cherished the time she was able to share with us.
FAMILY MEDICINE RESIDENCY CLASS OF 2020

Mariam Antonios, DO
Chelsea Backer, DO
Annie Bailey, MD
Sadhika Jamisetti, MD
Allen Jian, MD
Samantha Kurzrok, MD

Priya Raghavan, MD
Joseph Brodine, MD
FM/Prev Med
Class of 2021

2017-2018 FAMILY MEDICINE INTERVIEW STATS

<table>
<thead>
<tr>
<th>Program Type</th>
<th>Invited To Interview</th>
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<td>FM Program</td>
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<td>116</td>
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<tr>
<td>Dual Program</td>
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Welcome New Interns! Retreat 2018
“It was through AAFP and MDAFP conferences in conjunction with my family medicine rotation at Franklin Square during medical school, I was drawn to become a family physician. It was then through policy-making in the AMA and MedChi, namely around community health workers and housing instability, I was motivated to pursue further efforts in domestic health care policy and a Master of Public Health degree. I am so grateful to be at Franklin Square and Johns Hopkins learning to become a skilled generalist and public health practitioner. I am excited to learn more about how multidisciplinary, integrative health services are an avenue for more cost-effective care and wider social support for underserved populations. I honestly cannot think of a better city than Baltimore in which I could learn, grow, and serve.”
Sydney Kraemer, M.D. 1st Year Resident

“Going through med school, I naturally gravitated towards family medicine. Being able to connect with patients on many levels is how I envision myself as a physician. When I interviewed at Franklin Square, I immediately could tell that the physicians working here modeled my vision. Everyone treated me like I already belonged, and I knew I wanted to come here to complete my training.”
Jeremy Parsons, M.D. 1st Year Resident

“It took me one week into my Family Medicine rotation to decide that I wanted to choose Family Medicine as a specialty. The diversity of the specialty and the lasting relationships with the patient, instantly captured my interest. While I was on my interview trail as a 4th year medical student, Franklin Square constantly stood out in my mind. I kept on remembering the faculty and residents- their kindness, support, and eagerness to teach and learn from each other. So when it came time to make a decision, it was an easy one and I couldn’t imagine being anywhere else.”
Adwoa Adu, M.D. 1st Year Resident
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 (graduate 2017) has been keeping quite busy since graduating last year. He began his career as an independent family physician at Baltimore Medical System’s Belair-Edison Family Health Center, a federally qualified health center caring for underserved patients in Northeast Baltimore City. He also ran for Maryland State Delegate in District 41 (Northwest Baltimore), and continues to engage politically, giving testimony and participating in events and rallies. He serves on the board of directors of the American Academy of Public Health Physicians, Sugar Free Kids Maryland, Hampden Family Center, and the Roland Park Civic League.

Hasan M. Shihab, MD, MPH (PGY-4, Grad July 2018) in the last year as part of his Preventive Medicine rotations completed a one month rotation at the International Center for Diarrheal Diseases Research in Dhaka, Bangladesh. This is the premier research hospital and training institution in the region and sees over 200,000 patients per year. In addition to learning about clinical care of patients with severe diarrhea in a resource limited setting, he was involved in writing the protocol for a study to assess the impact of proper hand washing behavior in children with diarrhea and their household contacts on the neurodevelopment and cognition in children. He also trained Field Research Assistants on using the Ages and Stages Questionnaire to assess neurodevelopment in children under the age of 5. While in Dhaka, he gave a lecture on Global Aging Epidemiology. Dr. Shihab then completed a three month rotation with Baltimore City Health Department which is the oldest continually functioning Health Department in the country. He has been involved in increasing lead testing rates in children attending Federally Qualified Health Centers. He has also been increasing the outreach for smoking cessation in prenatal clinics as well as carrying out restaurant and convenience store inspections in Baltimore City from Food Control under the Environmental Health Services Division.

Dr. Shihab has a recent publication and summary of the Global Health work he has participated in.
http://hopkinsglobalhealth.org/funding-opportunities/past-grant-winners/shihab-hasan/
Patient Perceptions of Readmission Risk: An Exploratory Survey.
Prehospital Spine Immobilization/Spinal Motion Restriction in Penetrating Trauma: a Practice Management Guideline from the Eastern Association for the Surgery of Trauma (EAST)
Max Romano (PGY-3) completed preventive medicine rotations working with the Baltimore City Health Department and Public Citizen’s Health Research Group. With the Baltimore City Health Department he continued with Dr. Shihab’s work to develop a citywide plan to increase pediatric lead screening incorporating data analytics, public health education, and regulatory interventions. At Public Citizen Max co-authored a citizen’s petition to the Food and Drug Administration requesting removal the gout medication febuxostat from the US market due to cardiovascular toxicity. Max also presented his work analyzing individual survival benefit of clinical preventive services at MedStar Health’s 6th Annual Research Symposium in Bethesda, MD and the American College of Preventive Medicine’s annual conference in Chicago, IL, where he won an award for Best Preventive Medicine Poster. He published articles on preeclampsia screening in American Family Physician, on racism in medical education in the Annals of Family Medicine, on hypertension guidelines in the Baltimore Sun, and on long-acting reversible contraceptives in the journal Contraception. He also serves on the board of the Baltimore Ethical Society.

Nithin Paul (PGY-2) completed his Master’s in Public Health at the Bloomberg School focused on community organizing/development and global health. His studies included coursework on geospatial analysis, global health, and community health interventions. He also became more involved in community health projects focusing on empowerment at the neighborhood level in Baltimore City’s 1st City Council district, including knocking on doors and meeting city residents to better understand their health and wellness priorities.

Joseph Brodine (PGY-1) completed his internship at MedStar Franklin Square Medical Center and prepared for his second year of preventive medicine rotations. He earned the Thomas Holcomb award as the “exemplary family medicine intern” for his work in Pediatrics. He looks forward to working with the Baltimore City Health Department, Johns Hopkins Community Physicians, and the Johns Hopkins Evidence-Based Practice Center in the coming year.

S. Alison Kraemer (incoming PGY-1) matched in to the Program as our 6th resident since the programs’ inception. Alison is a graduate of Johns Hopkins University School of Medicine and brings with her a passion for multidisciplinary, integrative health services as an avenue for more cost-effective care and wider social support for underserved populations.
In April, 2018, MedStar Franklin Square Medical Center announced a decision to close the inpatient pediatrics service and dedicated pediatric emergency room at the hospital. Changes in the delivery of pediatric hospital based care were the foundation for this decision. This was difficult news for our department, since our clinical and educational activities have always been tightly integrated with pediatrics. This change also resulted in the departure of many members of the department. We made sure to celebrate and thank our talented friends and colleagues who have dedicated years to the education of our family medicine residents and to the care of children in our community. We spent the next several months reevaluating all aspects of our pediatric curriculum and implementing a plan to ensure high level education of our residents and students continues. These changes were implemented with the start of the 2018-2019 academic year and will be highlighted in more detail in next year’s annual report. In brief, the resident and medical student inpatient experiences have been moved to Sinai Hospital’s Herman and Walter Samuelson Children’s Hospital in Baltimore. Pediatric emergency rotations continue at MFSMC and we are exploring additional local opportunities. Newborn nursery and NICU rotations continue to occur at MFSMC. We have also addressed the gaps in pediatric ambulatory faculty as indicated on the faculty pages. Finally, Drs. Eli Moreno and Nithin Paul are faculty and resident representatives to the newly formed Children’s Community Health Task Force. This is an interdisciplinary task force which includes hospital and community members tasked with the goal of assessing the health and medical needs of children in our community and provide recommendations intended to improve the long term health of children in the community MedStar Franklin Square Medical Center serves. The task force final report is expected soon.
The curriculum work was followed by a spirited team building event at an escape room.

If you haven't tried an escape room, it is a great challenging team activity!

The Department of Family Medicine faculty held their annual retreat in March. Guest speakers included Jamie Pfeiler and Jennifer Johnson on “Increasing Efficiency through Cerner Learning and Updates” and MedStar billing specialists on “Improving Billing Accuracy, and Enhancing Revenue”

Curriculum updates and goals were also presented by faculty for the FHC on themes and trends in resident responses, 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.
On February 20, 2018 The Department of Family Medicine along with MedStar Franklin Square Medical Center’s Chef Jim Fields offered a free hands-on cooking demonstration event for patients and staff.

The demonstration focused on cooking with low sodium and low sugar products / seasoning while making healthier meals with less carbs. The event also provided healthy cooking tips, food tasting and recipe cards for family meals. Participants learned how to use herbs in cooking and how they not only taste good, but have plentiful health benefits.

A free meal along with grocery items were given at the end of the cooking demonstration to participants.
FAMILY HEALTH CLINIC AND COMMUNITY FUN FACTS

1981:
The year Dr. Michael Niehoff was an intern at FHC

47:
Years the program has been around

12:
Number of workers that have left and come back to work for FHC

1650:
The number of visits residents need to graduate

2002:
The last year that Dr. Michael Dwyer had long hair

40:
The percentage of patients under the age of 15

2:
The number of pediatricians we have
Nancy Barr, MD and Kelly Ryan, MD both received the Michael Adams Award given out by Georgetown Internal Medicine Department for outstanding clinical preceptors. Recipients of the award are chosen by the 3rd and 4th year medical students of Georgetown. Award recipients are teaching faculty that meet and excide MedStar Georgetown University Hospital and Georgetown University School of Medicine mato, Cura Personalis, the care of the whole person.

Congratulations to our very own “Top Docs”: Joyce King, MD, Family Medicine; Scott Krugman, MD, Pediatrics; Adrienne Suggs, MD, Pediatrics for being awarded Baltimore Magazine’s “Top Docs” in 2018. We are proud to announce that out of the 127 MedStar Health physicians recognized by Baltimore Magazine as "Top Docs", 65 are MedStar Franklin Square Medical Center physicians. Nearly 10,000 physicians in the region were surveyed for this year's list and highly anticipated 30th annual edition.

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: Uchenna Emeche, Britt Gayle, Martha Johnson

Max Romano, MD, MPH has a research project published in the journal “Contraception”. The article is entitled "Continuation of long-acting reversible contraceptives among Medicaid patients" and was conducted with collaborators at MHRI, Washington Hospital Center, and MedStar Family Choice, which demonstrates some of the collaborative opportunity in our integrated health system. Max is the first author and Dr. Patryce Toye and Loral Patchen are coauthors. (the Y of Central Maryland received the donation in Dr. Rixey’s honor).

Max Romano, MD, MPH was awarded “Best Preventive Medicine Poster” for the topic, What is the Individual Survival Benefit of Population-based Clinical Preventive Services, at the Preventive Medicine Conference in Chicago in May 2018.

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.
Dr. Kathy Stolarz was asked to help teach a Global Health- Women’s Health SIM for Georgetown Internal and Pediatric residents in Washington, D.C. “Teaching OB Simulations for Georgetown Medicine’s Global Health Track”

“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
In February, Kai Chen, MD went on a winter public health expedition with Himalayan Health Exchange. Her team provided medical care in several villages located in the lower and outer Himalayas. Most clinic sites were improvised and held in schools, monasteries and tents. They provided care to over 2,800 patients during that month.
Dr. Hasan Shihab training research staff at ICDDR,B on using the Ages and Stages Questionnaire from the Global Health trip to Bangladesh

A Field Research Assistant gathering data from a study participant during a home visit
SCHOLARS’ CORNER AND CONFERENCES

Laura Long DPT, Kelly Ryan, DO, and Melissa Nicoletti, MD attend the 70th annual Maryland Academy of Family Physicians meeting.

Kelly Ryan, DO attends the American Medical Society for Sports Medicine meeting.

Family Medicine providers and residents attended the annual Sports Medicine Throwners Seminar to learn about recent advances in surgery, rehabilitation, and injury prevention.

Family Medicine Represented at the AAFP National Conference. Drs. , Kai Chen, Joseph Brodine, Farrah Siddiqui, and Britt Gayle.

Eli Moreno, MD poses with one of the posters from the Teaching Scholars Capstone ceremony.
Faculty and residents attended STFM’s Annual Spring Conference in Washington, D.C., May 4-10. The 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.

“Integrating Ambulatory Patient Safety into the Family Medicine Residency Curriculum” Melly Goodell; Hasan Shihab

“Should I be Collaborating with a Preventive Medicine Residency? Finding the Way Forward” Hasan Shihab; Joseph Brodine; Richard Bruno; Michael Dwyer; Nithin Paul; Sallie Rixey; Max Romano

“Teaching Home-based Primary Care in a Community Family Medicine Residency” Elise Worel; Martha Johnson

“Starting and Sustaining a Successful Longitudinal Integrated Curriculum (LIC): Modeling Family Medicine as an Educational Hub for Third-year Medical Students” Nancy Barr; Scott Krugman

“How to Practice and Teach High Value Care” Lauren Drake; Steven Brown; Jacob Anderson; Joanna Campodonico; Shari Pressley

“Screening for Social Determinants of Health and Adverse Childhood Experiences: Why and How You Can Start!” Scott Krugman; Michael Dwyer; Claudia Harding; Janelle Hinze; Farrah Siddiqui

“Structured Scholarly Activities at a Community-Based Family Medicine Program: Utilizing Community Resources to Help Residents Explore Their Passions” Martha Johnson

“Menstrual Equity: Advocating for Our Patients” Lauren Gordon; Helena Brijbasi; Richard Bruno; Hasan Shihab

“Incorporating Osteopathic Manipulative Therapy into an ACGME Accredited Residency Program: Katherine Stolarz; Nikhil Desai

Netra Thakur, MD (former faculty) is now a member of the STFM Program Committee that helps to plan and run the annual conference.; Pictured with Claudia Harding, Nancy Barr, MD; Sallie Rixey, MD; Michael Dwyer, MD; Lauren Gordon, MD; and Melly Goodell, MD
Some of our residents (Drs. Joseph Brodine, Samantha Kurzrok, Sadhika Jamisetti, and Max Romano) at an advocacy event for Federal Title X Funding where they met Baltimore Mayor Pugh, City Health Commissioner Wen, Congressman Sarbanes, Cummings, and Ruppersburger, and Senators Cardin and Van Hollen.

Our recent alumus Richard Bruno is Chair of the Public Health Committee for MedChi (Maryland State Medical Society). The Public Health Committee identifies public health issues of importance and works with MedChi to develop policies and activities that address these issues, in order to enhance the health status of our community.
At the May STFM Conference, Dr. Melly Goodell completed her third year term as STFM President Elect and Past President. She considers the experience a professional and personal highlight of her career and strongly encourages faculty, residents, and students to seek leadership opportunities in our professional organizations.

LEADERSHIP:

As one of her final acts as STFM Immediate Past-President, Melly Goodell, MD (center) hosts the annual ‘Past Presidents’ Breakfast at the STFM Annual Conference in D.C. in May 2018. The gathering is an opportunity for these past and current leaders to brainstorm about the future direction of Family Medicine education and of STFM, to share wisdom on shared challenges, and to reflect on progress and shared memories.

Nancy Barr, MD- Georgetown LCME Review Committee; MAFP; Georgetown Faculty Advisor for Family Medicine intercost group Kaiser; Clinical advisor to Georgetown 3rd and 4th years; CCS Georgetown Committee Director of LIC; MD Academy of Family Physicians Vice President and Educational Committee; Georgetown C.O.M.E. Committee Voting Member

Michael Dwyer, MD- ABFM in-training Exam Committee; ABFM Item Writer

Britt Gayle, MD- MD HIV Planning Group; STFM HIV Steering Committee

Lauren Gordon, MD- Planned Parenthood

Eli Moreno, MD- Lead AAMC Program

Michael Niehoff, MD- Specialty Society Trustee Board member of MedChi

Katherine Stolarz, DO- US Clinician Network on Female Genital Mutilation/Cutting; Physicians for Human Rights Asylum Network; Vice President for the Board of Companion Community Development Alternatives
Department of Family Medicine 13th Annual Scholar's Forum
Thursday, May 31, 2018

Congratulations to our presenters and faculty advisers.

Julian Barkan, DO, MPH
“SBIRT and Community Need: The Feasibility of a Drug/Alcohol Treatment Program at FHC”

Jasmeen Gill, MD
“Utilizing the DiSC Model in a Family Medicine Training Program”

Wm. Jordan Gottschalk, DO & Grace Wessling, MD
“Improving Pneumococcal Vaccination Rates in an Academic Clinical Setting”

Suchi Nagaraj, MD
“Elder Abuse Screening in the Family Health Center”

Melissa Nicoletti, MD
“Improving the Relationship between Primary Care & Physical Therapy”

Jamille Taylor, MD, MPH
“Caregiver Knowledge, Attitudes and Practices Regarding Medication Storage in the Home”

Hasan Shihab, MBChB, MPH
“Does providing fee data on lab tests impact physician ordering behavior?”
RESIDENT RESEARCH POSTERS

SBIRT and Community Need: Feasibility of Drug/Alcohol Treatment at FHC

Julian Barkan, DO, MPH
MedStar Franklin Square Medical Center, Baltimore, Maryland
Department of Family Medicine

Abstract

Purpose: MedStar Franklin Square has the busiest emergency department in the state of Maryland and as a result sees a large number of patients that screen positive on SBIRT (Screening, Brief Intervention, and Referral to Treatment), which is an evidence-based practice used to identify, reduce, and prevent problematic use, abuse, and dependence on alcohol and other drugs. The SBIRT model, supported by an Institute of Medicine recommendation that called for community-based screening for health risk behaviors, including substance use, SBIRT analysis at Franklin Square shows that among 9,345 patients there were 2,619 completed screenings, of which 1,767 (12%) were positive for alcohol or opioid use. Of those 1,571 (40%) had a brief intervention with an SBIRT counselor and 927 (28%) were referred for care. However, only 195 (12% of total positive screens) were linked to the Family Health Center (FHC) and had a treatment appointment. The purpose of this project was to evaluate the feasibility of integrating SBIRT into the inpatient and outpatient environment at FHC, with an emphasis on increasing the number of patients referred for treatment.

Methods:

• To evaluate demand, quantitative data was used that is collected through FastKnot by nurses.
• To evaluate feasibility, the ER process was directly observed by the study investigator.
• To evaluate acceptability, key informants interviewed about their perception about a treatment program at FHC.

Discussion:

• To evaluate demand, quantitative data was used that is collected through FastKnot by nurses.
• To evaluate feasibility, the ER process was directly observed by the study investigator.
• To evaluate acceptability, key informants interviewed about their perception about a treatment program at FHC.

Background:

• Alcohol leads to ~88,000 deaths and 2.5 million years of potential life lost (YPLL) each year in the United States from 2001 – 2010 (CDC).
• Opioid use causes ~116 deaths per day.
• In 2015, Baltimore Department of Health estimates there are 60,000 drug addicts, with as many as 48,000 of them hooked on heroin.
• 2016 overdose deaths in MD.

• Screening, Brief Intervention, and Referral to Treatment.
• Identification.
• Appropriate level of treatment.
• Brief intervention.
• Increasing awareness and understanding of substance use.
• Referral to treatment.
• Some Franklin Square SBIRT counselors are previous drug/alcohol users.

Objectives:

• To conduct a feasibility analysis of a program that links users, identified by SBIRT or positive FHC patient, to services for drug or alcohol treatment at FHC.
• To determine if access to the FHC will be able to treat patients with Vivitrol for both alcohol and ETOH abuse.

Results:

<table>
<thead>
<tr>
<th>Metric</th>
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<tr>
<td># of Unique Patients Screened</td>
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<td>15515</td>
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<tr>
<td># of SBIRT Screens completed</td>
<td>58833</td>
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<tr>
<td># of Positive SBIRT Screens - Score 2+</td>
<td>5422</td>
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<tr>
<td># of Brief Interventions</td>
<td>3759</td>
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<tr>
<td># of Referrals to Treatment</td>
<td>508</td>
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References:

Utilizing the DiSC Model in a Family Medicine Training Program

Abstract
Personality plays a significant role in academic and professional performance. There has been recent interest in the development and assessment of professionalism in medicine. This descriptive study will encourage family medicine residents to identify their own personal work behavior tendencies and develop an understanding of how these styles may affect teamwork. This reflective questions will also help explore how improving communication can enhance effectiveness at accomplishing tasks by improving your relationships with others. The relationship between personality and teamwork must be examined within the context of the setting of medical training. A study done among 3,123 hospital interns showed that they fall into the dominant and conscientiousness profile approximately 64% of the time.

Participants included 23 of 28 family medicine residents (8 PGY1, 8 PGY2, 9 PGY3) at a family medicine residency training program in a community hospital setting. Participants were surveyed using an online version of the validated DiSC personality profile system. Residents' personality traits were given as a percentage of each of the four categories. The descriptive data is reported as means of percentages.

Background
- Three basic elements: medical knowledge, procedural/technical skills, and personality
- Personality plays a significant role in academic and professional performance
- APA defines personality as the configuration of characteristics and behavioral tendencies that comprise an individual's unique features
- Most physicians do not have an understanding of their own personality traits and work behavioral tendencies
- Recent interest in the development and assessment of professionalism in medicine (ACGME milestones)
- Relationship between personality type and team-oriented outcomes
- Predict academic performance, career interest, as well as patient outcomes
- As the number of physicians increases, non-clinical roles also increase
- Data gathered from 3,123 medical student physicians over 10 years

Objectives
- Identify your own professional work behavior tendencies
- Develop an understanding of how these styles may affect others
- Understand, respect, appreciate and value individual differences
- Understanding the existing style preferences of residents can help programs to more effectively design their programs

Results

Discussion
- 34.3% of residents have steadfastness as their primary personality trait
- 23.6% of residents have influence as their secondary personality trait
- Our residents: G2 (26%) have the same style preference
- Similar styles tend to be compatible socially
- Work task effectiveness is strengthened by mixing different styles
- Mixing different styles may result in interpersonal conflicts
- The more one tends to observe a single style, the less one tends to “fit” or work well together
- We can effectively work together with all styles
- Limitations:
  - Number of participants
  - Not all residents responded to the survey (88%)
  - Used one kind of personality test
  - Answers may be biased to “meet the needs of the study” or social desirability
  - Limited research in the medical training group

Next Steps
- Develop and practice strategies for working together to increase productivity in the work environment, despite personality variance
- Team building (FMI, FHC, Adversity, Provider-PA)
- Correlation between burnout and residency
- Longitudinal study to trace the development or change in personality attributes from 1st to 3rd year residents

References

Jasmeen Gill, MD
MedStar Franklin Square Medical Center, Baltimore, Maryland
Department of Family Medicine
Screening for Elder Abuse in the Family Health Center

Suchi Nagaraj, MD
MedStar Franklin Square Medical Center, Baltimore, Maryland
Department of Family Medicine

Abstract

Purpose: As primary care providers, we are seeing an increasing number of patients who seek care due to concerns about family members. Many of these patients are elderly and are at an increased risk of abuse. The presence of abuse can be identified through screening, but many providers do not have a protocol for screening for elder abuse.

Method: A tool that has been validated to be used in competent patients is the Elder Abuse Susceptibility Index (EASI). This is a 6-question survey for our patients to take while attending their appointment with their provider. A 6th question at the end of the survey for the provider to answer—Circle physical exam findings.

If the patient responded yes to any of the questions 2-4, the intent was for providers to investigate further about the situation and could be considered abuse findings. If the provider’s exam findings were not positive based on discussion with the patient, these could be considered abuse findings. A post-screening survey of 10 questions was also done to evaluate providers’ use of the survey, comfort level of its use among other factors associated with abuse and screening in the FHC. 3 PDSA cycles took place to ultimately obtain data.

Results

Method:

- Total number of geriatric visits from 4/2 - 6/23 = 466
- 5/1/23 total geriatric visits (Active Phase) = 235
- Average patients per day seen in the last 2 months: 12.7

Number of those screened in total in clinic: 38
- If screened yes (by patient response): 0
- If screened yes (by provider assessment): 0
- If screened no (by patient response): 0
- If screened no (by provider assessment): 0

Since April 2 to April 30, email introducing screen to FHC 1271 screens completed: 100% participation

May 2 to May 21, implementation of active encouragement for usage of screen by office champion regarding elder abuse

5/23/5 = 19% participation

Discussion

Elder Abuse is certainly an issue that primary care providers should be aware of and screening for identity is one way to identify it. This is an important issue, but it is often not easy to identify. This study was not only aimed at asking providers if they were screening the FHC but also at seeing more evidence to the issue and finding more solutions. This study was conducted to determine the data regarding usage of surveys and best findings, as well as a post-screening analysis of the data.

The results of this study show that since the implementation of these screens in the FHC there has been an increase in the number of surveys completed and an increase in the rate of participation.

One possible reason for this increase is the implementation of active encouragement by the office champion regarding the use of the screen.

Patient and provider feedback:

- Patients found the screen to be comfortable using it and not just a part of their visit.
- Providers had mixed reactions to the screen, with some seeing it as a helpful tool, while others felt that it was not necessary or time-consuming.

References

- National Center on Elder Abuse
- United States Department of Justice, Adult Protective Services
- Administration on Community Living
- National Center for Elder Abuse
- National Adult Protective Services Association
- National Elder Abuse Initiative

Improving Pneumococcal Vaccination Rates in an Academic Clinical Setting

Grace Wessling, MD

Abstract

At a residency clinic, the prescribing room is a unique place where physician residents can be given the added benefit of improving education in physicians who will practice for many years to come. A standardized prescribing culture that requires residents and attending to always discuss vaccinations at the end of every visit is currently not in place at the Family Health Center at Franklin Square Hospital in Baltimore, Maryland. This was studied using EPOC cycles. RESA Cycle 1 was designed to evaluate the extent of the problem. Charts were reviewed for 50 patients that were admitted to the Family Health Center in 2016 to determine whether these patients were consistently offered pneumococcal vaccine. This data was then presented at a clinic’s practice improvement meeting to raise awareness of the problem.

RESA Cycle 2 was performed by a Norwegian medical student, who created easy-to-use flow charts to help providers determine whether their patients had appropriate indications for pneumococcal vaccine administration. An educational booklet was developed for use at the time of these visits. RESA Cycles 3 and 4 were performed over a period of several weeks during peak flu vaccine season. Resident prescribing patterns were directly observed to identify opportunities for pneumococcal vaccination. Inclusion criteria included adults 19 and older, and all patients, office followers, with no contraindications. Patients were directly observed during prescribing sessions by attending physicians to mention vaccinations during every prescribing encounter, and by providing resident monthly feedback to encourage interventions for pneumococcal vaccination as they performed their patient care.

Methods

Results

Discussion

Objectives

Do resident physician reminders to discuss vaccinations in all prescribing sessions help increase rates of pneumococcal vaccinations at the Family Health Center?
Improving the Relationship Between Primary Care & Physical Therapy

Melissa Nicoletti, MD
MedStar Franklin Square Medical Center, Baltimore, Maryland
Department of Family Medicine

Abstract

Physical therapy (PT) is an essential component of first-line treatment for many musculoskeletal conditions.

Do primary care physicians (PCPs) have an understanding of physical therapists roles in the evaluation and treatment of various disease processes? Although PCP's refer patients to physical therapy, it is unclear of their knowledge in the role that physical therapists play in treatment plans and interventions.

Methods

A 17 question anonymous survey was administered to residents and faculty in the Department of Family Medicine at MedStar Franklin Square. Medical residents and faculty members were invited to participate voluntarily. The survey was completed using a digital survey tool. The survey consisted of questions related to the role of physical therapy in primary care.

Results

The survey results indicated that PCPs had varying levels of knowledge about the role of physical therapy in primary care. The majority of respondents agreed that physical therapy is a valuable resource for patients with musculoskeletal conditions. However, some respondents expressed a need for more education and resources to facilitate better referrals.

Discussion

Musculoskeletal pathologies constitute a majority of primary care visits which has resulted in increased referrals to PT. Although the cost of PT is high, it is often necessary for patients who have musculoskeletal conditions. To improve referral patterns, PCPs must have a comprehensive understanding of the role of physical therapy in primary care. Therefore, there is a need for improved education and resources for PCPs to facilitate better referrals.

Objectives

1. To expand the knowledge base for primary care providers to easily refer patients to physical therapy for specific pathologies.
2. Encourage discussion and collaboration of primary care providers and physical therapists.
3. Broaden the knowledge base for primary care providers to easily refer their patients to physical therapy for specific pathologies.

References

Caregiver Knowledge, Attitudes and Practices (KAP) of Medications in the Home Environment

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Abstract
A 12 item questionnaire was offered to caregivers at all pediatric visits during a 3 day period in May 2018. Questions assessed caregiver knowledge, attitudes and practices on medication storage in the home. Questions also elicited information regarding medical care sought for children following unintentional medication ingestion. Statistical analysis was performed using Microsoft Excel.

Results

- 14/40 (35%) of respondents agree that pills are more dangerous than other types of medications
- 3/4 (50%) strongly agree/agree that medicines should be stored in original containers
- 2/3 (66.7%) of respondents exclusively store medicines above counter height
- 2/3 (66.7%) of respondents have taken a child to the ER for suspected ingestion and 1 caregiver has called poison control in the past

Discussion
Primary care providers, particularly family medicine physicians, have a unique opportunity to educate caregivers and positively impact safety in the home environment for multiple household members. Based on cross-sectional survey data, caregivers of pediatric patients in our clinic have excellent knowledge about medication safety practices. Medication storage practices seem to align with caregiver knowledge, and attitudes concerning medication safety. Increased numbers of adults in the home may serve as a risk factor for unintentional medication ingestion due to increased potential for medications in the home. Multiple factors have a role in unintentional medication ingestion among pediatric patients. Education campaigns to reduce the amount of unused or expired home medications are a potential intervention strategy to help reduce unintentional medication ingestion due to increased potential for medications in the home. Multiple factors have a role in unintentional medication ingestion among pediatric patients. Further research could further examine these risks and identify other modifiable factors to reduce morbidity from medication ingestion among pediatric patients.

Next Steps
- Increased provider awareness of topic
- Parent-Caregiver focus groups
- Information sheet for distribution during well child checks and back to school visits
- Signage from poison control center

References
2. FDA: Ensuring Safe Use of Medications https://www.fda.gov/Drugs/ResourcesForYou/Consumers/BuyingUsingMedicineSafely/ucm113749.htm
RESIDENT GRADUATION & FUTURE PLANS
CONGRATULATIONS TO THE CLASS OF 2018

Hasan Shihab, MBChB, MPH
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Global Health Scholar: Hasan Muhammad Shihab, MBChB, MPH
Thomas M. Holcomb Award: Joseph Brodine, M.D.
Lee Rome Memorial Award: William Jordan Gottschalk, D.O.
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 LCGME accredited institutions in the United States and Canada 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 is given to those students pursuing a career in family medicine. Only those students attending an LCGME accredited school in the US or Canada may apply.

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 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.

The Family Health Center also houses the Longitudinal Integrated Clerkship (LIC) for the Georgetown School of Medicine. In this program, students learn internal medicine, family medicine, pediatrics and obstetrics / gynecology simultaneously while caring for a panel of their own patients over the course of six months. Now in its third year, the LIC has become a very sought after clinical experience; last year, there were triple the number of applications as there were spots available. It continues to receive excellent reviews from the students and faculty alike.
YEAR 3 OF THE GEORGETOWN LONGITUDINAL INTEGRATED CURRICULUM A HUGE SUCCESS!

We have now had 30 Georgetown students go through the program 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.

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

Monica Gupta, Alena Hoover, and Anne Yeung reflect on their LIC experience:

“Participating in the Longitudinal Integrated Curriculum (LIC) has been one of the most rewarding experiences of medical school.

The longitudinal aspect of the program allowed us to develop relationships with patients over six months of working with them. We could follow our patients’ medical conditions and experiences as they traveled from Family Health Center, to specialist clinics, to the Operating Room. This facilitated some of the most educational experiences and meaningful relationships of our third year of medical school.

Similarly, we were able to create lasting relationships with the physicians and staff with whom we worked at FHC. There is no learning community that could have been more supportive in ushering us into our clinical years than FHC. Residents and attendings alike were kind, excited to teach, and invested in mentoring us in our personal development as future physicians.

We may have left Baltimore at the conclusion of our clerkships, but we will always carry with us the relationships that helped us take our first steps into becoming the physicians we have always aspired to be.”
SPORTS MEDICINE IN THE COMMUNITY

Dr. Kelly Ryan and Dr. Melissa Nicoletti attend the IIRM Sports Medicine Conference Series in Washington, D.C.

Health fair at Laurel Racetrack with Andrea Gauld, residents, and pharm students. Providing care to uninsured backstretch employees

The Sports Medicine team providing race coverage as the medical director for Rice Valley Ranch Half Marathon trail run

Participation physicals with our athletic training team and sports medicine team at Franklin Square

Demonstrating the new antigravity treadmill at the grand opening of the new physical therapy and orthopedic office

Dr. Kelly Ryan and Dr. Melissa Nicoletti attend the IIRM Sports Medicine Conference Series in Washington, D.C.

The Sports Medicine team providing race coverage as the medical director for Rice Valley Ranch Half Marathon trail run

Dr. Kelly Ryan providing physicals for Union Memorial employees and staff

Speaking to athletic trainers on proper management of suspected exertional heat stroke in athletes and importance of early recognition
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. Dr. Kelly Ryan was featured in the Baltimore Sun article “With help from Maryland doctors, horse racing industry takes on concussions”. She has developed, along with others, protocols to sustain the long-term health of jockeys. Visit http://www.baltimoresun.com/health/bs-hs-horsemens-health-20180418-story.html to listen to the video and read the whole article.

Dr. Ryan was also featured in Mid-Atlantic Thoroughbred magazine for concussion protocol as well. Visit http://www.midatlantictb.com/cms/flipbooks/jan2018/mobile/index.html?p=76 for the full article.

Photography by Dottie Miller and Caris Photography.
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We’re at 396 and counting!
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