



FAMILY HEALTH FOUNDATION OF OKLAHOMA
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To: OU College of Medicine Class of 2015
From: Jim Brand, MD
Subject: 2012 Future Physicians for Oklahoma (FPO) Program
Date: January 09, 2012

This is your invitation to participate in the 2012 Future Physicians for Oklahoma (FPO) Program. The Family Health Foundation of Oklahoma will be conducting the four week FPO Program during the month of June.

With the increased focus on family medicine, participation in this program continues to grow, and based on former FPO participants, the externship is a rewarding and beneficial experience for students as well as the preceptors. In this packet you will find a copy of the award winning Community Involvement Report written by one of last year's FPO students.

Approximately 12 externship locations will be available. You are asked to complete the attached application if you are interested in participating in the summer program. Applications will be accepted until February 10, 2012. Students will be matched to their respective sites in mid-March of 2012. Selected students will then be required to attend an orientation for the FPO Program in May 2012 (following your last final exam). FPO students will also be required to attend a portion of the 2012 Annual OAFP Scientific Assembly in Tulsa during their externship on Thursday, June 14th and all day Friday, June 15th.

Each FPO student will receive a \$1,000 stipend following the completion of the program, and upon receipt of all required forms, (i.e. stipend reimbursement form, site time sheet, evaluation, and Community Involvement Report).

If you are interested, please fill out the attached application and mail, fax, or email it to the Foundation at FHFO, 1900 NW Expressway, Suite 501, Oklahoma City, OK 73118. The fax number is (405) 840-0138. Email to hinrichs@okafp.org. Applications must be received by February 10, 2012.

If you have any questions regarding the program, please contact Sue Hinrichs, Student Programs Coordinator for the Foundation at (405) 842-0484 or email hinrichs@okafp.org.

If you know a family physician that would be willing to sponsor you and/or act as your preceptor, please contact Sue or place that physician's name and telephone number on your application. Thank you.

2012 FUTURE PHYSICIANS FOR OKLAHOMA (FPO) PROGRAM APPLICATION

Student Information

Name: _____ Date: _____
 Address: _____ SSN: _____
 City/State/Zip: _____ Home Phone: _____
 Home Town: _____ Cell Phone: _____
 Permanent Address: _____ DOB: _____
 Email Address: _____ Permanent Phone: _____

Relative or Friend who can reach you if you move from the above address:

Name: _____ Phone: _____

Optional Statistical Information

Gender: (Please circle) *M* *F* Marital Status: (Please circle) *Married* *Single* *Divorced* *Widow*
 Ethnicity: (Please circle) African American Asian American Caucasian Hispanic Native American Other _____

Educational Information

Undergraduate School(s) Attended

Institution: _____ Dates: _____ Degree: _____
 Institution: _____ Dates: _____ Degree: _____

Will you receive any stipend or reimbursement for your externship other than that provided by the Foundation?

Yes ___ No ___ If yes, which program are you participating in? _____

Clinical Experience

Have you ever worked in a clinic or hospital in a clinical capacity? Yes ___ No ___ If yes, Where? _____

Position: _____ Length of time: _____

Program Information

This externship will require your attendance at the OAFP Scientific Assembly Thursday, June 14th and Friday, June 15th. You will then spend four weeks with your preceptor, Monday, June 4th – Friday, June 29th. There are no extensions. Application deadline is February 10, 2012. Students will be matched in mid-March, and are required to attend the FPO Orientation in May. A \$1,000 stipend will be issued upon completion of the externship and receipt of all required forms, i.e. stipend reimbursement form, site time sheet, evaluation and Community Involvement Report.

Are you interested in a Rural Site? YES ___ NO ___

Area of the state you would like to be assigned: (list by preference, i.e. 1st, 2nd, 3rd, etc.) NW ___ NE ___ SW ___ SE ___ Central ___

Please list your top three (3) choices if you have a certain city in mind:

*Every effort will be made to place you at or near your preference, however, there is no guarantee you will receive your requested site.

1. _____ 2. _____ 3. _____

Possible sites include, but are not limited to:

- | | | | | | |
|------------------|-----------------|----------------|----------------|---------------|-------------------|
| <i>Blackwell</i> | <i>Elk City</i> | <i>McCloud</i> | <i>Okarche</i> | <i>Ramona</i> | <i>Stillwater</i> |
| Buffalo | Enid | Muskogee | Oklahoma City | Sallisaw | Tahlequah |
| Duncan | Frederick | Midwest City | Okeene | Shawnee | Tulsa |
| El Reno | Hobart | Norman | Purcell | Stigler | Weatherford |

Is there a physician who is willing to sponsor you and be your preceptor? Name: _____ Location: _____
 ("Sponsorship" involves making a donation to the Foundation to help aid in the payment of the student stipend.)

2012 FUTURE PHYSICIANS FOR OKLAHOMA (FPO) GUIDELINES FOR THE FPO COMMUNITY INVOLVEMENT REPORT

A large part of the FPO program involves interaction with the community in which each student is placed. Each FPO participant is required to complete a report (1-2 pages) summarizing his or her FPO experience.

This report should include but not be limited to:

- ⇒ The student's perception of practicing medicine in the community;
- ⇒ "Best practice" scenario as to what has contributed to the preceptor's financial success or has increased their quality of life.
- ⇒ Detail at least one community activity in which the student was involved;
- ⇒ Perception and attitude changes regarding the community and medical specialties after completing the FPO Program.

Research and Interaction should include but not be limited to:

- ⇒ In-depth discussion with at least two local family physicians reflecting on their past and current medical experiences particularly how they interact with their community;
- ⇒ Attendance at two or more civic organization functions (i.e. Rotary, Kiwanis, Church, Chamber of Commerce) with your preceptor or a colleague of theirs.
- ⇒ In-depth discussion with two or more community leaders reflecting their personal perception of the community and its health care providers.

All FPO participants are required to complete this report.

Reports will be evaluated and judged by Foundation board members on the quantity and quality of data presented. Outstanding reports will be announced and receive a cash award at the FCMIG Welcome Lunch to be held in August 2012.

This summer I had the opportunity to spend four weeks in El Reno, Oklahoma working with Dr. Clinton Strong as part of the Future Physicians for Oklahoma program. This has been a great opportunity for me and I have seen and learned many things which will help me in my future career in medicine. One of the most rewarding aspects of this program was to see many things in practice I had learned in class the previous year. The hours I spent studying paid off as I was able to look at a complete blood count and understand what the numbers were telling me and what was wrong with our patient. It was also good to be able to see conditions first hand that I had studied and learned about in the classroom such as polycythemia, diabetes, COPD, and dermatological conditions and to be able to work with Dr. Strong in helping to care for those patients. One of the things I enjoyed most was counseling with patients who had diabetes about lifestyle changes and behavior modifications. These changes are difficult to make, but they are the most important and effective ways to control a person's diabetes. Discussing a patient's diet or suggesting different exercises to improve his or her health was something I really enjoyed, and I felt that I was making a difference. Something I appreciated while working with Dr. Strong was that he trusted me to work with his patients and he let me talk to them as the health care provider. After I would talk with patients, they would look to him for confirmation. Dr. Strong would assure them that I knew what I was talking about and that they should listen to me. I also appreciated that after I had proven my competence Dr. Strong would turn to me for a second opinion and consult with me as a colleague rather than dismiss me as a medical student.

The most important thing I learned from my time with Dr. Strong is the importance of the doctor-patient relationship and the need to take time to listen to patients. Rural medicine it seems is based very strongly on this relationship and understanding the patient well enough to know what will work best for them. Dr. Strong is an effective physician because he takes time to talk to and listen to his patients. I recently wrote a research paper examining the effects of defensive medical practices including the effect on the quality of care patients receive. One of the major indicators of quality of patient care was the amount of time the doctor would spend with each patient. I noticed this in Dr. Strong's practice and was told by several people how much they appreciated the time that he would spend with each patient. Every time Dr. strong would leave me in the room with patients they would tell me how much they loved coming to see him because he actually took time to listen to them and get to know them and what was going on in their lives. Building a strong relationship with patients not only makes work more enjoyable, but it also allows the doctor and his staff to notice small changes in the individual that may be symptoms of health problems. For example, Dr. Strong had a patient that he had been seeing for many years who was a smoker. This patient always had a rough voice, but one day

when he was in the office Dr. Strong's nurse commented that his voice seemed rough. The doctor didn't really think much of it because his voice had always been rough, but after a thorough examination he decided to have this patient examined by an ENT specialist. This patient was diagnosed with laryngeal cancer, but because it was identified early it was more easily managed. This was all because the nurse knew the patient well enough to know that he was sounding a little hoarser. Another important reason to get to know your patients is to understand how disease not only affects an individual, but an entire family. A woman came in for a three month check up with her grown son who had a severe mental disability. Everything was going fine with the visit but when Dr. Strong listened to the woman's heart his face changed. He had me come over to listen; the woman was in atrial fibrillation. I was excited to hear and recognize this abnormality and was going through in my mind what medication to put her on and thinking about what they would do for her at the heart hospital, but when I turned to Dr. Strong to talk to him about these things I could tell he was very upset by the discovery. When I asked him what was wrong he was worrying about who would take care of her son if she had to go to the heart hospital. He told me she also cared for a sister in a nursing home and that her husband had died from heart complications. He was imagining how frightening it must be for her to now be going to the heart hospital for herself. Because I had not known this patient well enough, I was unable to see the full impact this new problem could have not only on her, but her family.

Patients appreciate the time Dr. Strong spends with them and they receive better care because of it, but this doctor-patient relationship is not just for the patient. These relationships are every bit as important for the physician and they make his or her job much more enjoyable. Lewis Thomas, in the *American Journal of Managed Care*, summarizes the importance of this relationship and what can be lost if it is not there. "The close-up, reassuring, warm touch of the physician, the comfort and concern, the long, leisurely discussions in which everything including the dog can be worked into the conversation, are disappearing from the practice of medicine, and this may turn out to be too great a loss for the doctor as well as for the patient." My father is a family physician in a small farming town in central Utah and practices the same way as Dr. Strong. Both he and my dad were in the same class in medical school which makes me wonder if that doctor-patient relationship was something that was stressed more in the past, and if so what has caused us to move towards a more impersonal approach to medicine? These experiences I have had the past few weeks have reaffirmed my commitment to develop that same type of relationship with my future patients as I have seen with Dr. Strong and my dad.