

Alaina Hamilton

One of the most common questions that I have been asked as a medical student is what specialty I want to pursue. I have always hated getting asked this question because my answer has always been that I do not even have the slightest idea. This was an important factor in me pursuing the FPO program. I really wanted to get exposure to family medicine because it has always seemed like a great specialty to me. I was assigned to rotate at In His Image Residency program in Tulsa. I got to alternate between the clinic and the hospital each week. I was very pleased to get exposure to both the clinic and hospital practice of family medicine. I think that this gave me a good scope of everything that family medicine works with, which is really a little bit of everything.

While at the clinic, I shadowed doctors as they met with their patients, such an elderly patient there for chronic back pain, a woman that was 28 weeks pregnant there for a check-up, and a six-month old baby there to receive vaccinations. I enjoyed seeing the variety of patients that family practice doctors get to see on a day-to-day basis.

I was interested in seeing the specific populations that individual doctors focused their practice on. One of the doctors I shadowed was primarily interested in obesity medicine. He usually spent at least fifteen minutes with his overweight patients, discussing how their weight affects their health. He asked them what their goal weight was and then set a plan out for them to achieve this goal. The plan usually detailed some kind of physical activity, like walking thirty minutes a day, and keeping a food diary so that they would know how much they were eating. I think that it really showed patients that he cared about their health that he would spend so much time with each patient addressing the underlying problems of their presenting diseases rather than just giving them a prescription. Another doctor I shadowed was interested in working with children and had previously completed a year of residency in pediatrics before switching to

family medicine. She strongly focused her practice on pediatric care. She provided me with tips on how to persuade younger children to cooperate during their physical exams.

I also had the opportunity to attend church with my preceptor, Dr. Powell, and his wife one Sunday morning. This allowed me to really get a view into Dr. Powell's daily life and the importance that church played in it. He and his wife prayed with individuals after services and participated in small bible study groups. They also volunteered regularly to pick up lunch for the pastor and his family and deliver it to them after church. They were scheduled to do this the day that I was with them. The pastor and his family greatly appreciated the service that they provided by delivering lunch. Church was the way that Dr. Powell got involved with the community and this was very important to him. I think that regardless of what specific activity, it is important for physicians to be involved with the community outside of medicine.

I was able to shadow at the Good Samaritan Health Services (GSHS) Clinic during my time at In His Image. GSHS is composed of two mobile medical units that go into the community and provide medical attention to those who cannot afford it or have difficulty accessing the medical system. It provides a variety of services including medical testing, a well woman clinic, and prescriptions. This clinic is very important to the community in that it provides care to the underserved population preventing unnecessary emergency room visits by managing chronic conditions and treating acute illnesses in an outpatient setting. This prevents the patients from incurring unaffordable medical bills and the hospitals from admitting patients that could be better treated in an outpatient setting. This was a very positive experience for me because it illustrated the way medicine could benefit low-income populations in an affordable manner.

The Future Physicians of Oklahoma program has been an overwhelmingly positive experience and I am very happy that I was given the opportunity to participate in it. I have learned a great deal through the program about both medicine and family practice. The program has given me a better answer to questions about my specialty as I am now highly considering one in family medicine.

Brooke Frantz

Community Involvement Report

The month I spent at the Great Plains Family Medicine Center was one of the most enjoyable and educational experiences of my life. I was challenged to act and think like a professional, and every one of the attending physicians, residents, and faculty members made me feel welcome and part of the family. The attending physicians ensured that I experienced as many aspects of their practice as possible, and I was very impressed with my overall encounter.

Great Plains revealed to me many different facets of Family Medicine that I had not personally experienced before. Examples include the option of seeing an entire family in a single office visit, practicing in both the clinic and the hospital, and seeing patients from birth to the end of their lives. I learned that each of these angles allow you to have a special role in the lives of your patients, furthering your influence and bettering your ability to care for them. The attending physicians had long-lived relationships with many of their patients, and the trust and honesty that resulted was amazing to see.

Physicians can also gain respect from their patients by getting involved in the community. A few of the attending doctors I shadowed were involved with hospice. I was able to attend a hospice meeting at a local nursing home with one of the Great Plains physicians, and it had a deep impact on how I think of Family Medicine. The physicians emphasized that it is equally important to guide a patient and their families through the dying process as it is the living process. They informed me that hospice families generally feel much more at ease when they know their family members are not in pain during their last days, which gives them more peace after their loved ones have passed.

Cultural and financial awareness was also reiterated throughout my stay. Great Plains sees a great diversity of people and they are highly prepared to take care of every patient that comes through their door. The physicians make it a point to stay updated on both the genetic tendencies of specific ethnic groups as well as each culture's opinion of medicine. In addition, they are very conscious of the financial state of their patients when writing prescriptions and giving medical advice. Being aware of each individual's needs and abilities enables them to better relate to their patients, and in turn helps them gain their patients' approval.

The attending physicians I was privileged to interact with at Great Plains were all very supportive and always willing to take time out of their busy schedules to explain something in a way that I would understand. Through the program, I discovered that practicing medicine in the community can be very rewarding and can lead to a more meaningful experience as a family physician. Each of the physicians encouraged me to expand my future practice beyond the office in order to increase my quality of service and enjoyment as a physician. They displayed that the family in Family Medicine really means just that. They become like a family member to each of their patients, building lasting relationships with them and caring for them in a way that would not be possible upon a single visit. The physicians I worked with were some of the brightest and most caring people I have met. I have nothing but respect for the doctors at Great Plains and would be honored to join them someday as a family physician.

Bryce Yohannan

FPO Involvement Report – Bryce Yohannan

Nearing the end of my first year of medical school, I could see the light at the end of the tunnel – only a couple of more months until summer, the best time of year for any student! I couldn't wait to take a break from school but I also knew I wanted to do something both enjoyable and productive with my summer – rather than sit in a lab doing research all summer. When going through the different summer programs for first-year medical students, the Future Physicians of Oklahoma program caught my eye due to its ideal length, its competitive stipend, and the chance to learn more about family medicine.

I was assigned to do my rotation with Dr. Beebe, who practices in both Muskogee and Broken Arrow; in Muskogee, he practices wound care and outpatient family care in his own clinic whereas in Broken Arrow he works as a hospitalist. Before starting the program, I had thought that family medicine was limited to just outpatient care in a private practice. Additionally, the idea of practicing in a smaller community did not seem very appealing to me. By the end of my first day, I learned that a family medicine resident has plenty of opportunities available to him or her and can work in a variety of health care centers. For example, one can go into emergency medicine, urgent care, wound care, sports medicine, hospitalist medicine, outpatient family care, etc. and can work in more than one of these areas at the same time. Furthermore, I learned that I appreciated community-based medicine as compared to how medicine is practiced in the big urban hospitals (which is what most of my previous shadowing experience had been in). It seemed that every provider knew every other provider in town personally, regardless of specialty, and did not hesitate to call on the other when a consult was needed. Another misconception I held previous to this summer was that there were only family doctors and pediatricians in towns of smaller population. I was amazed to find that there were specialists of every kind ranging from podiatry to otorhinolaryngology in both Muskogee and Broken Arrow.

Each day shadowing Dr. Beebe was an invaluable experience. I began to see that many of his patients in both the hospital and wound care clinic had complications that could have been prevented by lifestyle changes such as exercising or smoking cessation but now had progressed into disease processes. However, some patients presented with problems that seemingly had no clear cause or explanation. Despite the presentation and

circumstance, Dr. Beebe treated each patient with the same dignity and compassion that he would reserve for a family member. Indeed, almost every single patient – even those he had just seen that same day– told me how lucky I was to be rounding with Dr. Beebe. The most important thing I learned from Dr. Beebe was how to simply listen to the patient without interruption or distractions. By doing this, Dr. Beebe was able to gain his patients’ trust quickly and maximize his time with each patient. At the end of each day, Dr. Beebe would share his impressions of the day and what to look forward to in my career in general. His honest insight into the joys and challenges of practicing family medicine will be something I remember when I consider family medicine in the future.

During my time in Muskogee, I was able to volunteer at the Good Shepherd clinic at St. Paul’s Methodist Church. I was inspired by the commitment of the volunteers who for years have come every single Thursday evening to provide free services to uninsured patients. Despite the unusually high patient volume the specific day I attended, the whole team of doctors, nurses, and pharmacists worked past the allotted time without complaint. The sense of ownership that the staff had for their community was readily apparent by the high level of care they provided for each patient.

In conclusion, the FPO program was truly a beneficial experience for me in every way. Dr. Beebe not only taught me a great deal clinically, but much more importantly he taught me how to better interact with real patients – real people who have come to the doctor needing a real solution to a real problem. I am truly grateful to have taken part in the FPO program this summer and would strongly recommend it to every MS1 who is considering a career in family medicine.

Christina Nguyen

Upon entering medical school, I told myself to keep an open mind as to what specialty I would eventually go into. I attended various interest group meetings throughout the year, ranging from pediatrics to neurology. I even participated in events like a labor and delivery rotation and the Perry Initiative Student Outreach Program for female orthopedic surgeons. While everything was new and exciting through my first-year eyes, my mind kept going back to primary care.

Through the Future Physicians of Oklahoma (FPO) program, I got the amazing opportunity to work with Dr. Matt Crespo. Dr. Crespo practiced traditional family medicine for over 10 years before becoming the hospitalist for the Nazih Zuhdi Transplant Institute (NZTI) at Integris Baptist Medical Center. In the office, he discusses with his patients the importance of diet and exercise to meet requirements for transplant. In the hospital, he works with post-transplant patients who are having difficulties associated with immunosuppression and strength and mobility. While my experience with Dr. Crespo was not one of traditional family medicine, I gained insight into how flexible family medicine can be. I like that family medicine is tailored to a physician's lifestyle and a community's needs. A family physician may choose to not do obstetrics or choose to work primarily with pediatric patients. The wide array of opportunities in family medicine keeps the act of practicing medicine interesting and exciting to me.

Dr. Crespo frequently stated how family physicians are not consulted about their depth of knowledge but rather their breadth of knowledge. Family physicians are the only specialists qualified to treat most ailments and provide comprehensive health care for people of all ages—from newborns to seniors. By treating the whole person through his or her lifespan, family physicians are best qualified to serve as each patient's advocate in health-related matters. I like the idea of having a broad range of knowledge to not only be able to treat my patients long-term but to also be able to consult with sub-specialists who need my opinion on a topic they may not be as familiar with or may not see as frequently.

Unlike other specialties, family physicians are strongly tied to the community in which they practice. For example, Dr. Crespo is actively involved with his church and the Ministries of Jesus free clinic. During my last week, I got the opportunity to volunteer at All Things Baby, a ministry devoted to providing mothers and their children with items ranging from clothes and toys to car seats. My time at All Things Baby reminded me how imperative it is to look beyond people's medical needs and be able to provide resources for other aspects of their life. Improving those areas of their life could even improve their overall health and well-being. It is vital for me to join a specialty that allows me to give back to my community.

As a physician who regularly works twelve or more hours in the hospital every day and is extensively involved in various committees and organizations, Dr. Crespo has found the time to work on earning a masters degree in health care quality and patient safety. It is not atypical for him to spend a full day at the hospital only to go home and read research articles or write a paper over ways to improve patient care. Dr. Crespo's desire to continue his medical education and improve patient care is truly admirable. Continuing my education is one of the reasons I went

into medicine in the first place, and it is inspiring to see Dr. Crespo embrace his education and actively strive to improve patient care. Like Dr. Crespo, I hope to maintain my craving for knowledge even after medical school. He challenged me every day to learn something new or rather reinforce information I should already know from one year of medical school. Since he works primarily with transplant patients, Dr. Crespo also taught me a lot of new information that will be covered during my second year of medical school. While it may sound like a burden to read medical articles about vertigo or pleural effusion over the summer, I liked being able to tie in my medical knowledge to a clinical setting.

The most important thing Dr. Crespo taught me was not something that can be found in a medical textbook, however. The most significant thing he taught me was the importance of communication. All physicians should know how to talk to patients, but family physicians are not limited by age, sex, disease or organ. They have the unique opportunity to create strong patient-doctor relationships with really anyone. During my rotation, several patients told me how much they appreciate Dr. Crespo because he took the time to talk to them. Ranging anywhere from 30 minutes to 3 hours, Dr. Crespo talks with his patients not only about their health issues but also their life. He gets to know them on a more personal level, creating a stronger bond between himself and the patient as well as the patient's family. I want to build a similar connection with my patients. I care deeply about the quality of the relationships I have with family and friends and I want to extend that to my future patients. Learning how to effectively communicate among colleagues is important as well. As the sole hospitalist for the NZTI, Dr. Crespo talked to the transplant team, surgeons and other healthcare providers to make sure everyone knew the status of the patient and the treatment course. I believe that medicine is a team-based field that requires effective communication to provide the best care for patients.

Before beginning the FPO program, I had leaned more towards going into primary care specialties focused on children like pediatrics or med/peds. Although I had never really considered family medicine as a future for me, I learned that I really enjoy working with adults and the elderly as well as kids. I can honestly say that the FPO program has put family medicine at the top of my list. While it was great being able to apply my medical knowledge to a clinical setting, working with Dr. Crespo is what made my experience truly meaningful. The level of care he has for his patients is something all future physicians should strive to achieve. He was an amazing advocate not only for family medicine but also for continuous improvement of patient care. I am glad that I got involved with the Oklahoma Academy of Family Physicians and beyond grateful for the opportunity to work alongside and learn from Dr. Crespo.

Hitesh Patel

As I entered medical school and went through my first year, I have always considered pediatrics to be the field where I could see myself. In an effort to keep an open mind and gain as much experience as possible, I applied for the FPO program as a good way to balance my summer with valuable clinical experience and the opportunity to get a break to travel. This was, undoubtedly, the best way I could have spent the summer. My internship placed me at the OU Physicians Family Medicine Clinic in Tulsa under Dr. John Tipton. The best part of the month was the broad exposure I received through shadowing many residents and attendings, in the routine clinic visits and inpatient rounds in the hospital, to even some time in physical therapy and sports medicine. These learning opportunities provided to me shined a great light on family medicine while allowing me to gain clinical knowledge and skills with patients. I could certainly see myself pursuing a career as a family physician.

The main tenant of family physicians seems to be the holistic treatment of the patient, not just managing the symptoms with medicine. On numerous occasions, we discussed smoking cessation or diet and exercise with people suffering from COPD or diabetes. Occasionally, there would be patients who did not want to work on lifestyle changes, who were not taking their medications as prescribed, or who were only coming in to acquire narcotics. Each conversation with these types of patients was unique and required extensive patience to handle the situation best. The reality of practicing medicine in any field is we are going to see these same type of patients. At the end of the day, the doctors did what they could for the ones who want to do something about their health. The end goal is improving the health of the community as much as possible, one patient at a time.

But patients are also people, with complex lives and friends and family. Dr. Tipton especially was adamant about spending time with each patient to talk to them about their lives in

general. Having practiced for so many years has allowed him to see generations of families and build rapport with patients, many of whom gave him a hard time or pulled out pictures of grandchildren as soon as we walked into the room. He had become their friend while also being their partner in seeking a healthier and longer life. The doctor would know exactly what their ailments were or why they came in last, along with personal details. It was an amazing experience to see the difference of how patients that had been seeing the same doctor consistently responded to their advice versus patients who came in sporadically and saw different providers. To paraphrase Dr. Tipton, an extra minute or two with a patient to talk about their life and simultaneously build trust can be just as valuable as the rest of the visit.

Reaching beyond the scope of medicine, I had the chance to learn about Educare and speak to the one of the people in charge about the importance of their program. This program provides a place for children in lower socio-economic standing to develop and learn until they are 5 years old and entering school. They typically are there the whole day, provided breakfast, lunch, and snacks while going to many different classes. The research has shown Educare is effecting in preparing at-risk children to be equal to their middle-class counterparts.

Overall, when I look back at the FPO program after I have started practicing, I will certainly remember how it developed my skills as a future physician by understanding the diagnosis and treatment of many acute and chronic illnesses and talking to patients to build a relationship with them. But beyond the valuable clinical experience, I was able to really appreciate the approach family physicians take to treating their patients as people. They wanted to get patients feeling normal again, able to do their everyday activities without worrying about health issues holding them back. This is what impacted me as the primary goal in primary care.

James Brigance

The Whole Family Physician

I believe that community centered medicine is the most effective in truly caring for and treating people's illnesses. This became even more evident to me during the summer future physician program. I had the opportunity to spend time with two highly skilled physicians who are both vital parts of their communities. Dr. Mark McCurry and Dr. Dennis Carter both exemplify what it means to be community centered, having extraordinary personal relationships with their patients.

During my time with Dr. McCurry I saw how intertwined in the community a doctor can be. I joined him as he made trips to see patients at the nursing home, in the hospital and at home. I was also able to sit in on a hospital board meeting where I quickly realized just how much planning and hard work it takes to run a hospital. The majority of my time was spent, however, with Dr. McCurry in his clinic. His patients were always comfortable speaking with him about a multitude of topics not necessarily just their health issues. One moment I will never forget that showed me just how much Dr. McCurry cared for each of his patients was near the end of my time in Stigler. An elderly couple had come into the clinic to see Dr. McCurry for a routine checkup and they started discussing gardening and flowers. When the couple was ready to leave he instructed them to follow us to his house just down the road. We drove to his house with the couple following and when we got there Dr. McCurry went to his collection of potted plants and gave the couple two cleome flowers to take home with them. The couple was overjoyed with the gift. This type of personal attention to patients is what I believe makes a

huge impact in the community. I hope to emulate the kindness that Dr. McCurry shows his patients one day as a physician.

After spending two days a week with Dr. McCurry I spent the rest of the week with Dr. Carter in his clinic in Poteau. I have known Dr. Carter since I was a little boy and is still my family's primary care physician. Even before spending time with Dr. Carter in the month of June, it has always been clear to me how outstanding of a doctor he is. During any health crisis in my family, and there have been several, Dr. Carter has always been available and quick to help us. Any time day or night he has been there for my family and for many other families in the area. In fact, Dr. Carter played a huge role in my decision to pursue a career in medicine and specifically family medicine. After seeing how he treated people and how he made people feel about their doctor I knew that this was exactly what I wanted to do.

That same kindness that Dr. Carter has shown my family is shown to every one of his patients that comes in the doors. I was able to follow Dr. Carter in to see every patient with him. At the end of my time there I had helped make several joint injections, gave shots and even removed a skin tag from a patient. Seeing and being able to help with some of the more common procedures that Dr. Carter sees daily was exciting and a great benefit to me in my medical knowledge. Yet, possibly of more benefit to me in my career as a doctor was how he made people feel by the time they left the office. Instead of people simply coming to see their doctor, it was like they were coming to see an old friend who just happens to be a doctor also.

I am very happy that I decided to participate in this summer program and will recommend it to my classmates for next summer. It is a great opportunity to see what a family

physician's life is really like in and out of the clinic. I am extremely grateful to Dr. McCurry, Dr. Carter and the OAFP for giving myself and others the experience. I am excited to continue my medical education and someday be able to incorporate what I have seen through this program into my own medical practice. Maybe someday I'll have the honor of a medical student writing a report about their experience with me in my clinic.

Jeremiah Reasoner

FPO Involvement 2015

Jeremiah Reasoner

I had the privilege of doing my FPO program at St. Anthony's Hospital in Oklahoma City. It was with the Family Medicine Residency Program. My official preceptor was Dr. Cheyn Onarecker, but my time was also shared among the residents and attendings. I thoroughly enjoyed myself during my time there. Most everyone was very friendly and helpful. I learned a great deal of practical medicine that correlated well with some of the basic sciences I have learned.

They had me on a four week schedule. The first week, I was with Dr. Onarecker on inpatient medicine. I had never had exposure to patients in hospital beds before, so this was surprisingly interesting. We saw many patients. When I first got there, they were just about to start rounds. To say the least, rounds that day was not all that interesting because I had not met any of the patients. It did give me their background, though. It was pretty neat to meet the patients, having already discussed their conditions. Most of the patients were nice and would let me check their vitals. The second week I was on something I had never really had experience with either: OB. My week on OB was enlightening. The first day I got to see a C-section, but after that there were no births during my shift. The third week I was on outpatient medicine. This was what I was familiar with. Things got interesting here, because most of the residents thought I was a third or fourth year medical student. They gave me silly faces when I asked about basic newborn and specific neuro exams. Once I explained I had just only finished my first year, then they were a lot more understanding. Although, it made me feel good about myself when it was not until the end of the shift when I told one of the residents I was not a third year medical student. They were impressed. Getting to see patients by myself was probably the most fun I had during this program. This was also one of the more community aware weeks I had. The Family Medicine clinic took in every kind of patient. Residents ran the clinic, and they got to see all kinds of patients. Some of these people were really poor, and it was awesome to see the residents refer these patients to free clinics and educate them. They truly portrayed empathy. The last week, I was on inpatient medicine again.

My community involvement was limited, because everyone at this program was usually working 7 days a week. I was able to sit in on a couple of lectures/seminars/meetings. Some of them were regarding physicians in the community. One of the doctors I talked to was saying how St. Anthony's presence in this community was strong and helping it out of poverty. It was visible that some of the buildings around the hospital were rundown, but there was also a lot of construction going. I was able to attend church on two separate occasions with some of the residents. Their presence in the church was great. They took time out of their busy schedules to do something very personal and spiritual to them. I found it very encouraging that even in the midst of 80 hour work weeks, some of these residents made time for worship. I talked to two separate pastors, but talking to Pastor Russ Bishop was most enlightening. He has a unique view point of healthcare. One of his sons had a brain tumor at a young age. The son is still living, and the pastor is very grateful to the surgeons and doctors that were instrumental to his son's survival. Pastor Bishop finds the Oklahoma City area to be growing incredibly fast and with that comes change. Church attendance is up and down. More people are leaving the

church because they cannot make time for going to church. Life is becoming busier for everyone, not just doctors. It is a somewhat depressing situation, but there is always hope.

Overall, my time during this program was wonderful. I got to see inside the life of a resident and doctor. Work can be extremely busy, but the doctors I talked to and interviewed all made time for what was important to them. Whether that was church or volunteering at a free clinic, doctors can still make things happen.

Mary “Katie” Nixon

Future Physicians for Oklahoma Involvement Report

As a student in the Future Physicians for Oklahoma program, I was very fortunate to be placed with two family medicine preceptors in the Oklahoma City metro. Even though both of my preceptors primarily work in the same hospital-owned outpatient clinic, the differences in their practices and patient populations gave me a broader view of the community and its needs.

The community's medical needs from primary care providers include workup for acute conditions, management of chronic diseases, follow-up after hospital visits, referrals to specialists when necessary, and much more. Unlike many specialty practices or urgent care clinics, the comprehensive care of families provided by family physicians allows for greater consideration of patients' past medical history, family medical history, and social history in clinical decision-making. I knew I had a strong interest in primary care when I began the program, but I was surprised how significant family dynamics can be in patient interaction and how much they can enhance medical practice. Caring for a patient's loved ones establishes a connection analogous to having a mutual friend and can relieve feelings of isolation in healthcare. As a result of my participation in the program, my strong interest in primary care is now inclined towards family medicine.

Additionally, because one of my preceptors serves as the medical director for Open Arms, a local charitable clinic, I also gained an understanding of how the material needs of the community affect healthcare. Open Arms is one of a handful of clinics dedicated to uninsured and underinsured patients in the area that sets itself apart through its best practice guidelines, which include criteria such as addressing the transportation needs of its patients. (After all, "no-shows" and poorer outcomes are expected if patients do not have reliable transportation to the clinic.) As a testament to its efforts to be accessible to the community, Open Arms has an on-site full-time social worker who is vital to the clinic's operations. The clinic does require a small co-pay to ensure patients have a valued, dignified healthcare experience, but uses many other resources to minimize or eliminate the burden of healthcare costs for its patients. Understanding how variables in the community affect outcomes in the clinic empowers primary care providers to help patients overcome obstacles to better health.

Furthermore, a physician's involvement in the community can be just as significant as their understanding of the community. My preceptors are involved in various community activities in their personal time- from greeting attendees before church services to exchanging horticulture tips with the local Bonsai club- and in many cases, they have stronger relationships with their patients based on mutual involvement in these activities. It seems that patients' perception of physicians' lives outside of the clinic makes physicians appear more approachable and breaks down barriers to rapport. I was given the opportunity to assist one of my preceptors with his involvement in LoveOKC One Day, an annual event that offers an assortment of services to show compassion to thousands of families in need. I joined my preceptor at a planning meeting with the LoveOKC One Day Team Leaders and will be recruiting medical student volunteers for the Medical Team.

While in the Future Physicians for Oklahoma Program, I also attended the Oklahoma Academy of Family Physicians Annual Scientific Assembly. From a student's perspective, it was very interesting to hear lectures about current practice management and anticipated changes in healthcare. Discussions with my preceptors about their practice models revealed much about the complexities and idiosyncrasies of practice ownership, institutional systems, employment contracts, patient populations, and scheduling templates. I was particularly intrigued to learn that urban family medicine allows for greater control over practice development than rural family medicine, but is more limited in scope than rural family medicine. Both of my preceptors work in an urban setting, but by selectively accepting new patients, each has tailored their practice towards their interests and taken a unique career trajectory. Above all, I was enlightened to the great flexibility of family practice and encouraged by the projected emphasis on value-based primary care.

My experience in the Future Physicians for Oklahoma Program was overwhelmingly positive. I am very grateful that I was selected to participate and that my preceptors were so open and generous with their time, energy, and knowledge. Being immersed in a primary care setting reinforced my ambition to provide primary care services while developing meaningful, lifelong relationships with my patients. As a result of my participation, I learned a great deal about family medicine, earned great respect for family medicine, and now can envision my future in family medicine.

Kelsey McGinnis

FPO 2015
Kelsey McGinnis

As my first year of medical school drew to an end I was contemplating what I wanted to do with my summer break. I looked into many research and clinical programs during the spring semester, but after discovering the Future Physicians for Oklahoma program I knew I found what I wanted. The FPO program would give me a chance to integrate my basic sciences knowledge into the clinical setting. After being accepted, I was placed with Dr. Brand at the Family Medicine Center at the University of Oklahoma Health Sciences Campus in downtown Oklahoma City.

On the first day at the clinic I simply shadowed Dr. Brand and observed. Even after one morning of seeing patients I realized family medicine was completely different than I thought it would be. The amount of diversity in the patients, conditions, and problems was amazing. We seemed to hit every subject I was taught in my first year of medical school with eight patients. I loved getting to see how certain medications and treatment plans affected patients on a short-term and long-term scale. We learn about many medications in school, but getting to relate them to particular patients helped me understand the drugs on a more global scale.

As my amazing clinical education continued I saw how many different ways you could take your family medicine practice. Shadowing obstetrics service, hospital rounds, clinic, and geriatrics opened my eyes to the possibilities. Family practice means truly doing anything. I shadowed around 12 attending physicians and countless other residents and nurses, which gave me a great array of opinions and unique points of view on the specialty of family medicine. It was nice to see that

many different personalities had found their place in the world of family medicine. Getting to see the different ways I could take my practice in the future and seeing what was the best fit for me will undoubtedly shape my decisions regarding my specialty and practice going forward.

During my time in the program I also went to a local church's education event to get some insight into the community's views on healthcare. I interviewed some parishioners and the event's coordinator. I got to hear about what aspects of healthcare, insurance, and policy were most important to the people of Oklahoma City. Interestingly a lot of what they said coincided with my hopes for medicine moving forward, with a few key differences. I am excited to take these views and implement them in my practice some day.

Through my month shadowing at the University of Oklahoma's Health Sciences Center OKC campus I was able to integrate most of the knowledge I had obtained my first year into a clinical setting. Being able to relate my basic sciences information to real patients was very important to me and I was definitely able to accomplish that during the FPO program. I learned more than I ever thought I could in four weeks. I am very grateful to have seen a diverse selection of patients and conditions, and I am thankful to Dr. Brand and everyone at the FPO program for letting me enjoy this wonderful summer experience.

Michael Williams

The sun was beginning to set. It hung like a giant orange, suspended in the cloudless sky, which grew hazy in the dimming light. The air was hot and dry, heavy and still. But the rolled-down windows offered a nice breeze as our red pickup flew down the open highway. Francis, an elder of the Madill Church of Christ, was driving, while I rode in the passenger seat. Behind us were four inmates, squished in the back seat of the crew cab, joking, laughing, and drinking their milkshakes. Francis always bought them ice cream on their way back home to prison from their weekly bible study. The four men behind us belong to the Madill Work Center, which means they work every single day digging trenches, paving roads, or working in the steel mill.

When our four friends checked back into the work center, Francis and I returned to the highway, leaving the sterile white box of a building in the rear view mirror. "These men have been in prison for a long time," Francis told me, "And their jobs are just plain difficult. But I'll tell you what. These men are important members of our community. In fact, there is not one job that's unimportant."

He went on to explain that in the church, for example, there is a preacher in the spotlight each week. In contrast, you have the church's cleaning crew, coming in every night after dark. Nobody knows they are there, but how do you think the church would fare without them? The preacher and the cleaning crew play different roles, but they are both vital to the well being of the church.

His words struck me. At that point, I had been working with Dr. Ahearn at Lakeside Family Medicine for two weeks, and my perception of the role of family medicine had already changed tremendously. The unfortunate truth is that I had disregarded family medicine as a specialty. However, during my time in the Future Physicians of Oklahoma program, I learned the vital role that family medicine plays in the well being of its patients, and the community as a whole.

In just four weeks with Dr. Ahearn, I experienced such a wide variety of skills and practices that could only be possible in a specialty like family medicine. In addition to working in the clinic, I made house calls, I visited patients in nursing homes, I attended hospice meetings, and I worked night shifts in the ER. I had the opportunity to follow patients through the entire course of their illnesses- their initial clinic visit, admission to the hospital, their daily improvements in the hospital, and then follow up visits in the clinic after they were discharged. I also saw patients that did not improve. One patient, in particular, was admitted to the hospital from her nursing home, but continued to decline. I was a part of the difficult conversation between Dr. Ahearn and the patient's family, in which the possibilities of death or hospice care were tearfully discussed.

The family medicine physicians in Madill are capable of tackling any situation with new or existing patients, from minor coughs and colds in the clinic, to motor vehicle accidents or heart attack patients in the emergency room, and everything in between. And, although they are competent in almost every realm of medicine, they always know their limits. I found this quality particular to be widely respected. Sue Nelson, another church elder, said this: "I love having access to physicians just down the street. They are competent,

caring members of our community, but they always know when it's time to send their patients on to someone else." I later spoke with Dr. Conley, another family medicine physician in Madill, who had recently experienced such a situation. Upon the patient's arrival in the emergency room, Dr. Conley stabilized the patient, then immediately evacuated him to Oklahoma City by helicopter. A few days later, Dr. Conley received a thank you note from OU Medical Center, praising his quick action and his willingness to part with the patient. The patient was treated and released from Oklahoma City in good condition.

Of all my observations of family medicine physicians in Madill, what struck me the most was the trust they had developed with patients and their families. Many patients came to visit Dr. Ahearn in her clinic after an appointment with a specialist. Their cardiologist or nephrologist had prescribed new medications, but they still wanted Dr. Ahearn's approval before beginning their new regimen. Even several coworkers came to Dr. Ahearn with concerns about family members. A nurse from the hospital sought Dr. Ahearn's advice regarding her husband's severe depression, and a medical assistant in the clinic made an appointment for her young daughter to discuss suicidal thoughts. Conversations such as these could never occur without an implicit trust in Dr. Ahearn.

In addition to learning about the specialty of family medicine in Madill, I learned many skills and tips that will help me in my journey through medical school and, one day, as a physician. For example, Dr. Ahearn taught me the importance of physical touch. Gently placing one hand on a patient's shoulder as you auscultate the heart and lungs can help them relax. Shaking hands, or hugging when appropriate, can remind patients that you care about them as a human, and not just another diagnosis. I also learned the extent of the repertoire a physician must have when speaking with different types of patients. Countless diabetic patients, for example, came to the clinic with varying degrees of control over their illness. These patients needed the same instructions, more or less, on how to care themselves, yet each one required a different type of encouragement to achieve their goals.

Finally, I learned about the business of medicine- something I was not expecting from this experience, but for which I am immensely grateful. I worked four days a week with Dr. Ahearn, who recently started a private practice, and one day a week with Dr. Conley, who worked as an employed physician. I witnessed first-hand the pros and cons of each, and how they can affect your income, your independence, and both your professional and personal life.

I could not have asked for a better way to spend my last free summer as a medical student. This experience taught me about medicine as an art, a science, and a business. I gained experience and knowledge that I can use for the rest of my career. I made friends and found mentors on whom I can rely throughout my medical education and beyond. And last, but not least, I had fun. I am excited to return to school and apply what I've learned in Madill. My goal now is to continue to learn and to grow, so that I may become the best physician I can be. Then, some day, I may have as meaningful an impact on my own community as those family physicians before me.