



FAMILY MEDICINE NEWS

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DEPARTMENT OF FAMILY MEDICINE
LOUISIANA STATE UNIVERSITY SCHOOL OF MEDICINE — NEW ORLEANS

Family Medicine touts successful Match

We are proud to announce our 2009 Match results. Fourteen LSU-NO students chose Family Medicine residency programs, slightly more than 10 percent of the class. All but two of these students chose to stay in Louisiana. This is great news for the future of health care in our state.

We also welcome the physicians who matched into our residency programs across the state:

Bogalusa

Kimberly Crenshaw, LSU-NO
Kervin Doctor, Windsor University School of Medicine
Ricky Imsais, LSU-NO
Ron McLendon, Tulane

Kenner

Muddassir Aliniizee, Ross University
Alana Anthony, Meharry Medical

College

Kevin Johnson, Meharry Medical College
Huy Nguyen, LSU-NO
Jake Rodi, LSU-NO
Alba Wayal, Ross University

Lafayette

Amir Bagshahi, Ross University
Mirza Baig, Deccan College of Medical Services, India
Anatoli But-Husaim, Gomel State Medical Institute, Belarus
Virkrum Durairaj, St. Matthew's University
Baljinder Kumar, Guru Govind Singh Medical College, India
Kamal Mandalapu, Guntur Medical Center, India
Shirin Náidu, Jawaharlal Nehru Medical College, Belgaum, India
Luther Oakes, University of Saint Eustatius

Lake Charles

Jean Ancelet, LSU-NO
Ben Degatur, LSU-NO
Rick Edwards, LSU-S
Nick Heinen, LSU-NO
Fallon McManus, LSU-S
Lacey Millet, LSU-NO
Rajalakshmi Natarajan, Kilpauk Medical College, India
Melissa Rasberry, LSU-NO

In addition to those noted above, the following LSU-NO students matched into Family Medicine: **Amy Davezac**, University of California-Irvine; **Laura Folse**, University of Colorado; **Lauren Gillis**, Baton Rouge General Medical Center; **Matthew Matherne**, East Jefferson General Hospital; **Holly Primeaux**, Baton Rouge General Medical Center. ●

Geriatric Fellowship gets 5-year accreditation

The **LSU Geriatric Medicine Fellowship Program** at University Medical Center in Lafayette received five-year accreditation from the ACGME. In addition, the fellowship program, which is under the direction of **Dr. Lainie Moncada**, Assistant Professor, received a special commendation from the residency review committee for having no citations.

The LSU Geriatric Medicine Fellowship is a one-year clinical fellowship with experiences in primary care of geriatric patients, long-term care, palliative care, geriatric psychiatry, multiple subspecialty clinics, rehabilitation, and inpatient and outpatient geriatric consultation.

Family Medicine or Internal

Medicine residents interested in Geriatric Medicine are invited to apply. Graduates of the program are eligible to obtain a Certificate of Added Qualifications in Geriatric Medicine.

For more information, contact Dr. Lainie Moncada at 337-261-6690 or Imonca@lsuhsc.edu. ●

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Department notes and achievements

Amer Aladin, MD, started his training in the Geriatric Medicine Fellowship in October.

Michele Larzelere, PhD, Assistant Professor, Kenner Family Medicine Residency Program, and Glenn Jones, PhD, co-authored the chapter "Stress and Health" in

Primary Care: Clinics in Office Practice, which was published in December.

Kim Edward LeBlanc, MD, PhD, Marie Lahasky Professor, Department Head, and Director of Rural Education, presented information on changes to USMLE to the American Association of Osteopathic

Examiners Annual Summit in January. In addition, he spoke on Louisiana Licensure and Assessment at the Cohn-Rives Visiting Professorship Satellite Course in March. Dr. LeBlanc was recently reappointed as the Federation of State Medical Boards' representative on the USMLE Step 3

Committee.

Herbert "Skeet" Muncie, MD, Professor and Director of Predoctoral Education, presented updated information to the media on the safety of caffeine consumption for the International Food and Information Council in New York City. ●

Rural Scholars Track is program of the year

The **LSUHSC Rural Scholars Track** was named the 2008 Outstanding Rural Health Program of the Year by the Louisiana Rural Health Association.

The Outstanding Rural Health Program of the Year Award recognizes a statewide or regional one-time or recurrent program/project that promotes the development of rural health-care delivery systems, promotes and/or provides increased access

to health care services for rural populations, or improves the quality of rural health care through educational outreach.

The Rural Scholars Track was created in 2002 to recruit students who are interested in practicing primary-care medicine and general surgery in rural Louisiana. Students are identified upon acceptance into medical school and contractually agree to pursue rural practice in Louisiana. Their education

is tailored to the needs of a rural practice, and upon completion of their residencies, these physicians are ideally trained to fill the medical needs of rural Louisiana. Tuition is waived for students enrolled in the Rural Track.

The Rural Track has 18 graduates, including the class of 2009. Of these recent nine graduates, seven chose Family Medicine, one chose Internal Medicine, and one

chose OB/GYN. All chose to stay in state for their residency training.

There are currently 42 students in the RST for the 2009-10 academic year—eight first years, 14 second years, 10 third years, and 10 fourth years.

Up to 15 students are accepted in each class, and interested students can apply at any time. For more information, contact Dr. Kim Edward LeBlanc at 504-568-4570 or kleb1a@lsuhsc.edu. ●

Myths and facts about the future of primary care

Myth #1: Nurse practitioners will take over more primary care duties.

Fact: Nurse practitioners will continue to supply less than 12 percent of the primary care supplied by the five primary care training forms. Increasing departures to hospital and specialty careers, lowest activity (inactive, part time), lowest volume of primary care, and greatest delays in entering primary care limit nurse practitioner primary-care contributions.

Myth #2: Physician assistants will take over more primary care duties.

Fact: Less than 30 percent of new physician assistants enter primary care and active physician assistants will dip below this level in the next three years. Physician assistants will continue to supply less than 12 percent of the primary care supplied by the five training forms. Increasing departures to emergency medicine and subspecialty careers, lower activity (inactive, part time), and lower volume of primary care limit physician assistant primary-care contributions.

Myth #3: Internal medicine graduates from international medical

schools will make significant primary-care contributions.

Fact: Internal medicine residency program graduates from foreign origins and international medical schools will contribute the fewest years of primary care. The limitations are substantial with lowest primary care retention after graduation, loss of eight years due to delayed entry into the United States workforce, and losses after graduation including 20 percent departing the United States for home nations, 8 percent chronic unemployment, and increasing fractions

departing for other nations. Lowest primary care also means lowest rural primary care and underserved primary care. A Family Medicine residency graduate contributes greater than 30 times the rural or underserved primary care per graduate. Changes in the J-1 Visa waiver program and increasing uses of international graduates by the military and teaching hospitals will further limit primary care, rural, and underserved contributions.

SOURCE: Robert Bowman, MD, AT Still College of Osteopathic Medicine ●