PROFILE: Dr. Gwen McIntosh, MD.
Pediatric and Adolescent Medicine Clinic; UW Clinical Curriculum Director
Interview by Alissa Siegenthaler, AHEC intern

MADISON -- UW medical students will have greater continuity from one rotation to the next, under new leadership in the curriculum office. “One of the reasons my position was created was to better integrate curriculum across the clerkships, instead of each clerkship existing in isolation,” explains Dr. Gwen McIntosh, MD, who became the Director of Clinical Curriculum at the UW School of Medicine and Public Health in January 2012. In this new position, Dr. McIntosh is responsible for coordination among all third-year clerkships and fourth-year courses for the medical students, during the time they are placed in communities across the state. She also continues to practice as a general pediatrician at the UW Health East Clinic in Madison.

One of the core-required clerkships for third-year students, the Primary Care Clerkship, is being enhanced through an ongoing partnership with AHEC. “We are trying to create more intention in terms of what the students are learning,” Dr. McIntosh adds, “so when redundancy occurs, it’s planned and benefits the student’s education.” Another focus is looking at “how we can weave common threads throughout the clerkships.” For example, Dr. McIntosh says patient safety concepts will be covered in most...
of the clerkships to help the students see what patient safety might look like throughout all of their rotations during the third year, including Pediatrics, Surgery, the Primary Care Clerkship, and others. Dr. McIntosh explains that this integrated approach will help the clerkships to communicate with each other more. “People have been willing to work with each other, which has been nice.”

Dr. McIntosh also oversees the Year-End Professional Skills Assessment (YEPSA), an exam that all third-year medical students have to pass as a graduation requirement. This clinical scenario exam takes students through 12 clinical stations. It allows the students to demonstrate the clinical skills they have been learning in the last year. “It’s a way for us to look at the students in a snapshot at the end of the year to be really sure that the students have attained mastery of the skills that we want them to have developed over the course of the third year and make sure they’re ready to move onto the fourth year,” says Dr. McIntosh. The second purpose YEPSA serves is practice for the national licensing exam, “Step 2 Clinical Skills.” Dr. McIntosh says YEPSA’s exam format is very similar to the national licensing exam in terms of clinical scenarios that the students have to walk through.

Overseeing YEPSA is a natural component of Dr. McIntosh’s new leadership position because all of the clerkships contribute to the content of YEPSA. Each clerkship develops one or two YEPSA stations and determines the critical content that a student must cover to pass. Coordination from Dr. McIntosh and an advisory committee will help ensure that there isn’t too much emphasis on one particular skill or one particular clinical disease, and to allow for integrated content among the stations. In the past, if a student entered a YEPSA station and saw a surgeon there as the evaluator, it was obvious to think “surgery” and respond with that in mind. Yet in real situations with patients it is often not so obvious what approach to take. Integrated stations will offer fewer faculty clues to the students about what is being tested, and ultimately, it is hoped, better assess students’ knowledge base and ability to handle scenarios they will encounter.

In reference to the statewide placements of medical students, Dr. McIntosh says she really enjoys seeing the unique bonds the students are able to develop with the local community preceptors. “I just want to say how grateful and thankful we are for a really strong network of community preceptors and all the opportunities that they offer our students and the unique experiences that the students have with them.” Dr. McIntosh grew up in Mequon. After completing her undergraduate degree at Wesleyan University, Dr. McIntosh went to medical school at the UW and finished her residency and pediatrics at the University of Massachusetts. She says she had always planned on coming back to Wisconsin after school. “My husband is a New England native, so that was a bit of a change for him, but once we started having kids, Wisconsin was where I wanted to raise my family.”

Wisconsin Rapids is where Dr. McIntosh enjoys spending time during the summers. She enthusiastically described a time when her family received exceptional care from Riverview Hospital in Wisconsin Rapids. “We were there vacationing and my daughter had to get stitches. We had such a great experience! You know, I didn’t identify myself as a medical doctor, and we got great service from the moment we walked into the door to the moment we were discharged,” Dr. McIntosh says. That first-hand familiarity with the statewide medical resources has reinforced her appreciation for the structure of the third and fourth year rotations. “The opportunity it gives our students to see care in a variety of settings, to go out into smaller communities and see the broad range of clinical practices,” she adds, “is wonderful.”

Overall, Dr. McIntosh hopes the newly integrated curriculum will help students think about their role as physicians in a much broader sense – “not just at the bedside, but in a community as well” – in order to create a strong primary care workforce. “The great feature about AHEC is how you are tied into public health, which is one thing we really want our students to experience,” she says. When students go out into communities, “they get to see what it’s really like on the front lines and what it looks like for most practicing physicians in the country.”
CHIP Intern Works with Aurora Adult Day Center as Arts Program Coordinator (Milwaukee)
By Jonathan Fricke, summer CHIP (community health) intern

MILWAUKEE — I lacked any “real” clinical medical skills the summer before medical school, interning as an arts program coordinator at the Aurora Adult Day Center, a place for people with age-related disabilities.

So instead, I applied what tools I did have – my eyes and my ears. What I heard were first hand stories of what, until then, I had only read in the history books or heard about in lecture. But though I learned about the lives of my friends, I often did not know a name for many of their medical illnesses. As I listened to and witnessed the desires and challenges of aging, the two most common heart conditions I diagnosed were joy or loneliness.

One of the highlights of the summer was our “Senior Pictures” day. A simple play on words became a much anticipated event in the center. Several clients who normally came dressed for comfort even showed up on picture day wearing their “Sunday Best.” Some of my photos were recently displayed at the University of Wisconsin Health Sciences Art Show, telling the story of the lives at the Day Center.

While singing in Gospel choir, cooking Southern favorites, and reading the poetry of Maya Angelou give the clients chances to share their stories with one another, the Senior Pictures gave the chance for those stories to be heard by everyone. The final chapter of the story was not Alzheimer’s, Parkinson’s, or stroke. The patient’s lives and stories dove far deeper. These stories were about renewed meaning, well-deserved dignity, and the healing power of community.

One of the challenges of the work was developing activities that reached everyone, meaning people with Alzheimer’s, cerebral palsy, stroke, or consequences of drug addiction. I began to realize the vastly different needs of someone who can hardly move, someone who can hardly talk, and someone who can hardly remember.

I also began to realize the impact of the tremendous age range between the clients. Our oldest, 96 years old and still quite capable, was quick to refuse to do activities simply because she was “too old.” One of our youngest, in her late 40s, at first didn’t think that she could be a part of some events because we had titled them “Senior Prom” and “Senior Pictures.”

We used the tangible power of drumming as one means of uniting all the people of the Day Center. A room full of teenagers could not have more energy than our Day Center that morning. All but four of the nearly forty people present that day took part, although one man in particular comes to mind. Ordinarily hardly able to move his hands due to cerebral palsy, he somehow managed to find a way to play the tambourine – and light up the room with his toothless grin, too!

For me, there was something special about the human connections made over the summer. Dozens of CHIP interns do valuable data entry and database analysis for great organizations as part of their summer work. However, I can say that the opportunity to take part in the lives of real people, with real diseases (but also with real hope) has been a real life-changing experience for me. While I wasn’t able to take time to quantitatively measure the size of the smiles on the clients’, their joy and perseverance have made a measurable impact on one future doctor. The day center community is summed up well in the words of one of the clients, “Before coming here, I didn’t have any reason to get up in the morning. But now, I’m no longer a burden. People here miss me if I’m gone a day. I’m part of a family.”

Thanks to AHEC and Aurora Adult Day Center, I learned the power of...
Community. One of our biggest purposes was to provide meaningful interaction, renewed purpose, and daily support.
Music. A pill may dull the pains of aging, but only music can move an arthritic woman to temporarily forget her pain, step out of her wheelchair and dance to her favorite songs.
Faith. When nearly everything in their lives had been lost, many of the people drew strength from their spiritual roots.
Honesty. You can go far by showing genuine compassion and the ability to listen. People can sense your motivation. It’s easy to develop new programs when there are bonds of trust.
CHIP Intern Makes Alcohol Policy Change-Winnebago County
Reflection Comments from Aaron Robinson

OSHKOSH -- Aaron Robinson, an AHEC intern placed at Winnebago County’s Health Department, initiated a novel policy change that will allow for more accurate tracking of alcohol use to improve public health statewide. His internship was sponsored by AHEC’s Community Health Internship Program (CHIP) during summer 2012.

Aaron Robinson worked with the “re:TH!NK” program, Winnebago’s Healthy Living Partnership, a coalition of volunteers, organizations and agencies throughout Winnebago County. A project of the Winnebago County Health Department, re:TH!NK provides prevention education, outreach programs and resources to the community and develops and promotes local and state policies in an effort to increase the health of the residents of Winnebago County and positively impact the community environment. His mentor was Lisa Lang, re:TH!NK, Coalition Coordinator.

Aaron is from Winneconne, Wisconsin, where he graduated from Winneconne High School. He earned his bachelor’s degree at the University of Wisconsin – Oshkosh, and entered medical school at the University of Wisconsin School of Medicine and Public Health in the Wisconsin Academy of Rural Medicine (WARM) program during August 2012.

Aaron’s CHIP project focused on assessing the financial burden that alcohol abuse places on Winnebago County. He shared his reflections about the experience:

My activities included: meeting with organization leaders to discuss the alcohol abuse problem, gathering statistics from these organizations, devising a way to assess economic impact, help with outreach, report my suggestions to the Advocacy Committee, and assess the gaps in data and provide recommendations.

I was able to calculate the statistic to the best of my ability and identify where data collection needs to be strengthened. In addition, I was able to initiate a policy change warranting the documentation of alcohol use on the new statewide 2013 death certificate. Hopefully these changes will allow for more accurate tracking of alcohol later on.

It was challenging for me because this was a novel project no one has done before and therefore it made it very difficult to initially begin. After I got going, however, I received much help from my surrounding staff and the community.

The lack of data was a bit discouraging, but I was able to influence at least one policy change, and I’m happy I was able to do that.

I feel I gained a much better outlook on public health in general, especially from the administrative standpoint. I am much more familiar with how public health works and am more confident entering a medical curriculum that stresses public health.

I’m very grateful I was able to participate in the CHIP program this summer and encourage others to do so in the following years. It’s a great experience and will likely change the way you approach public health!
Native Student Health Careers Camp - Scenic Rivers AHEC
By Alissa Siegenthaler

LA CROSSE – Ten Native American students from the Ho-Chunk and Crazy Horse high schools attended a Health Careers Camp in La Crosse last July.

Ian Stormont, a student in the Wisconsin Academy for Rural Medicine (WARM) program at UW, was contemplating options for his community engagement project when he developed the idea for the Native American Students Health Careers Camp. WARM requires third-year medical students to complete a community health project of their choice in connection with their local AHEC. While consulting with Martha McCabe, director of the Scenic Rivers AHEC, Stormont heard about AHEC summer camps, and was reminded of his experience teaching at different Indian reservations. Stormont believed a health camp for the Native American students would be a great opportunity to get them to consider higher education and possibly a health career.

Stormont designed the 5-day camp with opportunities for the students to take part in hands-on activities that included suturing pigs’ feet, a surgical stimulation lab, a diabetes education unit, and a drunken driving stimulation, along with an opportunity for the students to obtain CPR certification. Not only did they gain experience with health activities, the high school students also had a realistic introduction to college life, with an on-campus residential experience in the residence halls during the health careers camp.

Stormont and the rest of the chaperones hoped to inspire these campers and had two goals in mind. Primarily, they hoped to encourage the students to pursue higher education; secondly, they hoped the campers would consider a health career. Native American communities foster such a strong sense of family that many young people choose to stay in their communities after high school instead of leaving for college. Stormont felt that giving them hands on career exposure and higher education exposure would be a great encourager for them to explore additional educational opportunities available to them.

At the Native American Health Careers Camp graduation ceremony, all of the students expressed their enthusiastic appreciation. The chaperones felt they had just as large of a life changing experience as the students did and were so grateful for how open the campers were with them.

Although Stormont finished his WARM project, the camp will continue. It was such a success that many WARM students have already applied for the camp director’s chair next summer. The coordinators are also confident that they will have even more Native American students attend next summer.

Mental Health Interagency Council - Mental Health Summit
Northern Highland AHEC
By Mark Scully and Alissa Siegenthaler

MINOCQUA -- Mental health issues cross socio-economic boundaries and pose a daunting challenge to the overall public health system. In an effort to address mental health concerns in a coordinated way across three northern Wisconsin counties—Oneida, Vilas, and Forest—the Mental Health Interagency Council (MHIAC), a coalition of local citizens and organizations, was formed to expand access to mental health services and to improve the quality of life for its residents. MHIAC aims to develop a collaborative public/private system of client centered care and also reduce the incidence of hospitalizations, out of home placements, and associated legal problems.

Gail Nelson, Program Coordinator of Northern Highland AHEC, recently joined MHIAC, which meets monthly to work on the following strategies for furthering its organizational goals:

• Working collaboratively in support of mental health initiatives in the three counties
• Developing and promoting a mental health public awareness campaign
• Supporting the Homeless Shelter Initiative in Rhinelander
• Assisting Rhinelander school district on mental health grant applications
• Coordinating with local mental health resources on planning the annual Mental Health Summit

Continued...
Gail served on a MHIAC subcommittee for planning the Mental Health Summit (MHS) in Minocqua, an event which was held last May.

The 2012 Mental Health Summit, “The Journey Continues,” offered 12 different sessions that addressed a variety of mental health topics, including: stress coping mechanisms, brainwave technology, trauma healing, overcoming behavioral challenges and remediating developmental disabilities.

Mental health is one of the most common issues in our country today with one in four people diagnosed with treatable mental health illness. Char Ahrens, Registered Nurse for Oneida County Public Health Department says, “Our mental health is just as important as our physical health. We really need to concentrate on removing the barriers and take the blame and shame away from people acknowledging their mental health needs.”

Speakers at the summit included doctors, therapists, councilors, professors and veterans bringing a wide variety of knowledge and expertise.

There were 211 people in attendance at the summit this year. Attendees included professionals, community members, consumers, high school students and veterans who were given the opportunity to learn from professionals the importance of surviving a mental illness and thriving beyond that. The wide variety of professionals who participated in the summit and lent their unique personal insight really enhanced the event. Gail added, “Sharing your story allows you to not only help others but to grow personally as a result.”

**Highlighted Video Resource:**
**“Is a Career in Public Health Right for Me?”**

LA CROSSE - Students considering health careers can find inspiration and possibly discover a match in the field of public health, in a snappy new video aimed at providing an overview of health professions careers and related job responsibilities. The video is about 11 minutes, with multiple brief interviews of real people who are working in the La Crosse area in the fields of epidemiology, nursing, health promotion, employee wellness programs, medical outreach to underserved communities, biostatistic research, special events, tobacco control, and other fields.

The Department of Health Education and Health Promotion - University of Wisconsin La Crosse, produced the video with funding from the Scenic Rivers AHEC center in southwestern Wisconsin.

http://www.uwlax.edu/sah/hehp/

**Wisconsin AHEC Program Announcements**

- AHEC Alumni Association Event - Thursday, Nov. 29, Madison. Register now! Read more about the event
- CALL FOR HOST SITES: sponsor a community health (CHIP) intern during summer 2013 - apply now online. Applications preferred by December 3 to ensure full consideration.
- Summer 2013 programs - participant applications accepted beginning in December
- Informed Caring Remember that this web portal is continually updated with current health information, vetted for use by all health care professionals. Visit: informedcaring.org