On September 8, 2020, Jeffrey D. Quinlan, M.D., joined the University of Iowa Healthcare’s Department of Family Medicine as the Chair and DEO. He comes to Iowa after completing a 28-year career in the United States Navy. Dr. Quinlan is joined by his wife, Sarah, also a Family Physician, and his two youngest children, Lily (10) and Luke (7). He has two older children, Joseph and Hannah, who live in Florida.

Dr. Quinlan earned a B.S. in Biochemistry and a B.S. in Chemistry from the University of Pittsburgh, Pittsburgh, PA. In his senior year, he was selected by the United States Navy to participate in the Health Professions Scholarship Program which funded his medical education. He went on to earn his Doctor of Medicine from the University of Pittsburgh, School of Medicine in 1992. Jeff completed Family Medicine training at Naval Hospital Charleston, SC, and at Naval Hospital Camp Pendleton, CA, and subsequently, a Maternity Care Fellowship at Florida Hospital, Orlando, FL.

Dr. Quinlan has been stationed at Naval Hospital Sigonella, Italy, Naval Hospital Jacksonville, FL, and Navy Medicine Support Command, Jacksonville, FL, and the Uniformed Services University, Bethesda, MD. He served as Program Director of the Naval Hospital Jacksonville Family Medicine Residency Program (2002-2007), Consultant to the Navy Surgeon General for Family Medicine (2010–2014), Vice Chair in the Uniformed Services University’s Department of Family Medicine (2012-2016), Interim Chair of the Department of Medical and Clinical Psychology (2014-2015), and Chair, Department of Family Medicine (2016-2020). His University level committees included Chair, of the Student Promotion Committee and Brigade Surgeon during his tenure at Uniformed Services University. Finally, he was deployed on three occasions in support of Operation Enduring Freedom.

Dr. Quinlan’s professional interests include women’s health, maternity care, obesity, and telemedicine. He currently serves as an Associate Editor for the American Academy of Family Physician’s Advanced Life Support in Obstetrics program and is a member of the AAFP’s Commission on Health of the Public and Science and ACOG’s Committee of Practice Bulletins – Obstetrics.

As Dr. Quinlan joins the University of Iowa’s Department of Family Medicine, he is appreciative of the leadership demonstrated by Dr. Daniel Fick over the past three years.
Stephen Sorensen, M.D., will step down as Program Director of the Genesis Quad Cities Family Medicine Residency Program in Davenport at the end of 2020. He has been in the role since 2015; prior to 2015, he served as a faculty physician for 10 years. During his tenure as Program Director, 35 family physicians graduated, with 29 going on to practice in Iowa and Illinois.

A 1995 graduate from the University of Iowa Carver College of Medicine (UICCOM), Dr. Sorensen completed his family medicine residency at Genesis in 1998. He practiced in the Quad Cities after graduation before returning to the residency program as a faculty member in 2005. Dr. Sorensen served as Medical Director of the Genesis Hospice Program from 2005-2012 and Medical Director of the Genesis Palliative Program from 2014-2016. He is currently Chairperson of the Genesis Ethics Committee and a committee member of the Iowa Medical Society Law and Ethics Committee.

An Adjunct Clinical Assistant Professor for Family Medicine for the UICCOM since 2009, Dr. Sorensen has also supported medical student education. He has been clinical preceptor for students rotating in Davenport, while also delivering lectures at the Carver College of Medicine on primary care and community health.

Dr. Sorensen will continue to be a faculty member with the residency program and is excited to continue his work in medical education while having more time to focus on direct patient care. He also plans to be more involved in providing hospice and palliative care within the Genesis community.

Beginning January 1, 2021, Gena Benoit, M.D., will lead the Genesis Family Medicine Residency Program in Davenport as its new Program Director.

Dr. Benoit graduated from the University of Iowa Carver College of Medicine in 1999 and completed her family medicine residency at Genesis in 2002. After graduating from the program, she joined Genesis Health Group in Bettendorf, Iowa, and practiced in the community until re-joining the residency program as a faculty physician in 2006. She has also been an Adjunct Clinical Assistant Professor of Family Medicine at Carver College of Medicine since 2009 and a member of the College’s Community Teaching Scholars program since 2012.

Throughout her career, Dr. Benoit has been involved in medical education for students and residents. Her strengths as an educator have been recognized from both within and outside the residency program. In 2008, she was recognized with the Preceptor of the Year Award by the residents at Genesis, and in 2016, she was named Iowa Academy of Family Physicians’ Medical Educator of the Year.

A native of eastern Iowa, Dr. Benoit resides in the Quad Cities with her husband, Jason, and her three children Daniel, Michael, and Adam.

She is excited to have the opportunity to lead the program which has shaped so much of her career.
Dr. Peter Kim Wins

Peter Kim, M.D., MPH, PGY-2, at Genesis Quad Cities Family Medicine Residency, in Davenport was selected as one of the top three finalists within the Family Medicine Resident Research category at the Family Medicine Experience (FMX) 2020, the AAFP’s largest annual meeting. His research ePoster was entitled, “Cost analysis of a collaborative pharmacist-family physician deprescription program in nursing homes,” with co-authors Molly Wootten, OMS-III at Des Moines University, and Matthew Arnold, PharmD, BCACP, clinical pharmacist faculty at Genesis Quad Cities Family Medicine Residency. Dr. Kim received a 2nd Place Winner Award on October 14, 2020, at the ePoster Award Showcase.

Faculty and Staff Announcements

Patrick Courtney, M.D., joined the MercyOne North Iowa Family Medicine Residency Program in Mason City, IA, in April, 2020. Dr. Courtney graduated from the Medical University of South Carolina in 2013. He returned to the Midwest for residency at the Lincoln Family Medicine Program in Nebraska and then worked for four years at St. Anthony Hospital in Carroll, Iowa, before joining MercyOne.

Dr. Courtney enjoys practicing and teaching the full spectrum of practice available within family medicine, especially office procedures and quality improvement. Outside of work, Dr. Courtney enjoys trail running, spending time with his family, volunteering with Scouts, and broadening his education.

Josue Santos, M.D., joined the MercyOne North Iowa Family Medicine Residency Program, in Mason City on September 8, 2020. Dr. Santos graduated from University of Connecticut School of Medicine in Farmington, Connecticut. He completed his post-graduate education at MAHEC Hendersonville Rural Family Medicine Residency Program Pardee Hospital and Blue Ridge Health in Hendersonville, North Carolina. Dr. Santos also served in the 22nd Marine Expeditionary Unit. After participating in Bangladesh relief efforts, Dr. Santos decided to follow his passion and pursue a career in medicine.

As a family physician, he particularly enjoys providing whole-person care, which considers the full range of needs for individuals and families. When not working, Dr. Santos enjoys walks on the beach, water sports, flying radio control aircrafts, reading, meeting new people, spending time with family and learning new skills.
“Ring around the Rosie,” a nursery rhyme purportedly composed by Folklore scholars, describing the black plague and its effects on Europe. It goes, “Ring around the Rosie. Pocket full of posies. Ashes, Ashes, we all fall down.” The rhyme is broken down as thus: “Ring around the Rosie” - infected people break out in a rash on their arms and neck like a ring, get a high fever, become unconscious, and die; “Pocket full of Posies” - flowers were carried around, often posies, to cover the smell of the dead and dying; “Ashes, Ashes” - houses and people infected with the disease were burned in order to stop its spread; “We all fall down” - villages and cities were filled with dead and dying victims affected by the plague. They say the plague was so widespread that it was estimated to have killed one-fourth of all the people in Europe in the mid-1300’s.

A nursery rhyme, especially this one, best explains the story about the origins as well as the exploits of the SARS-CoV-2, thus far. It started out as a flu-like virus, affecting mostly seafood merchants in the small province of Wuhan in China. At the start, nothing in particular about this virus suggested it could be the black plague of our time. After all, we had similar viruses in the past like the MERS-Cov and SARS-CoV-1, which never reached pandemic status and were successfully thwarted by world and state health agencies.

The Reality

The enigmatic nature of the SARS-CoV-2 virus and the difficulty in predicting its effects on human activity has made the fear of the virus as debilitating as the disease course itself. Like a horror movie heading one’s way, graphic depictions of overwhelmed healthcare workers in hospitals and health facilities around the world were flashed constantly on television and newspapers. First in: Wuhan China, then Bergano, Italy, Seattle, Washington, New York City, California. I watched as the death toll started to pile; body bags amassed as they were whisked off to morgues to be buried. Heart-wrenching stories of people losing loved ones without saying goodbye were run with different iterations on the internet. Suffice to say, everyone was in panic mode.

My name is Uwem Ekwo, I was a first-year resident at the Northeast Iowa Medical Education Foundation in Waterloo, Iowa when SARS-CoV-2 virus appeared. As an intern, you are the first to attend to sick patients, but the last in the medical decision tree. This is a frustrating proposition, but a very important rite of passage. For the most part, the idea of dealing with a pandemic on top of the challenge of being an resident seemed herculean, and as the days passed, questions started to swirl in my head.

Solutions have evaded every global, country, state and local agency; how would my residency program weather this? What is going to happen to our rotations and our ability to learn as per stated curriculum? Would we have to partially or completely close down like I’d heard other residency programs do? What happens if one of us becomes infected? How would we protect our families? Would we share the same fate of the healthcare workers that we see on TV?

Finally, it happens; on the 26th of March, I received a call stating that we have our first positive COVID patient at the hospital. It’s no longer foreign; it’s no longer on TV; it’s right in front of me, living, breathing, crashing. Would it be everything that they said it would be?

Over the ensuing weeks, I learned more about the virus from this particular patient than from anything I had seen, heard or experienced so far. I learned that the patient did not need me to be an expert on every aspect of the virus; he needed me to be a conscientious member of his care team, paying attention to every vital sign, every lab, every imaging or monitoring system and to coordinate care with consultants. I learned that his family did not need me to be perfect; they required that I be honest, compassionate and diligent in the care of their loved one, as well as to communicate health updates as often as necessary. So I did. For three weeks. I watched our patient go from clinging to life in the ICU to waving his hands in the air amidst emotional cheers upon his discharge.

My residency program started formulating some of its initial policies in response to the pandemic. As family physicians, we found ourselves at the forefront of the pandemic. In line with our patient-first approach, each resident was given a list of their most vulnerable patients. The instructions were clear and rigid. You are to call these patients, find out how they are doing, and see if you could be of any assistance. Perhaps bound by the fear and uncertainty of this virus, conversations with these patients seemed to quickly shift from the normal physician-patient interaction to a mutual appreciation of human contact centered on empathy. I learned they have the same concerns that I do for myself and my family.

Since the inception of our work and in concert with input from other resources, our residency program has been quick to implement policies to curb the effects of the pandemic on the residents. Some of these guidelines include the suspension of face-to-face rounds and didactic activities, replacing these with Zoom meetings and a self-study curriculum. Since so much of one’s training as a resident involves in person interactions of all kinds, these changes took a little bit of getting used to. (continued on page 5)
Lessons Learned

Empathy and curiosity, common traits seen when learning about the reason people decide to become doctors, have come to the forefront. It’s instinctual going into medical school, re-enforced during residency, and every so often, you have something like COVID. This brings me to the most important lesson I have learned in my training so far. Empathy doesn’t have to be unidirectional, occurring at one time; classically from doctor to patient. It can go in a flurry of different directions, all occurring at the same time between different people brought together by a common cause, all experiencing the same thing in different ways.

I know that every challenge moving forward in my career may not bear the same enormity, but it will always be laced with the same sentiment, which ultimately inspires me to be a better doctor and a better person. Perhaps a silver lining here is that when this all is over, I hope to never again take for granted a handshake with a stranger, fully stocked shelves at the store, conversations with neighbors, walks in the park, or spur-of-the-moment nights out with friends and family.

Author, Uwem Ekwo, M.D., is currently second-year Family Medicine Resident at Northeast Iowa Medical Education Foundation.

2020-2021 Residents’ Council Officers

The Iowa Family Medicine Residents’ Council officers for July 1, 2020 to June 30, 2021 were elected in May 2020 and began their term of service.

President: Elise Duwe, M.D., R3, Northeast Iowa Medical Education Foundation, Waterloo
President-Elect: Alice Hwang, M.D., R2, University of Iowa Family Medicine Residency Program
Secretary: Danielle Howsare, D.O., R3, Genesis Quad Cities Family Medicine Residency Program, Davenport
Treasurer: Ramy Salib, M.D., R2, University of Iowa Family Medicine Residency Program

OSCEP Announcements

Calendar of Events

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