Going the Distance:
Examining limited access
to health care in rural communities

In This Issue:
Happy, Healthy Holidays
Legislative Update
To Save a Life
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Beautiful Ohio
Welcome to the fall 2020 edition of Health News Ohio, a publication of the State Medical Board of Ohio.

Highlighting this fall issue is an article exploring the diminishing options for health care in rural areas of Ohio. Rural communities are being hit exceptionally hard with hospital closures and the shortage of health professionals willing to live and work in these areas. Learn how Ohio is trying to help these underserved communities with programs that serve to strengthen health care delivery systems and improve health care access in rural areas of Ohio.

As fall progresses and we move into the holiday season, it looks different this year because of coronavirus. Because all of Ohio’s counties remain at a high incidence level, it is advised that celebrations are small and only involve those who live in your home. Read about some creative ways to stay in touch with loved ones this season.

Studies have shown that therapy animals increase happiness and emotional well-being while decreasing blood pressure and stress. They have special training that is proving beneficial to the frontline responders and patients of the COVID-19 pandemic. Therapy animals are helping healthcare workers through tough times and prove that man’s best friend can be so much more.

Did you know that approximately 60 percent of Ohioans are registered organ, eye or tissue donors? Despite that number, currently 109,000 men, women and children remain on the transplant waiting list. About 20 people die daily without receiving a needed organ. Read about misconceptions of organ donation, the ease of registering to be a donor and the widespread need in Ohio.

At the beginning of the COVID-19 pandemic medical schools relied on online lectures and enhanced safety precautions to help train future doctors and health care workers. They will continue to adjust to disruptions related to COVID-19, balancing safety concerns with ensuring that students are appropriately trained. Third year medical student, Danielle Barnes, from the University of Toledo College of Medicine shares her experience during this transition period.

Be safe and well.

Sincerely,

Michael Schottenstein, MD
President
State Medical Board of Ohio

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The State Medical Board of Ohio is responsible for certifying physicians to recommend and approving additional qualifying conditions in the Ohio Medical Marijuana Control Program (OMMCP).

Qualifying Conditions
Petition Submission
The Medical Board is accepting petitions to add qualifying conditions to the OMMCP from Nov. 1 – Dec. 31, 2020. Anyone may submit a petition; however, if a condition has been previously rejected by the board, the new petition must contain new scientific information that supports the request.

Petitions need to include (per Ohio Administrative Code 4731-32-05):

• The name and contact information
• Specific disease or condition requested to be added
• Information from experts who specialize in the study of the disease or condition
• Relevant medical or scientific evidence
• Consideration of whether conventional medical therapies are insufficient to treat or alleviate the disease or condition
• Evidence supporting the use of medical marijuana to treat or alleviate the disease or condition and other types of medical or scientific documentation
• Letters of support provided by physicians

Seeking Expert Reviewers
The Medical Board has begun looking for qualified medical experts to review the petitions submitted in this year’s petition process. Physicians who are interested are asked to visit med. ohio.gov/Resources/OMMCP-Expert-Reviewers to submit a questionnaire and a copy of their CV to the Medical Board.

Patient and Caregiver Survey
The Board of Pharmacy published a report from its Patient and Caregiver Survey this fall. The report includes responses from more than 11,000 patients and caregivers in the Registry. Respondents provided feedback on their travel distance, cost of their products, effects of COVID and more.

The survey results can be viewed at medicalmarijuana.ohio.gov.

COVID-19
As the pandemic continues to affect interactions between providers and their patients, physicians with a CTR are permitted to use telemedicine in place of in-person visits to make initial recommendations and renew recommendations. These providers are required to document their use of telemedicine and continue meeting the minimal standards of care. The board made this decision during a special meeting in March and will provide advance notice before resuming enforcement of the regulation when the state emergency orders are lifted.

Medical Marijuana Advisory Committee (MMAC)
The State Medical Board of Ohio, State of Ohio Board of Pharmacy and Ohio Department of Commerce presented program updates to the MMAC on November 12, 2020. The agenda, materials, and minutes can be viewed at medicalmarijuana.ohio.gov/advisory-committee.

A Look at the Numbers
The State of Ohio Board of Pharmacy’s published patient and caregiver numbers (as of October 31, 2020):
• 192,777 Recommendations
• 147,678 Registered patients
• 10,173 Patients with Veteran Status
• 10,781 Patients with Indigent Status
• 799 Patients with a Terminal Diagnosis
• 123,485 Unique patients who purchased medical marijuana (as reported to OARRS by licensed dispensaries)
• 16,691 Registered Caregivers

Sales Figures (as of November 16, 2020):
• 29,295 lbs. of plant material
• 2,054,568 units of manufactured product
• $244.1 million in product sales
• 1,796,801 total receipts

For more current statistics about the program, you can view the Program Update at medicalmarijuana.ohio.gov.

Available Products
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<td>Tier I plant material</td>
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<td>Metered oil or solid for vaporization</td>
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You Can Update Your Address in 3 Easy Steps

Remember, Ohio law mandates the State Medical Board publish rosters listing licensees’ contact information. As a licensee of the Medical Board, you are required to provide written notice of any change of address for your principal practice or place of residence within 30 days of the change.

Follow these instructions to update your address:
1. Log onto your e-License Dashboard.
2. Click on the “options” box located on your eLicense tile.
3. Choose “change address.”

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In a day when technological and clinical advances in health care are continuing to improve, the where has become increasingly important. Splashed across headlines and scholarly articles, concern has been growing for rural communities with diminishing access to needed health care options. In Ohio alone, approximately 20 percent of residents live in an area deemed “rural” and can be affected by the scarcity in resources.

“Healthcare in rural communities is difficult,” says Dr. Rachel Sneed, family medicine physician at HealthSource of Ohio. “It relies heavily on primary care as access to specialists and hospitals can be nearly impossible for some patients. The specialists in small towns are often available only a few days a month with their primary office in the city. Our patients often have limited means (money, food, transportation). This limits the medications we can use, testing that can be done, and overall healthcare of the individual and family. There are often compromises and many times we cannot use the best medications and must rely on what is affordable.”

Rural communities are being hit hard with hospital closures when the financial and regulatory burdens exceed their resources. To compound the issue, it is often more difficult to attract and retain skilled practitioners to rural areas, especially now that many from the baby boomer era are retiring and leaving the medical field. The Health Resources and Services Administration (HRSA) and U.S. Department of Health and Human Services published a report of designated health professional shortage areas in the U.S. In it, they displayed the statistics of primary care, dental services and mental health deficiencies based on geographical areas and showed that a large amount of the shortages represented were in rural or partially rural areas.

“This is a chronic problem that we have not found the solution to,” Dr. Sneed says. “If the area happens to have a hospital that can partner with a residency program this can provide a steady volume of doctors as they go through their training and then can lead to retention of these providers. It is well known that many doctors will stay close to where they have trained. Since the residency program I trained at closed six years ago, our community has had no new primary care doctors. I also think it is daunting to a doctor to think they are coming to a small town alone. It feels overwhelming and can be discouraging to see so much work that needs to be done with so little means.”

When facing these mounting obstacles, communities are challenged to develop new strategies and tactics. One area to focus on may be attracting and retaining providers.

“I think one idea could be to hire groups of providers,” Dr. Sneed says. “If you have a team of providers that can come in and make the practice their
own and feel supported, they would be more likely to succeed and stay in the area.”

Governments can also intervene to help improve conditions in underserved communities. Here are some examples of how investments in Ohio have been made to support vital resources in rural communities:

- The Physician Loan Repayment Fund: By state law, $20 of every physician renewal fee goes directly to this fund. Eligible physicians are provided loan repayment assistance if they commit to two years of practice in underserved areas.

- The Medicare Rural Hospital Flexibility Program (Flex): This program has a mission to support sustainability and development in quality improvement, financial and operational improvement, and health systems development and community engagement in all 33 Ohio critical access hospitals (CAH). The program provides funding to communities and hospitals to improve access to health care services and support the community hospitals that have CAH status.

- Small Rural Hospital Improvement Grant Program (SHIP): This program is federally funded and distributes to rural hospitals to help develop infrastructure, such as accountable care organizations and ICD-10 implementation.

- Governor’s Certified Shortage Area: This program operates under federal Rural Health Clinic legislation and is designed to improve access to primary care in rural areas. To be eligible for RHC certification, clinics must be underserved and rural, meet certain staffing requirements and other criteria.

Technology has played a role in helping to close some of the existing health care disparities. For instance, telehealth provides a solution to communities which may not otherwise be able to access certain providers or resources. It can create quick access to qualified practitioners in emergency situations, but also allow continued care for chronic conditions such as diabetes or tobacco cessation. Still, there are some limitations.

“Some specialists have satellite offices which allows local care, but access is still limited,” Dr. Sneed says. “With COVID we have seen a sudden use of telehealth which seems like it would be a helpful solution. However, access to internet is limited in rural areas so ZOOM or other video conferencing tools are not available for many patients.”

No matter the obstacles, we have seen that Ohioans will continue to search for long-term solutions for rural communities because everyone deserves access to quality health care.

Rachel Sneed, M.D. is a family medicine physician from Blue Ash, OH. She graduated from The University of Cincinnati College of Medicine and completed her residency with the UC/Clinton Memorial Hospital Residency Program. Once completed, she served as a faculty member within the program for four years before transitioning to HealthSource of Ohio Wilmington office. She loves family medicine, especially getting to know entire families and has a passion for geriatric patients.

Across the U.S., Thanksgiving, Christmas, and New Year's Eve can be the most heavily travelled holidays, but this year, planning for the holidays will look and feel a little different. For many, bringing people together to celebrate is tradition. Family and friends gather in close quarters, share meals and make memories. Unfortunately, the reality of the pandemic will require Ohioans to take further consideration. This year, our responsibilities include protecting our friends and family through safe practices.

Because the coronavirus can be transmitted from one person to another by respiratory secretions or droplets or by contact with contaminated surfaces, a powerful defense is maintaining appropriate distance. An unknowing carrier of the virus can infect someone else by merely speaking or not properly washing their hands. This can be especially dangerous for our most vulnerable populations, which could include a grandparent, aunt or uncle or niece or nephew with a medical condition. According to the Ohio Department of Health (ODH), high risk factors can include advanced age, chronic disease such as COPD or chronic kidney disease, obesity, and diabetes among others.

ODH still advises gatherings be limited to no more than 10 people and that guests outside of your household maintain 6 feet of distance and wear facial coverings. In view of current restrictions, you may even consider creative alternatives to traditional settings. For instance, a virtual cooking or baking competition after which you eat together via an online platform. Drive-by activities have also been a popular alternative since the emergence of COVID-19. You and your family or friends could perform drive-through caroling or deliver gifts or cookies to doorsteps. And of course, opportunities to participate in outdoor activities, like a scavenger hunt or hike, are always encouraged.

Travel

If you or your loved ones are planning to travel across state lines, remember to review the travel advisory at
coronavirus.ohio.gov. ODH has posted a dashboard that displays states with a positivity rate of 15 percent or higher. By reviewing the map, you can see which states have a high positivity rate and plan accordingly. Anyone who visits a high-risk state is advised to self-quarantine for 14 days when returning to Ohio.

Meals

Food is often at the center of holiday traditions. The good news is, according to the CDC, there is no evidence to show handling or eating food contributes to the spread of COVID-19. However, you should still limit close contact with others outside of your household and take appropriate precautions such as wearing masks, properly washing hands, and wiping down commonly touched surfaces.¹

Chelsea Wonski joined the State Medical Board as Legislative Director in July 2020. Prior to becoming part of the Medical Board team, she was a policy analyst at the Ohio Department of Insurance and also worked at the Ohio Industrial Commission. She is a native of St. Clairsville, Ohio. At Ohio University, Chelsea earned a bachelor’s as well as a master’s degree in political science. She also earned a certificate in Public and Nonprofit Leadership from the John Glenn School of Public Policy at Ohio State. Chelsea serves as a member of the Associate Board for the Central and Southern Ohio Region of the American Red Cross. In her spare time, Chelsea enjoys travel, photography and visiting Ohio’s many scenic state parks. Chelsea’s background in public policy and experience with the Ohio General Assembly will serve to be a great asset to the Medical Board.

Telehealth

The current pandemic environment has necessitated the ability for physicians and medical professionals to provide services and medical care remotely. Additionally, there has been legislation introduced in the Ohio General Assembly to focus on this important issue. As a result, the State Medical Board of Ohio convened an Ad Hoc Committee on Telehealth to discuss ways to expand access to quality health care when medically appropriate while still protecting the public and maintaining a high level of standard of care.

The Ad Hoc Committee on Telehealth, Chaired by State Medical Board Of Ohio member, Dr. Jonathan Feibel, was comprised of both physician members and a consumer member of the Board and the meetings were held publicly on the State Medical Board of Ohio’s YouTube Channel (youtube.com/c/StateMedicalBoardofOhio). Telemedicine legislation may be addressed by the legislature either this year or in the next General Assembly and is one of the important pieces of legislation that the State Medical Board of Ohio will be following closely.
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To our heroes on the frontlines of healthcare for what you are doing each and every day.

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Animals have long been recognized as a positive addition to the healing process. A trained therapy dog can provide companionship, inspiration and motivation and can play an important role in promoting health, healing, socialization and learning. That specialized training is proving beneficial to the front-line responders of the COVID-19 pandemic.

Dog-assisted support can improve the emotional well-being not only of physicians and nurses working in emergency departments but their patients, residents in retirement homes and nursing homes, schools and hospices through friendly, non-judgmental interactions.

Interacting with a therapy dog for just a few minutes allows medical staff to take a little mental break before returning to their jobs. The dogs help to increase happiness, calmness, and overall emotional well-being. Studies have shown a decrease in blood pressure and stress levels during a hands-on experience with an animal visitation program. It is clear to those who have had the experience of a therapy dog visit that a friendly visitor with a wagging tail can make all the difference.

Therapy dogs are different than service dogs. Service dogs are dogs who are specially trained to perform specific tasks to help a person who has a disability. An example of a service dog is a dog who guides an owner who is blind, or a dog who assists someone who has a physical disability. Service dogs stay with their person and have special access privileges in public places such as on planes, restaurants, etc. The pets must pass a temperament screening to be certified as a therapy dog. Therapy dogs do not have the same special access as service dogs.
Commonly Asked Questions About Pet Therapy Programs

What type of dogs are used?
All breeds of dogs are used as therapy dogs. Some dogs have pedigrees, while others have been adopted from local shelters or are rescued dogs.

What are some of the requirements for a dog to be certified as a therapy dog?
Basic obedience training and completing the Canine Good Citizen test is a sound base. Dogs are tested and evaluated by a certified evaluator. A dog must be a minimum of one year of age and have a sound temperament.

What are the health requirements?
A current Health Record Form should be completed and signed by a licensed veterinarian.

What qualifications does a dog need to become a therapy dog?
A therapy dog is born, not made. The thought is that one can teach a dog mannerly behavior, but one cannot change a dog’s inherent temperament. When a dog is put under stress, poor or marginal temperament will surface. A therapy dog must have an outstanding temperament. This means that the dog should be outgoing and friendly to everyone, men, women, and children. The dog should be tolerant of other dogs (of both genders) and non-aggressive toward other pets.

The optimism and happiness a therapy dog visit can provide to health care workers and patients is one that cannot be measured by a doctor's instruments or recorded on a patient’s chart.

1 Animal Visitation Program (AVP) Reduces Cortisol Levels of University Students: A Randomized Controlled Trial. https://journals.sagepub.com/doi/10.1177/2332858419852592
2 AKC Therapy Dog Program. https://www.akc.org/products-services/training-programs/akc-therapy-dog-program/
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Health News Ohio is:
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- Along with the printed circulation, a fully-interactive companion ePublication provides convenient, expanded resources through live links, search capabilities and archives.
- Recognized as the most respected voice in Ohio medicine and a “must-read” for Ohio medical professionals.

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A pproximately 60 percent of Americans are registered organ, eye or tissue donors, that is more than 165 million people.1 Despite the magnitude, as of September 2020, more than 109,000 men, women and children remain on the transplant waiting list. Further, 20 people die daily without receiving a needed organ.1

“The average rate of donor registration in the U.S. is 60 percent,” Kent Holloway, CEO of Lifeline of Ohio says, “Ohio has had a registration rate of just over 60 percent in the past two years.”

Successful transplantation has a relatively short history worldwide. For instance, a Swiss surgeon named Jacques-Louis Reverdin is credited with performing the first skin transplant in 1869.2 After that, it took another 85 years to successfully transplant the first organ: a kidney. Within decades, transplant surgeries expanded. Now organs, corneas, tissues, hands, faces, blood stem cells, cord blood and bone marrow, and blood and platelets are all possibilities for patients in need.1

Registering to become a donor is easy and accessible. An interested donor can sign up in the Ohio Donor Registry online, mail in an enrollment form or opt-in the next time they receive or renew their state license or ID card. Nonprofits like Lifeline Ohio are called organ procurement organizations (OPO). Statewide, there are four OPOs—LifeCenter in Cincinnati, Lifebanc in Cleveland, Life Connection in Dayton and Toledo and Lifeline of Ohio in Central and Southeast Ohio.

“Lifeline of Ohio is an independent, non-profit organization who promotes and coordinates the donation of human organs and tissue for transplantation,” Holloway explains, “Lifeline of Ohio serves 78 hospitals in 38 counties in Ohio and two in West Virginia and is designated as an organ procurement organization through the Centers for Medicare and Medicaid Services. Once a death has been declared, all hospitals are required by Medicare to contact an independent OPO, like Lifeline of Ohio. The OPO evaluates the individual for the potential to donate and facilitates the donation process which can include transporting organs to transplant centers. This process ensures neither the hospital nor the transplant center is involved in the donation process.”

Together, with a network spread throughout the nation, these organizations support the vital work of organ, eye, and tissue donation. Still, despite widespread visibility and education, there are some who express fear and skepticism for the process.

“There are a few myths surrounding donation that we are asked quite often,” Holloway says. “For instance, many people believe they are too old or sick to register to be a donor. The truth is that anyone can register their decision regardless of their age or medical condition. In fact, Lifeline of Ohio had had a tissue donor who was 92 years old! Another misconception is about the cost of donation. There is no cost associated with registering or becoming a donor. The donor’s family neither pays for nor receives payment for organ, eye and tissue donations.”

“The most common concern people express is a fear that medical professionals will not save their life if they know someone is registered to be a donor,” Holloway shares. “We acknowledge this fear and ensure the public that stringent regulations, safeguards and best practices are put in place to ensure that this cannot happen.”

Although most donations come from a deceased donor, living donations make up about 4 out of 10 of organ and tissue transplants.1 Regardless of the type of donation, it is important for registered donors and their family members to have an accurate understanding of the process to alleviate concerns and fears.

Together, organizations, hospitals, government agencies and ordinary people form an invaluable network to give the gift of life. At the center of it all is a decision to help save the life of a friend, family member or stranger. A true hero.

If you or someone you know would like to become a donor, you can register online at lifelineofohio.org.

Kent Holloway is currently Chief Executive Officer of Lifeline of Ohio Organ Procurement, Inc. With an undergraduate degree in education concentrated in Math and Business, Holloway has found his niche in the health care field to be one of reimbursement and finance specialist with a proven track record of quality improvement and outcome-based leadership.

Holloway has in excess of 32 years of experience in the health care field. Most of these years have been associated with donation and transplantation and during this span of time he has been fortunate to be present and to participate in the maturing of this science from research to viable therapy and treatment for those in end stage organ failure. He has the unique honor of being able to have worked as a transplant program administrator as well as an organ procurement organization executive.

3 United Network for Organ Sharing. History. Retrieved from: https://unos.org/transplant/history/#:~:text=In%201954%2C%20the%20kidney%20was%20begun%20in%20the%201980s.
The Need for Organ, Eye and Tissue Donation

- The national waiting list for organ transplants is rising at an alarming rate, with 108,659 individuals currently on the list (as of 11.23.20).

- **60 percent of Ohioans** are registered organ, eye and tissue donors.

- In Ohio, more than 3,100 people – **approximately 700 in Central Ohio** – are waiting for an organ transplant, and hundreds more await tissue and corneal transplants.

- Approximately **20** times each day a man, woman or child dies for lack of an available organ. Once every **48** hours, an Ohioan dies waiting. Thousands more are waiting for tissue and corneal transplants.

- In Central and Southeastern Ohio in 2019, **142 individuals** shared the Gift of Life through organ donation at the time of their death – **a 9.2 percent increase** over the last year.

- In 2019, **423 organs were transplanted** from donors in Central and Southern Ohio. This is **a 3.2 percent increase** over the previous year.

- In Central and Southeastern Ohio in 2019, **681 individuals** shared the Gift of Healing through tissue donation – **a 15 percent increase** over the last year.

- In Central and Southeastern Ohio in 2019, **339 individuals** shared the Gift of Sight through cornea donation – **a 36 percent increase** over the last year.

- In the United States, **39,718 organ transplants** were performed in 2019. **7,300** of those transplants were living donations. **1.75 million tissue transplants** were performed nationally in 2019.

- **A single donor potentially can save the lives of eight people and restore the lives of more than 75** by donating vital organs (heart, two lungs, two kidneys, liver, pancreas and small bowel) and tissue (corneas, bone, fascia, skin, veins and heart valves).

**How Does An Ohioan Register As A Donor?**

Ohioans may declare their wish to become a donor by registering online through [www.lifelineofohio.org](http://www.lifelineofohio.org). Additionally, individuals may declare their decision when at the BMV, or by completing a Donor Registry Enrollment Form by calling 800-525-5667.

The Ohio Donor Registry is an individual’s first person authorization to donate the Gift of Life at the time of their death, if possible, through organ, eye and tissue donation.

Lifeline of Ohio encourages everyone to talk to their loved ones about their donation decision. When the next-of-kin knows their loved one’s decision at the time of death, it is one of the most helpful steps a grieving family can take to deal with its loss.

**Additional information may be obtained at [www.lifelineofohio.org](http://www.lifelineofohio.org)**
Student Spotlight: 
UT medical student shares experience during COVID-19

In many ways, the arrival of coronavirus brought the country to a standstill. As a result of the pandemic, many health care practitioners were repurposed, restricted or unable to practice until additional guidance was provided. Still, as some returned to a new normal, the question was asked: how would this affect medical students preparing for their future careers?

When the emergency first began, many first- and second-year students were quickly transitioned into online platforms and upperclassmen were often kept from direct interaction with patients. Now that a new semester is in full swing, changes have been implemented to keep students and staff safe but also continue cultivating the invaluable skills and knowledge needed. In a survey conducted by the Association of American Medical Colleges, 80 percent of the responding medical schools reported they planned to continue their third- and fourth-year clerkships\(^1\) starting in the fall of this school year.

Third-year medical student, Danielle Barnes, from the University of Toledo College of Medicine shares her experience during this transition period.

Q: What differences have you seen in your program this year?
A: The main difference is the lack of in-person didactic style lectures. Normally, as a third-year student, we would still be attending didactics based upon which specialty we are currently rotating through. However, currently, those are mostly online.

Q: Going into your third year and clinical rotations, how are you feeling?
A: It has been an exciting change from the first and second year of medical school. The first two years were primarily spent studying PowerPoints and videos. Albeit necessary, it becomes quite easy to lose your “why” when you spend your entire day reading. Clinical rotations, however, are quite different. You have the opportunity to be a part of a patient’s healthcare team. You can see how this patient is being affected by this rare disease that you once read in a book. All those PowerPoint slides on heart failure garner much more significance as you watch the patient you’re working with struggle to breathe. I’m constantly reminded that I chose the right field.

Q: What kind of technology has been implemented to supplement some of the in-person activities?
A: We have been using Blackboard Collaborate, a feature of our current school’s website, to participate in lectures.

Q: Will you be treating COVID patients in your rotations?
A: No, we are not treating COVID patients. We actually have strict orders to avoid seeing patients that are even suspected of having COVID.

Q: With the changes that have occurred, what has been the most challenging/most exciting?
A: The most challenging aspect of these changes would be that people expect us to know things! It sounds so silly, but you go from first and second year not knowing anything and resident and attendings are aware of this. But in third year, they expect you to put those first two years of knowledge to work and the pressure is on. It’s exhilarating and frightening all at the same time. It’s so scary to think of how much you don’t know and how much you could get wrong. But it’s so exciting to see how much you’ve learned and how far you’ve come.

Q: Why did you choose to pursue medicine?
A: I know it sounds cliché, but I chose to pursue medicine because, to me, there is no greater honor than serving others. It can be so hard sometimes to wake up at 4:30 a.m. knowing you have a 12-hour day. However, knowing that you are doing all of this so that you can make an impact on the lives of others truly makes it worthwhile. Even more specifically, as a black woman in medicine, only 6 percent of physicians in America are currently black. Numerous published studies in medicine have demonstrated that black patient outcomes are improved when their doctor looks like them. I am pursuing to help anyone possible, but also to help those who need to see me or another person of color as their doctor, so they can feel better connected, heard, and understood. Black lives matter. I say this not as a slogan, or a political statement, but to bring recognition to the humanity of the black race in a time and in a society that is struggling, and often outright refusing, to do so themselves. Also, I am, indeed, a nerd. I love studying medicine. It is beyond fascinating. I have been watching Discovery Health Channel since I was six years old and I am not ashamed of it. Once again cliché, but I could not imagine doing anything else in the world as a career.

About the student

Danielle Barnes is a third-year student at the University of Toledo College of Medicine and Life Sciences. She is a Toledo, OH native and holds a Bachelor’s in biology from The Ohio State University and a Master’s in biomedical sciences from the University of Toledo.

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We all know the phrase, “give credit where credit is due.” It’s hard to imagine a time when this phrase could be more accurately applied than now as we witness the courage, selflessness and tenacity demonstrated by practitioners in this current pandemic.

Today we celebrate the heroes that fight an invisible foe, forfeiting their own comfort and safety to protect the public. The stories of tireless research, community outreach initiatives, amazing innovation and creative patient communication have not gone unnoticed. We celebrate you for all that you have done to provide hope and peace of mind in the middle of a storm.

On behalf of the Medical Board, thank you for your sacrificial actions and your commitment to providing excellent patient care.
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