

# **Rural Health Scholars Biosketches**

**Current Students and Graduates**

## Table of Contents

Medical Students.....	4
Sandra Beverley 2008-2012.....	4
Kim Bombaci 2006-2010.....	4
Joel Bradley 2009-2012 .....	5
Stephanie Yu-Hsuan Chen 2005-2009.....	6
Emily Davie 2007-2011 .....	6
Jennifer DePiero 2007-2011 .....	7
Erik Domingues 2006-2010.....	7
Matt Ducey 2008-2012 .....	8
Meghan Furnari 2008-2012 .....	9
Zheni Gjoka 2007-2011 .....	9
Teri Kleinberg 2006-2010.....	9
Anna McMahan 2008-2012.....	10
Hannah Melnitsky 2006-2010.....	11
Kathryn Morcom 2006-2010 .....	11
Katherine Rittner 2005-2010 .....	12
Jennifer Scholwin 2007-2011 .....	12
Gina Tassone 2006-2010 .....	12
Genevieve Verrastro 2007-2011 .....	13
Lia Withington 2006-2010.....	13
Graduate School of Nursing Students.....	13
Jennifer Mistretta 2007-2010.....	13
Diana Moore 2007-2010.....	14
Emily Phillips 2007-2010 .....	14
Graduates (Medical).....	14
Rachael Young Blake 2004–2008 .....	14
Melissa Mihelidakis Buddensee 2004-2009 .....	15
Leah Burnett 2004-2009 .....	15
Elaine Carlson 2003-2008.....	15
Andy Cook 2000-2005.....	16
Jacob Drew 2003-2007 .....	16
Matthew Franco 2004-2008.....	16
Maria Gallo 2002-2006.....	17
Sheila McMurrich Greenlaw 2005-2009 .....	17
Nathan Jones 2004-2008.....	17
Amanda Malgari (Kolb) 2004–2008.....	18
Brad Lewis 2003–2008 .....	18
Deb Liptzin 2005-2009 .....	19
Johanna Mailloux 2001-2005 .....	19
Lauren McClure 2000-2005.....	20
Andrew Monte 2001-2005.....	20
Agnieszka Starzyk Nicora 2004–2008.....	20

Josh Pacheco 2004–2008 .....	21
Allison Paroskie 2001-2006.....	21
Kate Rutherford 2004-2008 .....	21
Namibuur Vidyashanker 2005-2009.....	22
Graduates (Nursing).....	22
Helen Colette 2007 .....	22
Rosemary Kirousis 2008.....	23
Norlyne Mondesir 2008 .....	23

## **Medical Students**

### **Sandra Beverley 2008-2012**

Rural life was central to my upbringing. I grew up in the small town of New Ashford in the Berkshires. There are about 250 people in the area and approximately 15 of those are my direct relatives. Although New Ashford was in the center of two larger towns, it took me about 20 minutes in either direction to get to business and shopping centers when I was growing up. Yet, the long drives were a small price to pay for being surrounded by beautiful mountains, farms and wildlife. In addition, everyone knew everyone and as I grew into adulthood, I developed a fond appreciation for taking the time to sit and talk with people, especially to learn and understand their stories.

After applying to college, I chose to attend Middlebury College in Vermont. A bit larger than New Ashford, Middlebury still epitomized the definition of a rural area. At Middlebury, I majored in Neuroscience and decided that medicine was where my passion was. I had the opportunity to volunteer in the small hospital at school and even spent one January term back in the Berkshires working at the same local hospital where I went as a child. What I loved about rural medicine in both places was the excitement of treating patients, but also the unique encounters and relationships that define this type of medicine. You hear about the farmer who waits four days before coming to see you about his 4 inch cut, and you have the opportunity to learn about each patient in a much more intimate way.

After graduating from Middlebury in 2007, I took a year off and then entered UMass in the fall of 2008. The summer before attending classes, I heard about the Rural Health Scholars program and knew that it was something that I would definitely want to be a part of. Thus far, the program has given me multiple opportunities to learn more about rural medicine. My preceptor for LPP was in the small town of Barre, about 40 minutes west of Worcester and I also chose to do my community clerkship there. In addition, with the help of Mick and Suzanne, I spent the summer after first year working at a small rural practice in North Adams, MA, and I also spent some time with a nurse practitioner in the Migrant Health Program on the Eastern Shore of Maryland. I was also able to work with a rural family doctor at a private practice in Stevensville, Maryland. All of my experiences have confirmed my belief that I hope to practice in a rural area wherever my career may take me. I believe that rural medicine truly encompasses holistic medicine and for me, rural medicine embodies my reasons for wanting to become a physician.

### **Kim Bombaci 2006-2010**

I spent most of my life in the small rural town of Rowley on the North Shore. I grew up learning to track deer, shoot bows and arrows, hike, and raise farm animals. Our community had one family doctor and everyone knew him. I always thought that was a tremendous position to have where you know and take care of a whole community.

I graduated from Brandeis University in Waltham and came to Worcester shortly thereafter. In college, I majored in Biology and spent much of my last two years studying ecology. I became interested in medicine while at Brandeis and spent summers and vacations working at a local nursing home as a nursing aide and volunteering at the local hospital. It wasn't until I came to

Worcester that I realized what I was witnessing and participating in was actually rural medicine. I really enjoyed working in a close knit environment where you get to know everyone. I spent time the summer after my first year at Clinton Hospital, which is a 41 bed facility 30 minutes away from Worcester. I also completed my family medicine rotation at Barre Family Health Center. The community is very close knit and even in a period of six weeks I felt as though I got a feel for the people there and got to see multiple generations of a family. I also found that rural primary care doctors really wear many hats and get to do a lot of procedures and counseling that would be referred to a specialist in a more urban area. This was similar to what I experienced taking care of patients in the Dominican Republic over spring break my second year. I am currently getting ready to apply for a family medicine residency for next year so that I can be trained in multiple areas of medicine and hopefully work in a rural community in the future.

Through my experiences growing up and while in medical school, I have become aware of what it means to be a physician in a rural area and the issues they face. While it is exciting to be in an area like Worcester, as a medical student I hope to be a doctor in a rural setting where I can develop long term and close relationships with my patients and be an integral part of my community.

### **Joel Bradley 2009-2012**

Most of us will spend a good part of our lives trying to find our way home - to that misty and ill-defined state of things in which we feel exuberant and calm, taking joy in the unrushed stability of a moment. For my part, the contrast of cities has renewed again and again that sense of ending up somewhere outside, and not wanting to be anywhere else. I grew up in the Berkshire woods, and don't like to imagine alternatives, unless they happen to be woodsier (within reason). Now that I am old enough to articulate it, I have long appreciated the lessons that come from that proximity to nature – the bitterness of winter, the heat and bugs, rain and lightning of summer. Splitting and stacking wood, raking, gardening and planting vegetables, the mud and the dreary in-between. I like the people who choose to get by in those conditions: there is an honesty about them, a compassion that accompanies the hardening of perseverance. These are people who would help you out if the “what if” happened.

Whether I'll work among these people is a question I can't answer yet, but live among them, absolutely. Even so, I grew up split between worlds – yearning for parts of civilization, dreading others, but enjoying the comforts and changes of perspective. After spending high school at a residential boarding school in the White Mountains, I returned to the Berkshires for college, spending a good part of those eight important years cycling, hiking, rock climbing and cross-country ski racing, confirming and reconfirming my romance with the outdoors. But I also felt in love with people, especially those who think and challenge us to think. I also knew this was only part of a rather bizarre and wild world I had to see more of before deciding anything.

Though I studied for four months in Grenoble, France in 2004, I had barely left the country by age twenty-two. So I planned. Hooking into a haphazard connection, I spent two months teaching English and puttering clumsily around a health clinic at a Tibetan monastery and orphanage in the southern Himalayas of India immediately after college; taught for a year at a boarding school in rural New York state; traveled to Peru for six and a half months while deferred from medical school, learning Spanish and working with kids on the outskirts of

medium-sized Andean cities; returned to the Berkshires to teach in a middle school until medical school started, and then rolled on into Worcester.

Then there is the antiquated, faded pastel appeal of the town doctor, which despite no small amount of distrust in that dream beneath the grisly shadow of modern medicine, I can't help dreaming it (usually with the kind of reverence we reserve for the things we feel we've lost without ever having had). The truth is that I will probably fall into a compromise – after all, my youth was built that way, between the two worlds: on a floating suburban island marooned in the woods. Be that as it may, I do know a few things in which there will be no compromise: I want a family of my own, and I want to make a second family of the people I'll be helping to live healthier, less anxiety-corrupted lives. My work will be work within a community, however broadly it ends up wanting to be defined. All I care is that it has the familiar gravity and a little bit of its own elusive poetry.

### **Stephanie Yu-Hsuan Chen 2005-2009**

I was born in Taiwan but I grew up in Longmeadow, a small suburban town in western MA. I attended undergraduate at UMass in Amherst, where I spent most of my free time hiking, climbing, or biking in the beautiful surrounding areas. Eventually I wanted to learn more about the communities I was exploring, so I started working in a community health center in Greenfield, MA. At the health center I got to experience first hand what it is like to work in a small rural community, including all the benefits and the barriers unique to rural medicine. I found it to be challenging, but very rewarding and meaningful, so I decided to pursue my interest in rural medicine at UMass Medical. My experience on Martha's Vineyard for my first year clerkship reinforced my interest in working as a physician in a rural area. During the summer between 1<sup>st</sup> and 2<sup>nd</sup> year, I was in the Dominican Republic volunteering at an HIV clinic and learning Spanish. The clinic was in the middle of a large city, but the majority of patients were from the countryside. Most of the people in the country had to travel great distances and make a huge effort to receive basic medical care. I enjoyed working in the city, but the experience further reminded me of how great the need is for physicians in rural areas. I look forward to continuing to learn about rural medicine and hope to explore rural communities in different parts of the United States, as well as abroad, during my clinical years.

### **Emily Davie 2007-2011**

I grew up in suburbia. Westwood MA, a town right along Route 128 (also known as 95, 93, and route 1 where I grew up), is one of the smaller suburbs of Boston with a population of almost 15,000. A smaller town definitely had its advantages: although I can't say I knew everyone in town, I did know every name and face of each of my 140 or so high school classmates. While growing up, my family and I vacationed in rural Franconia, NH. I fell in love with the mountains, wilderness, and general peace and quiet of northern New Hampshire. Everything was an adventure, from hiking nearby mountains to driving thirty minutes to the nearest grocery store. Wanting to be close to mountains and snow, I went to Bates College in Lewiston, ME. Lewiston itself was not rural: combined with the city across the river it made up the second largest population center in Maine, behind only Portland. However, I didn't have to travel very far out of town to get to very rural areas: a twenty minute drive took me pretty much to the middle of nowhere. While at Bates, I became very involved with the Emergency Medical Services on campus. I earned my EMT license, practiced on campus, and eventually became the

leader of the student-run group. As the EMS Chief, I was responsible for working with local paramedics and regional and state administrators to address issues with emergency medical services in the area. This was where I really came to appreciate the difficulties of medicine in a rural area: many of the administrators I met with were from small towns over an hour's drive away from any hospital. My exposure to rural emergency medicine encouraged me to apply for the Rural Health Scholars program. The opportunities and resources provided by RHS are extensive, and have been very useful. Through RHS I spent my Community Health Clerkship on Martha's Vineyard, looking at medical issues that are prominent in rural communities: substance and alcohol abuse. I also got to spend my summer between first and second year at Clinton Hospital, a small cozy community hospital not far from Worcester. I still have no idea what specialty I want to go into after my four years here, but I do know where I want to be. I can see myself as a country doctor, the one doctor for the whole town, or as a specialist of some sort in a small community hospital somewhere not far from rural New England.

### **Jennifer DePiero 2007-2011**

When I moved to Massachusetts in 2000, I knew that I wanted to live in a more rural space but not that I wanted to be a doctor. I was a nurse at the time, working in hospice and palliative care as I would continue to do for most of ten years. I graduated from University of Pennsylvania School of Nursing in Philadelphia where I also met my partner, a Philadelphia native. I had already completed my first 4 years of college in rural upstate New York at Hamilton College in the small town of Clinton. While I grew up in suburban northern New Jersey, my heart was always in New England-though I think I have since left a small piece in Philadelphia (which has too conservative a medical landscape for me, but that is for another story). We now live in Northampton, MA, which is considered a small city by New England standards, a large town by mine. I plan to practice medicine in my community, maybe even walk to work. I am interested in primary care, geriatrics, palliative medicine and home based care. Northampton serves as a focus for health care for many of the surrounding hill towns that comprise part of what remains of rural Massachusetts.

In the rural scholars program, I notice the wide range of interests we find bringing us together. Understanding rural issues can inform many practices, even those in small and large cities where people are often forced to go seek specialized care. After many years entering people's homes to deliver care, I was privy to a broader assessment than is possible in any office or hospital visit. As we reshape our healthcare delivery system, I am interested in how we can incorporate home care, perhaps a good foil to the concept of building a "medical home" for patients that is now taking root. I think medicine can focus on what the recipient both wants and what is practical within that person's life and environment, not by forsaking quality but maybe by expanding its definition. I also want to mention that the Rural Health Scholars Program has served me well by connecting me with the Barre Health Center for my LPP. It offers a terrific model of care and is a wonderful place to learn.

### **Erik Domingues 2006-2010**

I was born and raised in New Bedford, Massachusetts. I graduated from New Bedford High School in 2002. I also attended a local Portuguese school for 9 years until 2000. Both my parents were born in Portugal and this clearly led to my fluency in Portuguese. I graduated from the University of Massachusetts Dartmouth in 2006 with a degree in Chemistry. I entered the

University of Massachusetts Medical School in 2006. I am currently a fourth year medical student and a member of the Rural Health Scholars program and the Pathways program. I was one of the student coordinators for the Hudson free clinic, the Family Medicine Interest Group, and am the current leader for the Dermatology Interest Group.

Although New Bedford is not a rural town, I had a lot of relatives who lived in the surrounding rural towns of Acushnet and Westport. I spent a lot of time on my uncle's farm in Acushnet. That experience as a child made me become interested in living and working in such a setting. That was just the beginning of my rural experiences.

My mother came over to the U.S. at the age of 14 from the Azorean island Terceira. The Azores are very rural being that agriculture is one of the biggest parts of the economy. I've spent eight summers in Terceira and during the summer of 2007 I was able to do a clinical rotation at the small hospital, Hospital Santo Espirito de Angra do Heroismo. I see myself working in such a setting, but probably in the U.S. I got a different feeling from working in such a small hospital. Outside the hospital, everyone recognized me and I couldn't go anywhere without having someone come up to me to ask how I was doing. Some people may mind, but I never did. I liked that I could talk to patients outside the hospital and actually recognize them. It was an amazing experience that I will never forget. I did this project because I would like to return to southeastern Massachusetts to work with the Portuguese population. I am planning a return to the same hospital during April of my last year of medical school. I am currently applying for a spot in a dermatology residency.

### **Matt Ducey 2008-2012**

I was born and grew up in the town of Wareham, the Gateway to Cape Cod. During the winter months Wareham is a pretty small town, which grows enormously due to tourists in the summer months. For me, it hasn't been so much a love for rural America but more of a fierce disliking for the city life. I enjoyed life in the small town but not until I went to Providence College in Providence, RI did I really get a chance to compare it to one of the big cities in New England. Providence is a great city for college but not the place for me to live and set up a practice.

I quickly joined the Rural Health Scholars program upon my arrival here at UMASS and have really enjoyed everything it has to offer. The seminars where we are able to have a discussion with current rural health professionals are really informative and assure me that at some point I want to end up in a rural community as a small town doc. The small town doc is really my vision for what a doctor should be and with the current shortage of primary care doctors I am even further determined. Alongside the Rural Health Scholars program I am a student leader of the Generalist Physician Program (GPP) and Family Medicine Interest Group.

The biggest perk for me personally in the Rural Health Pathway is the ability to be placed in an LPP location of your choosing. For the past year I have been working with Alexandra Schultes, a Family Medicine doctor in the small rural town of Barre, MA. Working with her has given me opportunities that would not be available to me in the big city as well as a real working example of a rural doctor in practice. I would strongly encourage new students thinking of joining the Rural Health Scholars program to do so even if you are only a little interested in finding out a little more about rural medicine as it is a wonderful opportunity.

### **Meghan Furnari 2008-2012**

Growing up on the coast of Maine inspired me to begin thinking about my own future as a rural physician. I am a person who loves intimate encounters with others and enjoys the support systems offered by a small community. The past few years I've had the opportunity to discuss the joys and challenges of rural practice. Currently, I continue to explore what a career in a more isolated underserved location would be like by participating in the Rural Health Scholars program. My goal is to eventually develop a community health center that addresses the needs of adolescents in an underserved community by providing them with biopsychosocial support.

### **Zheni Gjoka 2007-2011**

I was born and raised in a small city with cobblestone streets and the doctor's office right around the corner. This was in Albania and it was for the first thirteen years of my life. My family and I moved to Worcester where I went to high school and soon thereafter, I left to live and finish college in New Haven, CT. I liked New Haven, but upon graduation I did like most of my classmates and moved to live in NYC for a year and a half. To my disbelief, I'd had enough of NYC and found myself peacefully living back in Worcester and commuting to Cambridge for another year and a half, working for a pharmaceutical company. When I started medical school, I joined the Rural Health Scholars to find out what rural health in New England is like and if at all similar to what I grew up with. I had much nostalgia for my youth and was looking for something to connect to in the same way. And I did find the same warmth, welcome and familiarity with my LPP at Barre Health Center, a Family Medicine doctor that one could only worship and adore. During the beginning of first year, I also did my two clerkship weeks at Martha's Vineyard and learned a bit about island life and island people. This was more enlightening than I had ever imagined and even closer to rural health than I had imagined. (A big surprise was the fact that there were actually immigrant populations, at Martha's Vineyard!).

I'm now on my third year, starting rotations and I find myself being grateful that I was given the opportunity to learn about rural health and medicine, because now at the minimum I have something as a baseline and against which to compare other fields and specialties.

### **Teri Kleinberg 2006-2010**

I graduated from Harvard in 2003 with a degree in biology and was fortunate enough to win a fellowship that probably no one has ever heard of called the John Finley Fellowship which funded me for a year's worth of travel around the world in search of the best home cooking recipes I could find. I'm still working on the cookbook these days, though as you can imagine I have been a little distracted! The year took me to such diverse places as India, New Zealand, and Norway (where I met the man who would become my husband two years later). After that I started my Master's Degree in the Science and Medicine of Athletic Performance at the University of Oxford, England, where I lived until 2006. By this time I was fairly sure that I wanted to go into medicine and lucked out by getting into UMass, where I heard about the Rural Health Scholars program. I'm not a city person, and plan on practicing medicine in a place where you can see the stars at night. Whether that is in this country or in Norway where my husband is from is still up for grabs!

My mother is a small town doctor in Ware, and for a while I considered doing a residency in internal medicine and taking over her practice one day. During my third year clerkships, I learned that working with my hands has to be a part of my future practice, whether this is performing surgeries or doing minor in-office procedures. Most recently, I have decided to apply to residencies in ophthalmology. I feel that for me this combines medicine and the fine motor skills that I loved so much in surgery. Unfortunately, most training programs are located in major cities, certainly not where I had been planning to live! What I do know is that I would eventually like to hang my own shingle and practice as a small town doc, however and wherever that may be.

One thing that I regret not doing during medical school is a rotation with the Indian Health Service on a reservation in the Pacific Northwest. My ambitious plans for my 4th year have changed dramatically since my husband and I decided to have a baby during the summer between 3rd and 4th year. However, I am certain that my medical future will hold some adventures in rural places, whether in America or abroad.

I'm interested in cooking, martial arts, painting, and traveling to under discovered places. I promote the health of UMass students one workout at a time out of my garage as many times a week as I can manage with my clerkship schedule. I also help to organize the Heaven's Harvest CSA share (veggie boxes) that are delivered from June-October, so let me know if you are interested (actually, in any of the above, really).

### **Anna McMahon 2008-2012**

I grew up in a suburb of Knoxville, TN, where neighborhoods mingled with farm land and more people had barns than garages. I always had the benefit of starlight and the songs of the cicadas when I went to bed. It was quite a change for me when I came to New England for college, where I had my first significant urban experiences. As some of my other RHS classmates have mentioned, I find myself divided between appreciating the wonders of rural life with the opportunities of urban living. My ideal practice would be split between a small town setting where I know all of my patients and their families, and an underserved urban community health center.

After earning a math degree from Harvard, I spent two years working in a GED program for pregnant and parenting teens on public assistance. I worked as a financial services manager at John Hancock for several years after that, before turning toward a career in medicine. Along with completing my premed course requirements, I worked or volunteered at Cambridge Cares about AIDS, Boston Health Care for the Homeless, and Maitri (AIDS hospice program in San Francisco). I enjoy training for and running marathons and half marathons, refereeing rugby (much safer than playing!) and visiting family in TN, VT, and OR.

When I applied to UMass I was interested in two of the longitudinal programs on offer: Rural Health Scholars Program and the Pathway on Multiculturalism and Underserved populations. I did not realize that I could apply to both programs until close to the start of classes, but fortunately was able to apply to both programs in time. The two programs help me balance my interest in small town and rural medicine with my passion for working with underserved populations.

Rural Health Scholars program has been excellent about exposing me to skills I will need in the future as a physician. The RHS workshops have ranged from learning to suture and cast to learning about the logistics of in-home health visits or navigating issues of small town medicine. The program is small enough to allow students to pursue the things that interest them, but large enough to get to know other classmates who are interested in rural medical practice. One of the best things I have found about the program is the opportunity to learn about the variety of settings physicians practice in throughout MA, and how my education at UMass can prepare me for many of those settings.

### **Hannah Melnitsky 2006-2010**

I grew up in the not-so-rural town of Dedham, Massachusetts, just outside of Boston. I attended the University of Massachusetts Amherst, where I developed a great appreciation for western Massachusetts and the charms of rural life. I graduated with degrees in Biology and Spanish in 2002 and continued my research on early eukaryotic evolution at UMass. After publishing a few papers and a chapter in a book on the subject with my professor, I decided that I was not fulfilled by research and wanted to work with people. I joined the Peace Corps and spent over two years in a small, remote village of El Salvador as a Rural Health and Sanitation Volunteer. I did a lot of teaching and learning, and implemented some infrastructure projects with the community leaders. The experience had a profound impact on my life and convinced me that I needed to pursue a career that would enable me to help people as best I could. I loved living in such a rural community, and quickly adapted to life without electricity, running water, or a functional road. I even met my husband in El Salvador!

I started medical school in 2006 and learned about the Rural Health Scholars program. It sounded exactly like the kind of program I would love, and it has proved to be quite interesting and useful for me. I did my first year community clerkship in the rural North Quabbin area of Massachusetts, and I enjoyed it so much that I spent the summer before my second year doing an assistantship there as well. I joined the Student Caucus of the Rural Medical Educators group within the National Rural Health Association, and attended a conference to speak on a student panel about rural medical education.

I will complete clerkships this year in the Berkshires and other rural parts of Massachusetts. As I learn more about what it means to practice in a rural area in this country, I become increasingly convinced that I want to live and practice in a rural setting. I look forward to the opportunities that this program will continue to offer.

### **Kathryn Morcom 2006-2010**

I grew up in the tiny town of Shutesbury, which is on the western side of the Quabbin reservoir. Although I attended high school in the less rural town of Amherst, I spent my childhood accompanying my father on large animal veterinary calls throughout Western and Central Massachusetts, so agriculture and rural communities were always a part of my life. After high school I went to the midwest to attend Grinnell College, which is located in a small Iowa community of 9,000. I spent a lot of time convincing Midwesterners that Massachusetts actually has agriculture too! Grinnell has a very diverse student body, and from interacting with many city-dwellers displaced to the cornfields, I began to realize that I was not like them (despite being from, as they said, "Boston"). I had always lived in a rural community, and I liked the peaceful tranquility that the Iowa countryside offered. When I came home to Massachusetts for medical

school, the same logic still held true: I love returning to my parents' home in Western Massachusetts, and I plan to practice in a rural community "when I grow up." As for rural medicine itself, I suppose the same excitement I got from observing my father's veterinary work is still there. I love the idea of "doing it all," and I long for the longstanding personal relationship with patients that I hope will be a staple of rural practice. In Grinnell my doctor was a community figure; I played softball against her and sang in community choir with her. I hope someday to be a doctor like that.

### **Katherine Rittner 2005-2010**

I grew up in the small town of Southampton, in western MA. I never thought of it as a rural area, but have come to realize that in comparison to eastern MA, it is rather rural. I attended Colby College, in Waterville, ME. I greatly enjoyed being in a small town, surrounded by many opportunities for hiking and boating. I chose to attend UMass partially because Worcester is a smaller city than others which contain medical schools, but have found that even Worcester is too congested for my liking. My desire to live in a small town or rural area largely drives my belief that I will ultimately practice in such an area. My interest in rural medicine led me to do my community health clerkship on Martha's Vineyard and LPP in Barre. The summer following my first year I worked in Hill Country Community Clinic in northern CA, which was founded by Dr. Stenger. It was a wonderful opportunity to experience the diversity of problems treated by family physicians in rural areas and the strong connections they develop with their patients, as a result of knowing those patients as neighbors and friends. In my second year, I did PD II in Putnam, CT, at a small community hospital. In my third year I will be continuing my rural health experiences with a family medicine clerkship in Worthington, MA.

### **Jennifer Scholwin 2007-2011**

I was exposed to the joys of hiking and camping when I was younger, growing up in Oxford, MA just outside of Worcester. Once junior high hit, I lost that outlet and wasn't re-introduced until I went to college at Rensselaer Polytechnic Institute in Troy, NY. It was there that I was able to rediscover the joys of outdoor activities. I took up rock climbing and went on a few white water rafting and kayaking trips as well as some caving trips. After graduating, my fiancé and I moved to Vermont where he and I spent the summer before medical school climbing, hiking, and camping with our fellow outdoor enthusiast, Darius (our Siberian Husky). Prior to this, I had not considered rural health as an option for a future career. After moving to Vermont and falling in love with the area, I knew that I wanted to spend my life in areas that represented what we had up there: mountains, countryside and farms. After discovering this, I knew that understanding as much about rural medicine as possible would help me understand the community that I will probably be serving.

### **Gina Tassone 2006-2010**

I grew up in Arlington MA, a pretty large suburb of Boston, and then attended college at Wesleyan University in Middletown, Connecticut. Middletown is very urban, but is surrounded by farm towns that we would run through for cross country practice. I love running and hiking, so I always enjoyed visiting more rural areas, but didn't live in one until after college, when I moved to Jaffrey, NH for a year, and worked in a hospital in Keene. Living and working in a rural setting really opened my eyes to the unique challenges posed for day-to-day life, and also to the incredible opportunities it presented for hiking, kayaking, running, biking, and appreciating

all things outdoors. It was with this positive experience in mind that I applied to the rural health scholars. Since coming to UMass, I have been working with a preceptor in Barre, and did both my community clerkship and a summer assistantship in a rural health clinic on Martha's Vineyard. Each of these have provided me with a different take on rural medicine, building on my understanding of not only what it means to live in a rural area, but what it means to be a patient and a practitioner, when resources are not always at hand. I hope to continue this learning process over the next two years of clinical clerkships at UMass.

### **Genevieve Verrastro 2007-2011**

I was raised in Pelham, a town of 1500 in the woods near Amherst, and for college I headed out to the only slightly larger town of Oberlin in Ohio. I've always loved the outdoors and rural communities, and when I decided that I wanted to be a doctor I knew I wanted to practice in a small town. After college I joined Americorps and spent a year in Providence RI and another year in New Mexico, where I lived in places way more isolated than anything in Massachusetts. For my first year at UMass I was part of both the Rural Health Scholars and the Pathways program in international health. After first year I spent six weeks volunteering and traveling in rural indigenous communities in Peru, which further strengthened my resolve to be involved in both rural and international health. I've found RHS to be a fantastic resource and a really great feature of the UMass community.

### **Lia Withington 2006-2010**

I grew up in Plymouth, MA, and although it is a large town population-wise, my house was in the middle of the woods at the end of a road predominated by horses, fields, ponds, and cranberry bogs. The school bus wouldn't come to my house because it was too far out of the way. Although being far from things such as the store and my friends' houses was frustrating growing up, I also loved the peace and beauty of a more rural, country lifestyle. I went to college at UMass Amherst and, like many, fell in love with the small towns, farms, and natural beauty of western Mass. While I enjoy the hustle and bustle of the city from time to time, I know where I really belong is out in the forests and fields, and I hope to take my future there with rural medicine.

## **Graduate School of Nursing Students**

### **Jennifer Mistretta 2007-2010**

I spent my first 15 years in Providence, R.I. When I was 15 my mom moved us to Englewood, FL, a small retirement beach town on the Gulf of Mexico. It was quite the change. I came to love the small town life of knowing many of the local retailers and business owners. I moved to Newfane, VT in my mid 20's and fell in love with the rural area. It was by far the smallest town I had ever lived in (1600 people) but I made lifelong friends and connections in the area. The providers I met while in the area were very personal and caring. Life was hanging out in the rivers and hiking in the mountains. I knew that I wanted to be that personal, friendly provider that I had the pleasure of interacting with while living there.

### **Diana Moore 2007-2010**

I grew up in Meredith, NH in a very rural setting where most of my daily activities focused on the lakes that were dominant in the surrounding area. Consequently, we were swimming, boating, ice skating or skiing most of the time. Growing up in such a rural community lets you know at a very young age what a sense of community is and how it can support you in many wonderful ways. I went to college at UMASS Amherst, which is a large school set in a rural farming community. I loved Western Mass for its organic lifestyle that encouraged living off of the land and appreciating a more simple lifestyle. I hope to practice as an FNP in a rural setting and be an active member of a small community where I feel I can make a difference.

### **Emily Phillips 2007-2010**

I'm originally from a small town in western Maine, called Woodstock. My family owned a dairy farm where the number of cows equaled one-fifth of the town's population. Living in rural Maine gave me an appreciation for the outdoors, creativity and ingenuity. My favorite childhood memories consisted of inviting the whole elementary school to the farm for sledding parties, swimming in the lakes and rivers in the area, playing in the woods, making tree houses and building snow forts. We didn't get a movie theater within reasonable driving distance until I was 17 and the nearest mall was over an hour away so the outdoors was pretty much our only outlet for fun as kids. I moved to the Boston area after college and began a career in international public health, during which time I spent a year living in Afghanistan working on a project designed to help rebuild the health care system after the fall of the Taliban. We focused on working with rural communities to help reduce the maternal mortality rate by training thousands of midwives and deploying them to rural communities. I also was fortunate enough to work on projects in South Africa and Zambia. My public health experiences provided me a new definition of rural. Rural to many people in developing countries is access to nothing, including food, water, sanitation and education. As a Family Nurse Practitioner, I'd like to practice in a clinic with an underserved population in either a rural or urban setting. Underserved populations typically struggle with similar issues related to lack of access and I hope to be able to put my public health experience to use in the future.

## **Graduates (Medical)**

### **Rachael Young Blake 2004–2008**

I grew up in nearby Sterling, MA and graduated from Wachusett Regional High School in 1998. I received a B.A. from Amherst College in 2002, where I majored in neuroscience. Upon graduation, I spent two years as a research assistant at McLean Hospital in Belmont, MA. I also moonlighted as an EMT for a private ambulance service, which ultimately led me to medical school. The Rural Health Scholars program was one of the reasons that I chose to attend UMASS. I have always known that I will end up settling down and practicing in a rural area. It is where I am happiest. It has been great to meet people who feel the same way. Our community clerkship in Martha's Vineyard was great! The summer after my first year I did a summer rotation at Maine Medical Center in Portland, ME in conjunction with the Maine Primary Care Association. Although Portland itself is not a rural site, it serves a wide area, which includes a number of rural and small town populations. I had a wonderful learning experience there, and chose to return for a family medicine sub-internship my fourth year, which I have just

completed. In October I am headed up to Augusta, Maine for a rotation in geriatrics through the Maine-Dartmouth Residency program, which has a rural health track. I am looking forward!

### **Melissa Mihelidakis Buddensee 2004-2009**

I've known for a long time that I wanted to be a doctor. What kind? The old-fashioned country doc, with the beat-up black bag full of instruments, making house call, delivering babies, stitching wounds, treating colds; the doc who knows all her patients' names without looking at the charts, because they are her friends and neighbors. It's hard to be a true generalist when you're practicing in urban areas, where there are two hundred specialists within walking distance. Add to that the fact that I've always wanted to settle in a place where I could be surrounded by nature and not concrete, and my interest in rural medicine is inevitable. I came to UMass immediately after graduating from MIT, with a degree in biology and a minor in philosophy. My husband and I now live in the small town of Spencer, MA, and look forward to finding an even more rural community where we can raise a family and I can practice medicine.

### **Leah Burnett 2004-2009**

I didn't grow up or go to college in a small town or a rural area. In fact I spent most of my life in the same city, Waltham, a very large "suburb" of Boston. I did however, have my father pick me up at the bus stop with a freshly killed deer on top of his jeep and I thought it was normal to have animals or sharks hanging from the tree in our front yard. I learned how to skin a rabbit when I was eight. Where am I going with this? Well, my dad is from upstate New York. He spent most of his childhood and his adult life playtime in the very rural countryside in and around Utica and Pulaski, NY. So, while we lived in Waltham, MA, my five siblings and I spent the majority of our vacation time in the countryside (and we were a small town in and of our selves). Finally, years later, my parents live in a small village in Upstate New York. When I drive to their 100 acre farm, through the quiet hills of western Mass and into the "country" I can't help but appreciate what it is about small towns and rural areas that drives my interest to practice medicine there. Having visited this area my whole life and I know it's mostly about the people. The slower moving cars on the turnpike aggravate my Bostonian pace. Good for them. It's being forced to talk to the cashier at the gas station because they won't take my debit card at the pump. It's the neighboring farmers with holes in their finger tips and even worse scars from years of working with their hands and harsh equipment who see me as soft. What I've learned about life so far is that I love the outdoors and I love to have quiet places close by. I love appreciating the beauty of the mountains and playing out in them. I don't necessarily always love people. In all honesty I'm saying this; people can be really hard to deal with, day-in and day-out. But if afforded to opportunity to build relationships, it's amazing how well you can "love" each other through the rough spots. A small town forces people into interaction with one another in a way that is unmatched. A rural area causes people to allow themselves to be more dependent on one another. I believe it keeps people more honest and less self-centered. Not only do I see myself practicing medicine in a rural area or a small town because I know I want to be able to help underserved areas and to get to know my patients more intimately than I would in an urban, high-volume setting, I think I'll be a better doctor and a better person as well.

### **Elaine Carlson 2003-2008**

I grew up in North Andover, MA and graduated from Sarah Lawrence College in 1997. After graduation, I hiked the Appalachian Trail from Maine to Georgia and then returned to the trail a

year later and walked from Georgia to Maine through the winter. Needless to say I love backpacking. Following my adventures in hiking, I flew to Niger, West Africa where I served 2 years with the *U.S. Peace Corps* and the *Niger Ministry of Health*. During this time I worked primarily as a health outreach worker and lived in a rural Hausa village with some of the most joyful and giving people I have encountered thus far in my life. Upon return to the states I worked in Dorchester at a small Haitian community based organization dedicated to the fight against HIV. During my first medical student summer I explored my interest in rural medicine by participating in the *Hoosier Rural Preceptorship Program* created by the *Lugar Center for Rural Health*. This program, which Joe and Suzanne helped me find, provides students entering their second year of medical school with hands on experience in hospitals and clinics located in rural underserved Indiana. I am planning on going into family medicine and am currently looking at programs that offer both rural and international training.

### **Andy Cook 2000-2005**

I grew up in Wayland, MA and graduated from Vanderbilt University in 1995. In my first year of medical school I did my community clerkship at the Franklin Community Health center in Greenfield, MA and in the preclinical years I had my LPP experience with Dr. Stenger at the Barre Community Health Center. In between 1<sup>st</sup> and 2<sup>nd</sup> year I worked at the Worcester Youth Center. For the 3<sup>rd</sup> year Family Practice rotation I worked with Dr. Klein on Martha's Vineyard and did a number of rotations at the Berkshire Medical Center during 3<sup>rd</sup> year. Fourth year I spent 2 months in Ecuador; one at a language school in Quito and the other volunteering at a hospital in small town east of Quito. I also went to the one-week integrative medicine program at Maine Medical Center in June 2004 and extended my fourth year.

Andy accepted a position with the Maine Medical Center's Family Medicine Residency in Portland.

### **Jacob Drew 2003-2007**

I came to UMass after working for a year in a dialysis unit. Prior to that, I graduated from Holy Cross, where I was the catcher for the baseball team. Much of my free time is spent on the Cape with my family and my girlfriend where I enjoy boating, surfing, and fishing. Last summer, I built a 12-foot wooden boat. I'm a huge sports fan, particularly of the Red Sox and Bruins, and I also enjoy skiing. Here at UMass, I'm a co-leader of the Surgery Interest Group. With the help of the Rural Health Scholars Program and OME, during the summer following my first year of medical school, I participated in the Summer Student Research Fellowship on a project that identified and surveyed Visiting Subspecialists who hold clinics in rural parts of Massachusetts. I presented the results of this work at the New England Rural Health Roundtable and the National Rural Health Association meetings. In addition, I was first author on a paper published in the *Journal of Rural Health* that summarized this work. Jake accepted a position with the UMMHC Emergency Medicine Residency.

### **Matthew Franco 2004-2008**

When I moved to Worcester in 2004, I moved into the largest city I've ever been to. For most of my life I lived in the Berkshires. I spent most of my childhood in Tolland, Massachusetts living among only 200 other people. Not much was within a 30 minute drive except the general store and the local pond. I got used to the peaceful atmosphere and I've always wanted to go back. I decided to go into medicine when I was in college working towards my biochemistry degree, but

for a while I was uncertain of what specialty appealed to me or where I should work. When I tried to think about my future as a physician I thought about where I felt most comfortable in my life. I want to serve the small town community where I grew up, and live in a town where everyone recognizes each other and there is a strong sense of community. The area of the Berkshires I lived in did not have a physician, hospital, or any kind of health care system for 20 miles in any direction, and now I want to change that. When I finish my residency I plan on moving back to Western Massachusetts and integrating myself back into my hometown as a primary care physician. When I arrived at UMass Medical School, I found a group of students with the same interests. Discussing and realizing the challenges which face a rural physician have been important parts of learning medicine and preparing for my future.

### **Maria Gallo 2002-2006**

I came to medical school after working for many years as an orthopedic physical therapist, raising two children and living in a small town (pop ~ 4,800) in western Mass. I love the outdoors, hiking, cross-country skiing, and running. I'm sure I'll work in a rural area when I'm finished with school. I was attracted to the Rural Health Scholars because I knew I'd find like-minded people who tend to be more at home in the countryside rather than a city, and that I'd learn a good deal about issues facing rural practitioners. Most of third year was spent in Pittsfield and the Pioneer Valley. Now I'm looking forward to residency in family medicine at Barre!

### **Sheila McMurrich Greenlaw 2005-2009**

Even though my hometown is a large suburb of Boston, I still consider myself a small town girl. The best parts of my childhood were the small communities formed by my neighborhood, schools, sports teams, friends, and especially family. I went to Williams College, a small school in the Berkshires. The school's remote location and its integration with the local community were the main reasons I chose to attend. I loved the mountains I saw on my way to class and the easy access to all kinds of outdoor activities. I also enjoyed forming relationships with not only my classmates, but also professors and local townspeople. I gradually realized that my happiness was dependent upon the strength and diversity of these relationships, and I knew I would need to make such connections a large part of my future. Career exploration was a big part of my life as a college student, and eventually led me to medical school. As a first year medical student, I came to realize that my career exploration was not over! Knowing that I like being a part of a small community, I joined the Rural Health Scholars program. It has been an amazing way to explore practice in a small community as a career option. Through the program, I was able to spend the summer after my first year living and working in a small town in Maine and getting some real hands-on experience. I will be doing my family medicine clerkship in Barre to get more exposure to small-town family practice.

### **Nathan Jones 2004-2008**

I was born in rural Indiana and lived there for 10 years before moving to Cape Cod where I have lived since. I attended Boston College and came directly to UMass. I have enjoyed my time in the city, but ultimately feel that I would like to return to a small town setting. Rural Health Scholars is allowing me to explore what it is like to practice medicine in a small town setting. At UMass I have been involved in Big Brothers Big Sisters and worked on a research project to identify families in need of legal aid in the pediatric setting. I have had exposure to rural

medicine through the Community Health Clerkship on Martha's Vineyard during first year and the Family Medicine Clerkship on Cape Cod during third year. During my first medical school summer, I participated in the Summer Student Research Fellowship working on a project aimed at improving health care for children in the region. In my free time I enjoy tennis, soccer, surfing, and sailing.

### **Amanda Malgari (Kolb) 2004–2008**

Growing up on a small farm in Ipswich Mass and attending Dartmouth College, the outdoors have always been an integral and constant part of my life. Whether on horseback, on skis, hiking or camping I am happiest being active and outside. After graduating from college in 2003, I worked in Colorado for Americorps before coming to medical school. Upon arriving at UMass I was immediately drawn to the rural health scholars because I had always envisioned someday practicing medicine in a rural area in large part because of the lifestyle. After spending time in Barre Mass for my first year clerkship and then spending the summer between 1<sup>st</sup> and 2<sup>nd</sup> year working at the rural health clinic in Martha's Vineyard, I realized there is much more than just lifestyle that appeals to me about rural medicine.

In my third year, I was lucky enough to have the opportunity to return to Barre for my family medicine rotation. The clinic there and the practitioners are amazing! My short six weeks with them reminded me of the reasons I came to medical school and gave me insight into the rewards and challenges of rural practice. I absolutely loved my time there and as a result I decided to pursue a career in family medicine. With the help of the rural health scholars I was able to arrange rural rotations in my fourth year as well, and my experiences in Nantucket cemented my desire to become a family physician in a rural area. I absolutely loved getting the chance to be in clinic, see patients in the hospital and deliver babies- my preceptor truly did it all! Primary care in a rural setting carries with it many challenges but I am so excited to be starting a career in a field that allows you such close relationships with your patients and such a variety of diagnoses and procedures. Currently I am a new intern in the family medicine program at the University of Virginia and I am loving it! It is such a thrill to finally have "my own" patients in clinic. Many thanks to the rural health scholars for helping me find my path in medicine!

### **Brad Lewis 2003–2008**

Hello! I am now a graduate of UMMS, and of both the *Rural Health Scholars* and *Pathways for the Underserved* enrichment programs. I grew up in a small town on Cape Cod, where medical care parallels that of more traditionally rural communities. I graduated from Tufts University in 2001 with a degree in Child Development, and after college I worked in Early Intervention in Dorchester, MA. The summer after my first year at UMass, I volunteered in a small Tanzanian village where I helped develop a malaria public health campaign, as well as a number of other community projects. My medical interests lie in child psychiatry and palliative medicine, and I am currently a PGY-1 in Adult Psychiatry at Brown University. I found that *Rural Health Scholars* is a great way to learn about the dynamics of practicing medicine in rural US areas, particularly with its "learn by doing" philosophy. I am certain that my experience in RHS will help prepare me for the challenges of rural healthcare that lie ahead!

Hello! I am currently a fourth-year student involved in both the *Rural Health Scholars* and *Pathways for the Underserved* enrichment programs at UMass Medical. I grew up in a small town on Cape Cod, where medical care parallels that of more traditionally rural communities. I

graduated from Tufts University in 2001 with a degree in Child Development, and after college I worked in Early Intervention in Dorchester, MA. The summer after my first year at UMass, I volunteered in a small Tanzanian village where I helped develop a malaria public health campaign, as well as a number of other community projects. My current medical interests lie in child psychiatry and palliative medicine. I found that *Rural Health Scholars* is a great way to learn about the dynamics of practicing medicine in rural US areas, particularly with its “learn by doing” philosophy. My experiences so far will help prepare me for the challenges of rural healthcare, and I’m sure that these skills will be useful no matter what field of medicine I choose!

### **Deb Liptzin 2005-2009**

I grew up in Lexington, MA and Longmeadow, MA, two small suburban towns. In 2001, I graduated from Yale University with a degree in Geology and Geophysics, specifically in atmospheres and oceans. My interests in oceanography led me to NSF internships in Alaska and Woods Hole, but I eventually realized that my interests involved working with people, not on research cruises or on computers. Being seasick also played a major role in my decision. After graduation, I taught math, coached squash and tennis, and served as a dorm parent at Tabor Academy in Marion, MA. I left teaching to take my premedical courses at Goucher College, and then earned my masters in Exercise Science at UMass.

Why rural health? I grew up with a love of the outdoors, spending summers in Acadia National Park, Banff National Park, as well as numerous camps in Vermont, Wyoming, and Minnesota. My passions include hiking, running, biking, Nordic skiing, climbing, and traveling. I worked as a counselor at Concordia Language Villages for a French immersion canoeing program in Minnesota (where I had also attending camp). There, we had several accidents while on canoeing trips, prompting me to sign up for a Wilderness First Responder class. This course greatly influenced my decision to leave teaching and attend medical school. I have continued my wilderness medicine interests by taking the elective course here at UMass, and helping to organize it now and in the future. I am still undecided where I can see myself in the future, but I hope that my career will include periodic short-term international work in rural underserved areas. I hope to work somewhere near hiking and skiing, but more importantly, somewhere where I have the opportunity to know my patients and their families and where I can follow them over time.

### **Johanna Mailloux 2001-2005**

I grew up in Lunenburg, MA and graduated from Middlebury College in 2001. I’ve always loved rural areas and small towns and loved my time in Vermont. My interest in rural health really began at Middlebury. While there I participated in a seminar looking at issues in rural primary care and spent a very cold January working and living with a physician up in the Northeast Kingdom of Vermont. During my junior year, I spent January working with two rural GP’s in the Argyll region of Scotland. I was excited by the rural health scholars program at UMMS and have enjoyed the seminars and clinical experiences it has offered. The Barre Family Health Center is great place to spend some time during the LPP program or the clinical years! Outside of medical school I enjoy running, hiking, reading good literature, and photography. I’m going into pediatrics and hopefully ending up in rural area in a few years. Johanna began a pediatric residency at the University of Connecticut in Farmington.

### **Lauren McClure 2000-2005**

Hello. Andy Cook and I were lucky enough to enroll at UMass just as Suzanne Cashman and Joe Stenger were founding the Rural Health Scholars program. We have benefited from our involvement due to the variety of opportunities created by the program, from exposure to rural hospitals and physicians to skills workshops. Suzanne and Joe offer valuable and meaningful support and are a wonderful resource for any student, especially anyone considering rural practice.

I have always imagined myself in a rural setting. Over the twenty years between high school and medical school, I attended art college in a small town in western NY, farmed in southern France, became a cheese-maker in central Vermont, and lived and worked at a contemplative center in rural northern Vermont. I came to medical school with the intention of practicing medicine in the mold of a small-town family doctor. That vision was deepened and shaped more towards reality by an opportunity that arose during the summer between 1<sup>st</sup> and 2<sup>nd</sup> year. That summer I worked with Joe and Suzanne on a project designed to gather qualitative information from rural physicians in Massachusetts regarding recruitment and retention issues. I am currently looking at rural-oriented family residency programs from Maine to California and hope to be settled in a small practice in five years, enjoying a smaller community and keeping sane through outdoor activities such as gardening and hiking.

Lauren accepted a position with the Maine Dartmouth Family Medicine Program in Augusta.

### **Andrew Monte 2001-2005**

I grew up in Westborough, MA, right down the road from UMass Medical Center, so I'm a great guy to ask about things to do in the area. An avid outdoorsman, I did my undergraduate studies at the University of Vermont where I filled my time with hiking, camping, fishing and of course, skiing. While in Vermont, I also became interested in wilderness medicine. I will be developing and coordinating a new Optional Enrichment Elective for first and second year students that will expose participants to common wilderness/recreational clinical emergencies in a case simulation teaching format beginning in the fall of 2004. I have been an active member in many University and National medical groups including the *Generalist Physician Initiative*, *AMSA*, *the Massachusetts Medical Society*, and *the Emergency Medicine Residents Association*. I will be applying for a residency position in emergency medicine in 2005.

Andrew entered an Emergency Medicine residency at UMMHC.

### **Agnieszka Starzyk Nicora 2004–2008**

I spent the first few years of my life in a small town in Southeastern Poland. The impact of growing up in a rural area has been lasting and the happiest and most fulfilling times of my life are visiting my hometown with my husband. During my school years, however, I lived in Chicopee, Massachusetts. I spent undergrad at Mount Holyoke College in beautiful South Hadley and then made the move to the big city, Worcester. Fortunately, my husband and I are slowly making our way back to Western Massachusetts and I hope to settle down for residency in Springfield which is closer to family, though not rural in the least. It has been hard during so many years of schooling to live in a rural setting and it remains a goal for our future. In the meantime, however, I've taken advantage of doing rural-based electives during medical school and hope life after residency feels more like home.

### **Josh Pacheco 2004–2008**

After graduating from Bowdoin College in Brunswick, ME in 1999, I worked as an Analyst for a large management consulting firm in Boston for two years. Coming to realize that life in a cubicle was not for me, I moved to Southern Oregon to serve as an AmeriCorps Volunteer. While in Oregon, I came to love the sense of community provided by living in a small, rural town. Upon completion of AmeriCorps and before starting medical school, I moved to Vermont to work as a Medical Assistant in a small primary care practice. During my first year of medical school I was fortunate enough to participate in the clerkship on Martha's Vineyard. It was a great two weeks spent learning about the health care issues facing this surprisingly rural area of Massachusetts. In my third year, I did my Family Medicine Clerkship in the Barre Family Health Center. This experience confirmed for me that I enjoy rural small town life and that I plan work in such a community in the future. Currently I'm an Emergency Medicine Resident at Albany Medical Center in Upstate New York. Albany offers great access to the outdoors and provides exposure to patients from the inner city as well as surrounding rural areas. My plan after residency is to work in a small community Emergency Department. In my free time I enjoy spending time with my wife, 9 month-old son, and our dog, Gretel, camping, hiking and fly-fishing around Northern New England and New York.

### **Allison Paroskie 2001-2006**

Hi, my name is Allison, and I'm a third year who has been participating in the rural scholars program since I started medical school. I grew up in Lexington and went to college at UMass Amherst. I have no prior career, as I came to medical school directly from college, but am planning to remedy that a bit by taking a fifth year to finish school. (I highly recommend slowing down and relaxing when possible while in school.) Generally, I really enjoy participating in any activities that are outside: skiing, running, biking, hiking, etc. I'm planning on working with children during my future career, but haven't quite figured out exactly what I'll be doing.

As for the Rural Scholars Program, I really feel that it has done a wonderful job of integrating activities into the first two years. The programs are pertinent, educational, and entertaining. Students have a voice--their input drives a lot of what happens. Some of my favorite programs have been splinting/casting, wilderness medicine, and panel discussions with physicians. Overall, I've really enjoyed participating, and feel that it has done a wonderful job of enhancing my medical school education.

### **Kate Rutherford 2004-2008**

I grew up in a small town in VT, and although most of my "adult" life has been near or in a city, I believe I will return to a more rural setting to practice medicine and raise a family. After college at Brandeis University, I worked for a few years at Perkins School for the Blind before deciding to go into medicine. At UMass I joined Rural Health Scholars to learn more about career options and the challenges and rewards of practicing in a rural setting, and I got the bonus of learning to stitch and cast! Hearing from practicing rural physicians, and spending a couple of weeks learning about rural health care issues on Martha's Vineyard for the first year Community Clerkship were very helpful in broadening my understanding of rural medicine early on. I've also been involved in the Pathways Program and during the summer after my first year I traveled

to a rural village in India to bring supplies to an orphanage. I've been involved in bringing medical care to small "villages" of sugar cane workers in the Dominican Republic, which are the most extreme example of rural poverty I've encountered. I've been fortunate to have had the opportunity to combine these interests of rural and international medicine during medical school, and expect they will be influential in choices I make throughout my career. Further, I've been exposed first hand to the unique joys of practicing rural medicine locally through do my third-year family medicine clerkship at Barre Health Center. The physicians there know their patients in a way that can only exist in a small community, and the community itself was a huge driving force in the building of a new facility for the Health Center, exemplifying the mutual support that is common in rural life. I'm planning on doing a pediatric rotation in VT during my fourth year, which will allow exposure to a small city hospital that serves a large surrounding rural community. It has been wonderful to have rural experiences interwoven into my medical school experience throughout all four years, and I look forward to a future of living and practicing in a small town with the rewards and challenges that will offer.

### **Namibuur Vidyashanker 2005-2009**

When I was young, I lived in a village in India. We did not have a car and my school was under a thatched roof. But I remember being very happy. It must have made quite an impression on me for after coming to the US, I have chosen to live in towns with populations less than 10,000. So I joined the RHS to learn more about rural practice. Initially, I was hesitant to join because I have not yet made my career choices and one scenario was being a sub-specialist with an urban practice. But I found the RHS to be a friendly, non-threatening place to explore rural medicine. I did my community clerkship at Barre and enjoyed learning about the healthcare needs of a small town. As others have mentioned, suturing, splinting and wilderness medicine are terrific classes that RHS students can take. Furthermore, listening to rural physicians talk about their experiences in Alaska or Wyoming made me remember why I wanted to practice medicine in the first place. I spent most of my 3<sup>rd</sup> year in clerkships at rural clinics or community hospitals. They included Medicine and Surgery at Pittsfield, outpatient pediatrics at Clinton, Psychiatry at Fitchburg, and Family Medicine at Barre. I really enjoyed working in small towns and getting to know the people there. After considering several different career options, I settled on rural family medicine because it gave me both the intellectual challenge of diagnosing a broad range of conditions and the emotional connections that I could find in a rural practice.

### **Graduates (Nursing)**

#### **Helen Colette 2007**

I have 2 generations of general practitioners who practiced right out of their homes. I live in one of the homes now. It still contains 'green soap' in the cellar. My grandfather practiced from 1928 – 1970 in a small town in Central Mass with his son (my father) until his retirement where then the business merged to one until 1998. I am the only one to continue the interest in medicine, although my sister married an OBGYN doc who practices out of a very rural town in northern New Hampshire. The experience in Barre simulated the experience I grew up with. It was a fulfilling experience.

**Rosemary Kirousis 2008**

I am a nurse practitioner student at the University of Massachusetts, Worcester Graduate School of Nursing. My interest in the Rural Health Scholars comes from growing up in St. Paul, Minnesota and spending summers in Brainerd, MN as well as from spending so much time in Petersham, MA since moving to Massachusetts in 1997. I graduated from Emory University in 1996 with a double major in Biology and Religion and went on to get my Master's degree in Public Health from Boston University in 1999. After 10 years of public health research, I entered the GEP program for nursing at UMass in 2005.

I completed the Community Health Clerkship in Barre and worked to get grant funding from The Health Foundation of Central Massachusetts for implementation of the *WalkSmart! Active Schools* program at Ruggles Lane elementary school in Barre, MA. I am currently a nurse at Marlborough Hospital and am a steering committee member of the East Quabbin Alliance which is located in Barre, MA. I graduated in June, 2008 and plan to work as an NP in Internal Medicine at the Fallon Clinic in Auburn, MA. My current interests include preconception nutrition for mothers and fathers and the role of traditional foods in optimal health.

**Norlyne Mondesir 2008**

I was born in Port-au-Prince, Haiti. My family and I have lived in Cambridge, Mass for the past thirteen years. Though Cambridge is a large city, there is a lot of history, a sense of belonging and a sense of community which emulates qualities found in rural settings. I brought that sense of community with me to Boston College where I received a bachelor's degree in Psychology in 2004. After graduation, I worked with individuals with mental retardation, and then worked as a social worker for the Department of Social Services. I started the GEP program in August 2005, and have had the opportunity to learn about community health. Through the Graduate School of Nursing and the Rural Health Scholars program, I was able to take part in a clerkship on Martha's Vineyard which exposed me rural health and the barriers rural residents face to getting medical care. This semester I will have the privilege to work with an ANP in the UMass system and the Medical director for the department of corrections at MCI Norfolk. I look forward to all of the great experiences, and learning opportunities I will enjoy through this clinical rotation.