

2026 Davee Foundation Lecture and Resident Research Day

Abstract

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Title: Enhancing Procedural Training in Family Medicine Residency

Background: Procedural training is a core component of family medicine residency training and is integral to comprehensive outpatient primary care. However, procedural exposure can vary widely across training sites. To enhance procedural education, Dr. Khan implemented a structured procedure curriculum at the Lake Forest Family Medicine Residency Program, consisting of a dedicated half-day procedure clinic weekly for six consecutive weeks during the PGY-2 year. This study evaluates procedural volume during the rotation and explores strategies to increase this procedure volume.

Methods: This retrospective–prospective quality improvement project examines procedure logs recorded in New Innovations by PGY-2 residents during procedure clinic. Primary outcomes include the number and type of procedures performed during the six-week rotation. Secondary outcomes include changes in procedural volume following implementation of a clinic-based procedure flyer designed to increase patient awareness of available services. The flyer lists common procedures offered at the clinic (e.g., skin biopsies, joint injections, IUD placement, toenail removal). Procedural counts before and after flyer implementation will be compared.

Results: Data collection is ongoing. Preliminary review suggests variability in procedural volume among residents, influenced by patient demand and awareness of available procedures. Implementation of the procedure flyer is anticipated to increase patient-initiated requests and referral of appropriate procedures to dedicated clinic sessions, thereby increasing procedural volume logged in New Innovations.

Conclusions: Pending further review of data.



Family Medicine Residency at Lake Forest

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Title: An integrative approach to the management of pediatric otitis media: a review of current literature

Purpose: Otitis media (OM) is one of the most common reasons for pediatric ambulatory care visits and antibiotic exposure in childhood. Given the risk of antibiotic exposure and limitation of symptomatic care to acetaminophen and ibuprofen, many patients and families resort to complementary and alternative practices for OM. The 2012 National Health Interview Survey (NHIS) found that 12% of children had used or been given some form of complementary health product or practice during the past year. A current literature review is needed to help clinicians caring for children navigate the efficacy and safety of some of the most common integrative therapies. This systematic review synthesizes and critically appraises the current evidence on complementary and integrative practices for the management of pediatric otitis media, with the goal of clarifying their role alongside conventional care.

Methods: A systematic literature review was conducted of generally healthy pediatric patients aged 0–18 years with OM. Eligible studies included meta-analyses, systematic reviews, randomized controlled trials, cohort studies, and case-control studies with ≥ 10 human subjects, published in English (or translatable). Studies were excluded if the complementary or alternative therapy was not the primary intervention or if participants had underlying health conditions including immuno-compromised state, chronic ENT or craniofacial abnormalities. A comprehensive search of MEDLINE/PubMed, Cochrane Library, Embase, CINAHL, Web of Science, and ClinicalTrials.gov was performed through July of 2025. Abstracts were imported into Rayyan, an online systematic review screening platform, for screening and review. 2711 articles were imported with 145 removed due to duplication. Two review authors independently screened the full title and abstract of the remaining 2566 articles against the inclusion criteria. Following initial screening, 148 full-text articles were independently reviewed by two reviewers, with rotating reviewer pairings used to minimize bias.

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Results & Conclusion: The literature suggests that several integrative modalities—including nutritional supplements, herbal preparations, probiotics, and other non-pharmacologic interventions—may offer symptomatic relief or preventive benefit in selected pediatric patients, particularly during observation or watchful waiting. However, the overall quality of evidence remains limited with methodological weaknesses, small sample sizes, and heterogeneity in interventions and outcomes. An integrative approach to pediatric otitis media shows potential as an adjunct to standard management, especially in reducing symptom burden and supporting observation strategies.