Monday, June 23, 2003

Today is the first day of our Health Sciences and Clinical Medicine Practicum course in Cuba. We began with an orientation session led by MEDICC’s International Director, and the School of Public Health Academic Coordinators. The lecture was informative, but longer than lectures I am used to. An interesting note was that the director is an American-born woman who married a Cuban man after visiting Cuba and moving there almost thirty years ago. She has a ration card just like everyone else and was most influenced to stay even after the demise of the Soviet Union by the unity of circumstance among the people. She said that when other resources became available they all knew that everyone would have equal access. Although Cuba is a third world country, the Revolution implemented a right

continued on Page 7.
Disasters Natural and Otherwise

Natural disasters bring out the best (and unfortunately sometimes the worst) in people and the recent hurricane which roared through eastern North Carolina, continuing on to devastate other communities was no exception. The stories of bravery and perseverance by the police and fire/rescue personnel, and of ordinary citizens, working to save lives and property, became the headlines in local and regional media for weeks. Something I didn’t see, perhaps because it is simply expected of us, were stories about the heroism of health professionals.

A physician friend of mine, for example, with the wind physically shaking her house, the shingles blowing off her roof, and debris hanging against her siding, knew that she couldn’t just sit at home. After leaving her dog with a neighbor, she braved the wind and rain, and its attendant dangers, to drive to the hospital, where she worked almost nonstop for the next three days, providing care and reassurance to a predictably large number of patients. This physician was not alone, as hospitals and their staff, often with minimal electric power, water, and the other amenities we take so much for granted, ignored the peril that threatened their own homes and families, to do the work that our profession calls us to do.

As I sat contemplating our response to this natural disaster, my mind’s eye moved to a less than natural, but undeniably frightening, disaster which is overtaking us and our patients. Medicine has always been a profession and primary care physicians have always been the foot soldiers on the front line of that profession. There are forces at work which are trying to make what we do simply a job. We will be well paid, but that’s never been the real reward. The real reward is seeing a patient or parent brighten when we tell them all is well, what’s wrong can be fixed, or that pain and suffering can be ameliorated. Our biggest reward comes from watching our patients get well over time, or slip into the next life with the comfort of our physical presence and the expertise we bring to bear on their suffering.

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My friend has always worked long hours and I know she always will. She wonders whether there will be a professional to replace her when she’s retired or in need of care herself. I worry about these things too. Do you? Think about it and let me know.
Specialist Medicine: Building a Stronger Future

by: William Wooden, MD, Assistant Dean for Specialist Programs

Despite the rapid growth and success of the Brody School of Medicine at ECU, the Eastern North Carolina region still faces many of the original motivating realities and deficits that brought the school to life. Eastern North Carolina remains economically challenged and medically underserved. It is still in need of medical professionals in both primary and specialty care areas. The region’s relatively large geographic area, limited highway system and scattered population present ongoing barriers in access to care and interphysician communication. The continued challenge sharpens our focus and determination to meet that need.

Since inception, the school has focused on primary care delivery and education. This has served the people of North Carolina well. However, we believe that there exists an opportunity to improve upon our product and service through more direct collaboration with the specialty programs. Excellence in education, patient care and service can only come with the recognition and incorporation of the strengths of both primary and specialty areas. The economy of today demands that medical care and education be more efficient. As educators, we must determine, in the face of the many financial, cultural and regulatory challenges, how we are going to produce the physicians who will be able to provide the care needed.

Our challenge as educators, then, must be to maximize our graduates’ competence as well as their clinical confidence in the diagnosis and treatment of patients. We must assure that our education process provides the learner with the necessary academic competence such that their clinical training allows for this distillation of academic competence into clinical confidence.

We believe that a portion of the solution lies in expanding and improving the integration between the primary and specialty care programs. To this end, the school has developed a new structure with the addition of an Assistant Dean for Specialist Programs. As the Assistant Dean, I will work to better assess and incorporate the specialties into the primary care medical student and resident education process as well as foster the inclusion of primary care into specialty care and education. These efforts will extend to intra-institutional clinical practice as well as within the region. Our graduates must be able to practice safer, more complete and more efficient medical care than ever before. I am proud to take on this challenge as the Brody School of Medicine’s first Assistant Dean of Specialist Programs.
I was surprised by their enthusiasm. They wanted to exercise. Their questions on how to lose weight, after learning about body mass index, were encouraging, and the way they devoured a tray of raw vegetables delighted me.

Poor nutrition and lack of exercise have led to a dramatic increase in overweight and obese children in all states and among all populations. Today, twice as many children and three times as many adolescents are more dangerously overweight than 20 years ago. The obesity epidemic is on a steeper rise in some parts of the United States, particularly in Eastern North Carolina. Even among children, obesity poses a danger to health, leading to hyperinsulinemia, high blood pressure, hyperlipidemia, depression, sleep apnea and anxiety.

Recent studies show there are fewer opportunities for children today to burn calories. Many schools have decreased time for physical activity, and have reduced or eliminated physical education. Many neighborhoods are unsafe or lack sidewalks for walking or bike riding, leading children to engage in more sedentary activities indoors, such as watching TV and playing video games.

Intervention is key to reversing this trend toward obesity. With mentoring and support from Dr. Charles Willson, Dr. Thomas Irons, and the Schweitzer Fellowship, I taught a series of workshops entitled Body Basics.

The Body Basics workshop series addressed healthful eating and physical activity. The series was held at the Boys and Girls Club of Pitt County whose mission is to inspire and enable all young people, especially those from disadvantaged circumstances, to realize their full potential as productive, responsible and caring citizens. There I was able move closer to my own goal of providing nutritional intervention to underserved children.

Body Basics was taught to two separate groups of children, ages six through eight and nine through twelve. Topics included the Food Guide Pyramid, the importance of calcium, appropriate portion sizes, 5-A-Day and a comparison of soft drinks to water.

During each workshop, the children kept a notebook of the materials they used and projects they created, to take home and share with their families. Each day, they had a healthful snack that related to the topic, and concluded with an exercise session.

I was surprised by their enthusiasm. They wanted to exercise. Their questions on how to lose weight, after learning about body mass index, were encouraging, and the way they devoured a tray of raw vegetables delighted me. Many parents say children will not eat vegetables, but when we offered them, it was clear they were willing to eat healthful foods.

Physical activity and obesity are two leading health indicators for Healthy People 2010, the national agenda designed to reduce preventable health threats. Body Basics was designed to equip children with the knowledge to make healthy decisions regarding food choices at school, and exercise regimens to do at home to maintain a healthy weight. With Body Basics, I think I was able to give some information to these children that will encourage a healthy lifestyle.
Six from Brody Selected as Schweitzer Fellows

by: Aimee Chung, Class of 2005

Imagine what life would be like if you couldn’t read. When your child had a cold, how would you know how much medicine to give if you couldn’t read the label? The Reach Out and Read (ROAR) program believes a solution to this problem is to promote literacy by encouraging a child’s interest in books at an early age and helping parents get involved in their child’s education. The program supports these goals by providing free books at well-child visits and counseling parents on the importance of reading to/with their children.

Another goal of ROAR is for each child to have his or her own collection of ten books by the age of five. A developmentally appropriate book is given at each well-child check from six months to five years of age, providing children with early access to books. Physicians and residents are trained to counsel parents on how to make reading a daily parent-child activity, in hopes of fostering an early love for books. Through ROAR, the health-care professional is in a unique position because he or she is given the opportunity to care for both the mind and body of each child during a well-child visit. Volunteers read to children in the Brody Pediatrics and Medicine/Pediatrics Outpatient offices. This year medical students will also volunteer with the Children’s Hospital of Eastern North Carolina at Pitt County Memorial Hospital.

ROAR is a national program with sites located across the nation. The Brody School of Medicine is one of these sites. Our program has provided over 8,000 books each year through grants and donations since March 2000, and it is the only program in North Carolina organized and managed by medical students. Our upcoming projects include a book drive to be held during the month of December where we will be accepting monetary and book donations.

Brody Medical Students Battle Illiteracy

by: Aimee Chung, Class of 2005

If you are interested in becoming a ROAR volunteer, please email Brian Dawson at BCD0522@mail.ecu.edu

Cherisse Thomas
Cherisse will perform Scoliosis Screenings for children ages 11-15 at various sites including the Boys and Girls Clubs of Ayden, South Greenville, and Pitt County and will begin a scoliosis support group.

Mary Dawson & Nathan Meltzer
Mary and Nathan are offering cancer education workshops and breast, colorectal and prostate screenings at the Pitt County Health-Assist Centers.

Caroline Morgan
Caroline’s project, Body Basics is a program promoting healthy eating and physical activity workshops at the Pitt County Boys and Girls Club.

Kimberly Alexander-Bratcher
Kim will be conducting prenatal care and breastfeeding education for Latino Women through the Kate B. Reynolds Center in Greene County.

Cameron Anderson
Cameron will be implementing Super Kids–Healthy for Life an exercise and nutrition training program for elementary school aged children of Pitt County.

The deadline for application to the NC Schweitzer Fellows Program is February 14, 2004. If you would like further information about the Schweitzer Fellowship Program, please contact Dawn Hoffmann at the Office of Generalist Programs 252-744-3484 or email hoffmannnc@mail.ecu.edu.
Brody Student Attends CAM Conference

by: Joel Gottesman, Class of 2006

Recently, I was fortunate to be among twenty US medical students to attend AMSA’s first Leadership Training Program on Complementary and Alternative Medicine (CAM). It took place June 15-20, 2003 at the Omega Institute for Holistic Studies in the Catskill mountains and was an intense course on CAM covering: mind-body medicine, nutrition, homeopathy, traditional Chinese medicine, herbal medicine, and other areas that fall under the umbrella of CAM.

While I didn’t know what to expect from the conference, I understood why I was going. A holistic physician mentor (who’s also a licensed therapist) once told me that the reason a lot of us go to medical school is that we have an unconscious desire to be healed. What I didn’t know was that I would actually find healing, and also a community within medicine to which I could belong.

If there’s anything I’ve learned through my own experiences, it’s that the mind, body, and spirit can’t be separated in the treatment of disease. Each one affects the other. My allergies and outlook on life were tied together, but I couldn’t quite figure out how. I now know and understand how negative thinking and self-sabotage, years of antibiotics, and my diet all contributed to the signs and symptoms that characterized my life.

Eliminating dairy products, can reduce sinus congestion. Eliminating both gluten and casein can lower the level of opiate-like compounds that are formed in the gut and travel to the brain where they alter moods. Without going to CAM, I wouldn’t have realized that low levels of Omega-3 fatty acids have also been linked to depression. It was amazing to learn how great the power of nutrition can be. We are, after all, composed of the building blocks that we eat, digest and absorb. That’s why my diet now consists of whole, organic foods. Hippocrates may have said it best, Let food be your medicine and medicine your food.

I learned also that candidiasis (an overgrowth of C. albicans in the GI tract) can worsen seasonal allergies, encourage food allergies, fatigue, muddled thinking, and deepen depression. After years of inappropriate antibiotic overuse, including exposure to them in foods and groundwater, many are left with a dysbiosis of the gut. With the aid of probiotics to rebuild the gut and anti-fungal compounds to kill off this opportunistic pathogen, most of us can return our GI tracts to a healthy, vital state.

Medicine incorporates everything in life and nothing can be separated from it. Perhaps that was what first drew me to medicine, being a dabbler by nature with eclectic ideas. Now I realize how I want to practice it holistically—as an integrative physician, making use of body, mind and spirit in the care of my patients.

Class of 2007 Incoming Statistics

by: Dawn Hoffmann, Office of Generalist Programs

The Class of 2007 at the Brody School of Medicine matriculated on August 11, 2003. The 72 members of the class include 35 men and 37 women with an average age of 24 (ranging from 20-34). Twenty-five percent of these students are from under-represented minorities, and 39% are non-Caucasian. All are North Carolina residents though several students earned their undergraduate degrees at universities outside of the state, including: Florida A & M, Johns Hopkins, USC Columbia and Xavier University. Students matriculating from Universities within our state include several from: Duke University, the University of North Carolina, NC State and Davidson College.

Each of the students selected has taken at least one year each of biology, organic and inorganic chemistry, physics and English.
Excerpts from a Schweitzer Journal
continued from Page 1

to healthcare and made the state provide it free of charge. She is a journalist who still publishes articles. As with most of the professionals we met, she suggested we talk with the people.

**Tuesday, June 24, 2003**

Today we learned about the Evolution of the Cuban Public Health System. Dr. Yamila de Armas, our lecturer for three hours, was very knowledgeable and excited to share. The system is based in primary care with a physician, who lives above the office, assigned to every neighborhood. He, or usually she, is responsible for the regular care of about 600 patients, can refer to the local polyclinic for specialized care, and accompanies the patient to provide continuity. In addition to a generalist, each polyclinic assigns a work group consisting of an internist, pediatrician, psychologist, OB/GYN, licensed nurse, social worker, and statistician to every 17 to 20 primary care doctors.

In the afternoon, we went to Reina Polyclinic Maternity Home. This facility provides a place for continuous care and is a low stress environment for women with high risk pregnancies. The patients were very open and talkative. There were posters about breastfeeding all over. The head nurse explained that the whole staff, including the male director, were trained in breastfeeding in order for the Home to be classified Mother & Baby Friendly. This support seemed to be having a great impact. The mother with the oldest child was kind enough to talk with me about how much she loved breastfeeding and how it made her feel like the baby was still inside her and connected to her.

**Tuesday, July 1, 2003**

Today we started the rural community health rotation in Segundo Frente, an area not usually open to tourists and visitors. We broke into small groups and went to family doctors’ offices, where we met a first year resident, who had just finished six years of medical school, and her nurse. A five year old child came in with a sore throat and she taught as she conducted the patient interview, did an exam, and wrote a prescription.

In the afternoon, we went back to the doctor’s office for home visits with two different families, one new mother and one pregnant woman. We learned that new babies have daily home visits and weekly office visits until three months of age and pregnant women are only given anesthesia if they have a cesarean section, not during natural vaginal births.

That night we were invited by a community of physicians to their neighborhood. When we unloaded from the bus, the physicians, nurses, professors, and their families were lined up on both sides of the street applauding as we blushed, grinned, and thanked them. Then the children had a presentation for us. One woman did a dramatic interpretation of a poem, a little girl sang, another read a poem, a group of girls sang and danced, a group of boys danced, and then a group of girls with one boy danced. Lastly a little girl sang “Guantanamera” with a lot of crowd participation. We clapped for a good long time, then the Municipal Director of Health gave a little speech about the brotherhood between the American and Cuban people. I was moved to tears. Then we all spent time getting to know each other, especially the children who asked tons of questions. We...
Monday, July 14, 2003

Today was my first day back at the clinic since I returned from Cuba. I saw seven patients today and stayed over my usual time. The first patient suffered from menometrorrhagia, irregular, excessive menstrual bleeding. Dr. Joslin prescribed birth control pills on a constant regimen to, hopefully, get her into a regular cycle. The second was an 18 year old who was 35-weeks pregnant. The next was an older gentleman following up after a hospitalization and with a past medical history of rectal cancer, hypertension, hyperkalemia, anemia, and newly presenting cellulitis. Next was a 20 year old who was 31-weeks pregnant and already had a child. She wanted a tubal ligation after the delivery, but Dr. Joslin explained about IUDs to her and she decided that was a better option. Next was a 4 year old with allergic pink eye. She had been sent home from daycare and I was permitted to take her history. The last patient I saw was a new OB patient with a history of diabetes. Dr. Joslin explained that her care will be more difficult.

Monday, July 21, 2003

I saw six patients today and enrolled my first three study participants! One had a cesarean section with the first child and couldn’t breastfeed, but she enrolled in the study. Yeah! Another woman, 32 weeks pregnant, who is glucose-intolerant, joined the study as well. She breastfed her first child and plans to breastfeed this one as well. Lastly, an 18 year old, 39 weeks pregnant young lady also decided to enroll in the study. This is her first pregnancy and her mother is very supportive. I feel legitimate now that I have data and people rather than just forms to show my progress.