Generalist

Published by the Brody School of Medicine, Office of Generalist Programs and supported in part by Pitt County Memorial Hospital

An Enriching Adventure
The Summer Program for Future Doctors

by: Kitila Smith, Class of 2008

The Summer Program for Future Doctors is an intensive, challenging, educational summer session that allows participants to experience the pedagogical demands of the medical school curriculum. The program includes basic science courses as well as cognitive skill development, to promote medical school success. The program engages two components. The non-matriculating piece targets premedical undergraduate students and is designed to provide a first glimpse of the rigors of medical education. The matriculating segment is designed to prepare students who have been accepted to the Brody School of Medicine, for their first year medical curriculum.

I imagine putting 27 strangers together for eight weeks and challenging them with what seem to be insurmountable tasks. Add a host and an incredible reward, and you have one of the hottest reality television shows, right? Almost. Think of it as “Survivor: Summer Program for Future Doctors.”

The host? Each summer, the Academic Support and Enrichment Center (ASEC) at the Brody School of Medicine provides a select number of students (matriculates and non-matriculates alike) the opportunity to experience what medical school is truly like. The Center pulls together basic science faculty and rising second-year medical students to serve as teaching assistants for the Summer Program for Future Doctors (SPFD). The SPFD students are given textbooks, academic advice, tutoring, and monetary support for the summer. In a sense, ASEC became a source of personal and moral support to many of the students.

The challenges? In addition to a grueling eight weeks of biochemistry, anatomy, neuroscience, and physiology lectures and exams, SPFD participants were also challenged to...
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Such a simple word, and yet it seems to defy definition. Is it akin to one definition of pornography, I know it when I see it? Whatever it is, we discuss it endlessly. We speak of it during ethics classes, and as we introduce students to clinical medicine. Physicians both talk about it and wonder about it at the same time. What is it? A Romanian physician I know answers the question every day.

I first met Ana Popescu six years ago when she came to see how my program in Illinois provided intensive care for children and worked with the underserved. During the five month visit, she was excited about what she saw, but she also excited us with her enthusiasm and clear concern for our patients.

Upon return to Targu Mures in the Transylvania region of Romania, Ana began anew to revamp Romanian medicine. She invited me to be a visiting professor at the medical school. I lectured and did rounds with her patients. The facilities were spotlessly clean, the nurses attentive to patient care, and, the patients and their families were clearly well attended to. The unit was large and nearly full. I asked Ana how many hours a day she worked and she told me that she doesn’t count the hours, she only counts whether her patients are healing and what she can do to assist in that process.

And the underserved? There is a large Gypsy population in Romania, especially in the Transylvania region. They are more marginalized than any minority group in this country. Few health care professionals are interested in providing care for them. Few that is, except Ana, who works tirelessly in her off hours to provide what care for the Gypsies she can, often journeying to their villages to do so. She is welcomed by these people, and appreciated. Few at the medical center are really interested in what she is doing, but she continues because these people need her.

Recently, Ana asked me to return to present the pediatric part of a two day Romanian National Medical Conference. She worked all of the speakers hard (I was responsible for five lectures), but no harder than she had worked. She organized this conference for over 200 physicians, virtually alone and had it done in somewhat less than six months. She translated all of our slides into Romanian for simultaneous projection. She hosted and even moderated parts of the meeting and generally did the work of three.

With the conference done, it was off to Bucharest. There Ana tried to smooth the way for entry into Romania of over 50 ventilators and monitors donated by friends in the
The Making of the Super Generalist

by: Ken Dunham, Medicine/Psychiatry Resident

Graduating medical students today have many opportunities to train in more than one field. Among the combined residency programs offered through Brody and Pitt County Memorial Hospital are Internal Medicine/Pediatrics (med/peds), and Internal Medicine/Psychiatry (med/psych). These allow the graduating resident to become board certified in both fields creating what some have called, Super Generalists. As a med/psych resident, I think that this title just may fit.

When I came into medical school I thought I was going to be a family physician. But after working with a med/psych attending, I realized that my calling would take me the combined residency route. Why train in both fields? Quite simply, I wanted to take care of my patient’s complex mental and physical problems.

As a student, I saw many primary care patients with mental health disorders, and mental health patients who had significant physical illnesses. I noticed that it was hard to separate the interplay between the two. For me, it was the ideal way to become a qualified generalist with psychiatric expertise—a Super Generalist.

Do we deserve the title of Super Generalist? What do med/psych people do after five years of education? We could go into any internal medicine or psychiatric fellowship. Most simply go to work in a wide array of environments including academia, research and private practice. We are comfortable in either inpatient or outpatient settings. I am confident that we make great generalists. Our education prepares us well for primary care of complex patients.

Nearly all of my internal medicine patients have psychiatric illnesses and this tends to be true for my fellow residents. Because of our education, other colleagues tend to refer medical patients with psychiatric disorders to us. This also occurs in our psychiatric clinic (i.e. psychiatric patients with many medical issues). For example, my last psychiatry referral was a patient with 23 items on her problem list (one of which was psychiatric) and 24 medications (three of which were psychotropic medications). Dealing with these complex patients typifies our training although it may not typify the traditional generalist population.

I believe we make excellent generalists but perhaps the title of Super Generalist should go to other combined residencies? A resident in med/peds may be even better qualified.

Perhaps the best gauge in deciding who gets the title of “Super Generalist” is patient perspective. If a patient says, “my family practice Doc is super” then that says more to me than any combination of education.

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There is a need here in Romania...and we cannot abandon our patients.
- Ana Popescu

United States. All of this on her own time and at her own expense.

Ana’s husband, George, is an adult Nephrologist. Together they likely earn less than most house officers in this country. They have two sons who have emigrated to North America and so I asked Ana why they don’t also leave. Her reply was characteristic. “There is a need here in Romania,” she said, “and we cannot abandon our patients.” Yes, it would be nice to provide more high technology for her patients, but she and the other physicians are providing superb medical care, making diagnosis with their hands and eyes and ears and brains for which we require numerous laboratory and other tests, and a myriad of consultants.

We said goodbye to Ana as she began her journey on a bus from Bucharest back to Targu Mures. She was tired yet content, even happy, about what her conference had brought to her community, about the doors it had opened, and about how the care of her patients and those of her colleagues would likely benefit from what they learned.

How do you define professionalism? I would define it in two words, Ana Popescu.
explore their own dedication to medicine. They learned to balance academic studies with social activities such as a picnic and small group gatherings, volunteer opportunities at the local student-run clinics, a medical school recruitment fair, and a class project at the Boys and Girls Club in south Greenville. Those who were interested were also given MCAT preparation lessons, two full-length practice MCAT exams, mock interviews, and leadership opportunities. Finally, the non-matriculating SPFD students shadowed ECU physicians on a weekly basis, to help them obtain a clearer view of a physician’s professional life.

**The rewards?** The Summer Program for Future Doctors did not offer a million dollars. Nor were the participants given a job or an instant soul mate at the end of their experience. Instead, the rewards of successfully completing the program were both professional and personal. Seven of the 27 participants began the program as matriculating students, and therefore received a preview of what to expect in their upcoming year as first year medical students. Two of the students began SPFD on the BSOM waiting list, but upon satisfactory performance, were given offers to join the incoming class. The other twenty participants gained a better view of what the medical field entails. They also strengthened themselves as medical school applicants, setting themselves apart as dedicated, determined individuals.

All involved in the Summer Program for Future Doctors clearly benefited in one way or another. All of the participants gained new friends and experiences. All of the students gained personal insight and career counseling. All 27 gained potential and inspiration. Most of all, though, the SPFD participants proved to themselves their worth as potential future doctors.

If you would like further information about the Summer Program for Future Doctors, please contact Jennifer Harris of the Academic Support and Enrichment Center at 744-2500.