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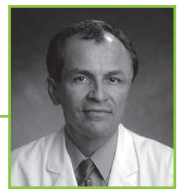
The Leadership Forum

a publication from the Association of Chiefs and Leaders in General Internal Medicine (ACLGIM)



Carlos Estrada

From the Editor's Desk.

Stop→Enjoy→Reflect

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At a recent ambulatory morning report, a resident presented an elderly gentleman with multiple co-morbidities (hypertension, diabetes, ischemic heart disease). He was well controlled, took all medications, and requested medication refills; he was on his way to the library. No mystery, an easy visit. Instead of simply refilling the medications and move on to the next patient, we stopped. I saw the resident's face of enjoyment when she went into details as to how her patient had made significant lifestyle changes. Reflection, we both realized that his diabetes was VERY WELL controlled; although he had no symptoms, he most likely has episodes of asymptomatic hypoglycemia.

We recently completed another cycle of yearly reviews; this is a favorite time of the year. While meeting one-on-one, this is also the time to Stop - Enjoy - Reflect. Taking the time to complete the summary, update the CV, enjoy the many accomplishments, and reflect on future plans has been a very rewarding experience.

In this issue of the Leadership Forum, personal stories provide a glimpse of the rich experiences and plans of our next generation of students and teachers.

Stop→Enjoy→Reflect.

Since the preparation of this issue, the County Commissioner voted to close the inpatient areas at the county hospital described in the article "My month at an Underserved County Hospital."

Annie Kraus

PERSPECTIVES IN LEADERSHIP

Politics in Medicine.

Samford University students Annie Kraus, Josh Brandl, and Frances Isbell, presented the arguments described. Annie Kraus is a student at Samford University in Birmingham, AL (akraus@samford.edu).

As the presidential election approaches, citizens exercise their political views in different ways. For instance, Dr. Jack Cassell, posted a sign stating "If you voted for Obama, seek urologic care elsewhere." As an American citizen, he is protected by the First Amendment. Yet, one may wonder: is he acting ethically as a doctor?

In response to these proceedings by Dr. Cassell, we composed a case discussion for the Association for Practical and Professional Ethics, 2011 Collegiate Regional Ethics Bowl.

Pro Argument: Dr. Cassell's actions are *ethical* because he has the right to express and protect himself and his patients.

The First Amendment protects his right to freedom of speech. However, there are limits to free speech, such as fighting words or obscenities. He violates none of these restrictions. Furthermore, peaceful demonstra-

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tions are essential components of democracy. Dr. Cassell's sign is a peaceful demonstration that is protected by the First Amendment.

Also, hel has the right to uphold personal and moral values. For example, laws do not force doctors to perform certain medical procedures, such as abortion or euthanasia. He believes that Obamacare will harm patients because it will affect the quality of healthcare. By posting the sign on the door, Dr. Cassell upholds his personal values and protects his patients from receiving bad healthcare.

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Finally, patients are consumers, so he has an obligation to inform patients of his services. Because of his political bias, he may unintentionally, or intentionally, provide lower quality care because of his opinions. The sign acts as a warning and a protective measure for him and his patients so they can avoid a potentially unpleasant interaction.

Should political preference interrupt a doctor's solemn duty to heal and protect his patients?

Con Argument: Dr. Cassell's actions are *unethical* based on modern and traditional medical ethics.

First, he violates the Hippocratic Oath, which states, "I will go for the benefit of the ill." Rather than serving his patients, he drives them away. He places his political agenda before his patients. Dr. Cassell's political demonstration of posting the sign supersedes his vocational duties as a doctor.

Second, the Medicare handbook states that patients have the "right to have access to doctors, specialists, and hospitals." Dr. Cassell's sign is discriminatory: it acts as a physical barrier to patients because it implies that a certain group of patients are not welcome. Additionally, he explicitly stated, "If they read the sign and turn the other way, so be it" (Huffington Post). By erecting a barrier, he infringes on a patient's right to access to healthcare.

Lastly, according to the American Medical Association's Code of Ethics, a doctor should conduct himself with the "utmost sensitivity to the patient's vulnerability." However, He invokes negative and harmful feelings in his patients rather than positive or corrective solutions. It is a doctor's purpose to "alleviate suffering" (AMA Code of Ethics). In a medical office, patients may be stressed or worried. The sign instills discomfort in patients rather than reassurance.

In conclusion, as the 2012 presidential election approaches and Obamacare comes into effect, Americans must decide how to express their political opinions. American democracy is a beautiful display of freedom of expression, and medical professionals are not excluded from the right to express themselves. However, the relationship between doctor and patient is crucial. Should political preference interrupt a doctor's solemn duty to heal and protect his patients?


Michael Rosenblum


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Teaching Educators Across the Continuum of Healthcare (TEACH): A distinctive program to develop faculty teaching and assessment skills

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How can we help our faculty become more adept and flexible teachers to meet the demands of our dynamic healthcare system?

This year, the Society of General Internal Medicine's (SGIM) Education Committee announced the launch of the TEACH Certificate program. This program is designed to train early and developing clinician educators on principles and practice of teaching and learning in common medical training environments.

The SGIM Education Committee conducted a comprehensive search for professional development programs available to medical educators. The program was also informed by a survey of 229 SGIM members who self-identified as clinician educators, as well as surveys of the Association of Chiefs and Leaders of General Internal Medicine (ACLGIM) and the Alliance of Independent Academic Medical Centers (AIAMC).

TEACH: Teaching Educators Across the Continuum of Healthcare.

Based on the findings of this needs assessment, as well as the review of existing programs, the committee developed TEACH: Teaching Educators Across the Continuum of Healthcare.

The program, Figure, focuses on improving participants' teaching and assessment skills and offers high quality instruction and tangible outcomes that facilitate knowledge and skill acquisition. The robust curriculum requires attendance at two consecutive SGIM national meetings, the full-day precourse and a selection of education workshops. The didactic sessions are augmented by self-directed online study, direct observation requirements and the creation of a peer reviewed teaching portfolio. Participation provides learners with life-long access to a community of skilled medical educators for collaboration and mentorship.

The core content will immerse learners in the fundamental knowledge, skills and attitudes necessary to develop and enhance their skills as teachers. Specifically, all participants will develop a working knowledge of how people learn, and how to construct an effective learning climate. They will also develop skills in feedback and learner assessment and how to turn their teaching into scholarship. These key aspects and challenges in medical education will be addressed through highly interactive workshops with a spotlight on experiential learning and skill acquisition through small group exercises. There will be generous opportunity for team building and networking to enhance collaboration and development of the learning community. Selective offerings will highlight skill development in clinical and classroom instruction. Participants can take all offered sessions or enroll in only the subset that most reflects their teaching practice. In this way, participants can tailor their learning to meet their personal and institutional needs. Required and selective content will take place at two consecutive annual meetings.

The selection committee will focus on the strength of application,

Participants will be expected to bring their up-to-the-minute skills back to their home institutions for practice as well as peer development and spread. Between attendance at the two consecutive national meetings, participants will engage in independent and online study. They will be observed and receive feedback on their teaching skills from learners and a local coach at their home institution, create an online portfolio demonstrating their teaching skill development, receive feedback from TEACH faculty, and actively engage in an online teaching community with other TEACH participants.

The inaugural TEACH assembly at the national conference, Denver

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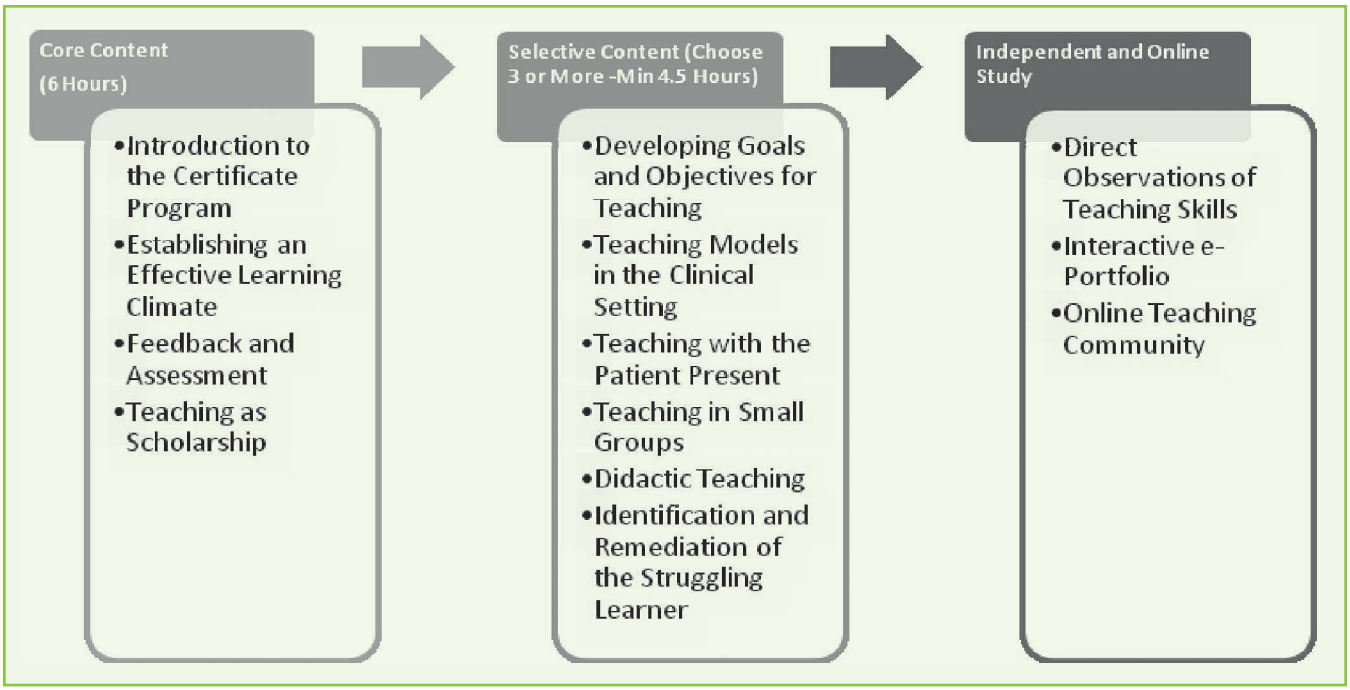

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Teaching Educators

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2013, will have 20-25 participants selected through a competitive peer-reviewed application process. The selection committee will focus on the strength of application, geographic region, professional goals and other core demographics to assure that a diverse group is represented. The Education Committee anticipates and encourages applicants with backgrounds that encompass UME, GME, PGME and complimentary branches of education. An integral prerequisite will be institutional support as represented by mentorship and time allocations to assure the success of each participant.

The TEACH Certificate program is expected to advance teaching skills and craft a forum for valuable feedback from peers, mentors, and nationally recognized faculty. With the additional benefit of access to an online teaching community and engagement in a national society of teachers dedicated to advancing medical education, this is an opportunity not to be missed. More information about the program and a list of the TEACH faculty is available at: http://www.sgim.org/go/teach

Keri Sewell

PERSPECTIVES IN LEADERSHIP

My month at an Underserved County Hospital

Keri Sewell (B.A. in Biology, M.P.H.) is a fourth-year medical student at the University of Alabama School of Medicine in Birmingham, AL (keri.d.sewell@gmail.com).

The first month of my internal medicine clerkship was set at our local county hospital, which was consistently underfunded and understaffed. It was also the hospital of choice for the local prison, and it was a common sight to see patients in shackles or with guards. Initially, I found myself overwhelmed by the chaotic environment, as well as the sights, sounds and smells of an indigent patient population. Our residents kept a running list of record lab highs and lows, and part of preparation for rounds was hunting down x-rays and laboratory results.

However, I consider my time at the county hospital as one of my favorites during third year clerkships. In retrospect, I realized that it was here that I learned real medicine. All the laboratory values I had previously found confusing suddenly started to *mean* something, and with the encouragement of my residents and attending, I became more comfortable with presenting complicated patients. We cared for patients in the intensive care unit, in an open unit, which forced me to quickly learn ventilator basics and thorough exam of a sedated patient. I also saw firsthand how a patient's health and wellbeing is much more than merely their medical diagnosis.

Most significantly, I was moved and challenged by the number of preventable diseases and complications that we saw in our patients. A homeless diabetic young man was in ketoacidosis because he couldn't afford insulin, and had no refrigerator to store it in. A man was diagnosed with widely metastasized cancer and died a few days later. A frail diabetic woman presented with deeply infected feet which likely need amputation. I realized anew that I take access to healthcare and financial and social resources for granted. My experience also reinforced my passion for providing healthcare for "the least of these." I found the experiences of my patients deeply compelling, and I was reminded again that we often learn more from our patients than they learn from us.

Recently, the fate of this hospital became less clear as county commissioners considered ending inpatient services, due to a lack of funding. Hospital supporters loudly protested this move, and worried about the fate of hospital patients. However, local resources for indigent care are tight, and other hospitals are reasonably hesitant to foot the bill. As deliberations continue, I sincerely hope that a source of funding for our hospital will be found, so that patients will continue to promptly receive necessary treatment, regardless of their ability to pay. As Ghandi stated, "a nation's greatness is measured by how it treats its weakest members."

Cooper Green protest knocks on Commissioner Knight's door. Available at: http://www.abc3340.com/story/19300476/cooper-green-protest-knocks-on-commissioner-knights-door.

Cooper Green Mercy vote delayed. Available at: http://www.tuscaloosanews.com/article/20120815/news/120819885.

Editor's note: Since the preparation of this article, the County Commissioner voted to close the inpatient areas at the county hospital.