New Leadership for OSUMC

Dr. Steven G. Gabbe, dean of Vanderbilt University School of Medicine and a national leader in academic medicine, has been named Senior Vice President for Health Sciences at Ohio State University.

Gabbe, chairman of the department of obstetrics and gynecology at Ohio State from 1987 to 1996, has committed to the senior vice presidency for four years, at which time he will become counselor to the president for health affairs.

Dr. Wiley “Chip” Souba will continue as dean of the College of Medicine and become vice president of health sciences in recognition of his current and increased responsibilities with the master academic and space plan. Souba also remains executive dean for Health Sciences. In four years Souba will succeed Gabbe as Senior VP for Health Sciences.

Preceptor Appreciation Events Scheduled

Three activities are planned by the Outreach and Engagement office as OSU’s way of saying thanks for your participation in our community-based teaching programs. Check the events and dates that follow and be watching for direct mail and email invitations for these summer family entertainment opportunities.

We hope to host as many of our community preceptors as possible in one or more of these events:

**May 26-28**
Memorial Golf Tournament Practice Rounds, Dublin

**June 29 - 1:05pm**
Indians vs. Reds Progressive Field, Cleveland

**August 9 Cedar Point, Sandusky**

So Glad You Asked…
A new Q&A feature in PDQ. Questions about teaching in the office setting will be answered by the Ambulatory Clerkship program directors, Drs. Cronau and Curren.

Q: A recent med-4 student assigned to work with me observed that most patients with a few days’ worth of a runny nose and cough leave the office with some type of antibiotic, and that many of my older patients are on narcotics for chronic pain. She was respectful, but her comments lead me to believe that she questioned my prescribing in these cases. How do I support what she is learning at the medical school as well as help her to better appreciate the interplay of longitudinal care, compliance, cost, etc., rather than narrowly focusing on strictly clinical data?

A: Medical students are being trained to be more aware of "superbugs" resulting from antibiotic overuse and to avoid this phenomenon if possible. Most are trained too in a stepped-care approach to chronic pain management, avoiding narcotic use unless other modalities (scheduled tylenol, PT, etc.) fail.

Students often underestimate the strength of the doctor-patient relationships in private practice settings. They also may lack an understanding of the debility imposed by acute or chronic illness in a population which may not have paid sick leave or alternate childcare arrangements. Handling these types of issues is a part of the art of delivering effective, empathic medical care that students need so badly to learn from their community preceptors.

Discuss antibiotic use in the office where culture data and Q 4-hour vital signs to monitor patient healing progress are not available. Direct her to search the CDC or other websites for a handout on viral illnesses and the relationship between resistant bacterial strains and overuse of antibiotics. Similarly, she may not know that your arthritic 70 year old patient has used 2 Percocet every 12 hours for 5 years without ever asking for a medicine increase, that her rheumatologist agrees that this is the best way to manage her chronic arthritis pain, or that she has tried multiple other modalities for pain relief. The duty to relieve pain and suffering and liability attached to under treatment of pain might be appropriately discussed here, too.
How I practice and how I teach has very much been influenced, even determined, by where I’ve lived and worked these 26 years. The best physicians, I believe, are “reflective practitioners.” They do not often have the luxury to spend hours in thoughtful contemplation, but rather, day to day and minute by minute, they think critically on their practice experiences and take away a lesson for another day. They improvise in the moment and create new knowledge, and in the doing, they develop new expertise.

Teaching in my place of practice keeps me learning and makes me a better coach to those I teach. I am better able to, in the words of Donald Schon, be “a guide on the side, rather than a sage on the stage.” Abraham Flexner would be appalled at what has transpired in the past century. I believe that while Flexner through his Carnegie Foundation report brought rigor to medical education by taking training out of the community and anchoring it in academic centers, medical education has lost its relevance.

Both rigor and relevance are important in learning and practice and I aspire to measure my teaching in both ways. I do so by anchoring my efforts in the community, yet reaching in to the academic institution and sustaining relationships with faculty there. “Swamp learning” (and teaching), as some call it, is indeed messy but never irrelevant.

I was told early in my academic career that the apprenticeship model of medical education was passé and that other educators would think less of my work if I used that term. I have found that to be both true and false, yet remain attached to the concept. It is difficult for me to get the attention of academics from where I live, but when they come to visit they often recognize the truth in what I say.

Even as I encourage preceptors to visit the university often, I’ve also encouraged the faculty in the university setting to visit preceptors in their places of practice. Each in leaving their own context to visit another can learn from the other, and, in so doing, keep medical education both rigorous, connected to evidence that works, and relevant, connected to the communities we serve.

My advice to other preceptors – “Never lose the connection to your place of practice. If given the chance, learn like I have had the wonderful opportunity to do, to ‘teach in place.’”

Happiness lies in the absorption in some vocation which satisfies the soul. The practice of medicine is an art, not a trade; a calling, not a business: a calling in which your heart will be exercised equally with your head. Through your students and your disciples will come your greatest honour.

Osler

Student Voices

Time and time again, she impressed me with her patience. I really liked her style with patients, as she was tough when she needed to be and compassionate when they were frustrated and overwhelmed.

He carefully answered all of my questions, and printed articles for me to read and report on to supplement my own study.

She was an enthusiastic teacher, very willing to share her fund of knowledge. She allowed me to work up complicated patients on my own and encouraged me to push my limits.

He was always available for questions and was always looking for opportunities to teach. He was interested in not only teaching me but showed interest in me as a person as well as a student.

He explained his clinical reasoning on management of patients’ illnesses. He seemed genuinely interested in helping me on my way to becoming a good physician.

I felt that my learning was not only limited to the sciences, rather they also included lessons in the “art” of medicine and the challenges of balancing the medical profession with one’s personal and family life.