Training Ground
8 A close look at residency training

4 New Hope for Severe Depression
6 Cracking the Hospital Information System
Reunion Save-the-Date
Medical classes from years ending in 2 or 7, and any classes from 1952 and earlier are invited to attend Medical Alumni Weekend, October 18-20, 2002. The weekend celebration will include an awards luncheon, continuing medical education events, class gatherings, and an induction ceremony for members of the class of 1952, the newest members of the Half Century Club.

Library Web Site Connects Alumni to “Life After Duke”
DukeMed alumni are invited to visit a new Web site created by the Duke University Medical Center Library staff. Called “Life After Duke,” the site offers free access to library services in support of life long learning. It provides links to a wealth of information, including Medline and other health databases, electronic professional journals, information services, textbooks, and a list of web sites. The address is http://www.mlibrary.duke.edu/respub/refres/lifeafterduke.html.

New Committees Will Target Alumni Programs and Development Efforts
In an effort to better coordinate alumni programs and fund-raising efforts, the Medical Alumni Council recently formalized two committees, the Alumni Development Committee and the Alumni Programs and Communications Committee. The Alumni Programs and Communication Committee will look for ways to enhance reunions, alumni outreach, and other programs; improve the effectiveness of Medical Alumni Association communications, including DukeMed Alumni News; electronic communications, and the World Wide Web; and expand the role of alumni volunteers. The Alumni Development Committee will lead strategic planning for fund raising, including the reunion giving program, direct mail and telemarketing, new ways to attract and retain Medical Center benefactors, as well as a number of special projects.

Medical Alumni Council News

Gather, Give, Grow
Theme of Reunion Planning Weekend
Two new committees will get together May 24-25 during the 50-year Medical Alumni Council Meeting, along with Medical Class Agents, Class Reunion Chairs, and Davison Club Development Committee members. During this weekend at Duke, the committee will put their charges in motion and take a strategic look at the largest of our alumni programs, class reunions. School of Medicine Dean R. Sanders “Sandy” W. Wram, MD, will kick off the weekend with a luncheon talk.

Medical Alumni Council Welcomes New Members
The Medical Alumni Council is pleased to welcome the following new members for 2002-2004:

- **David Goodkind**, MD’75, MS’80-’82, a plastic surgeon with Plastic & Reconstructive Surgery Associates in New Haven, Conn. He served as reunion chair for the class of 1975 for Medical Alumni Weekend 2000 and is a member of the Davison Club. He and his wife, Sandra, have three children, Harrison, Isabel, and Benjamin.
- **John C. Murray**, MD’76, HS’79-’82, an associate professor of dermatology at Duke University Medical Center. He is a member of the Davison Club and a supporter of the Callaway Chair in the Division of Dermatology. He is married to Margaret Willford Murray, MD’76, a former member of the Medical Alumni Council. They have a daughter, Margaret.
- **Kenneth D. Weeks, Jr.**, MD’74, a cardiologist with Mid Carolina Cardiologists in Charlotte, N.C. He is active with the Charlotte-area Duke Medical Alumni organization and a member of the Davison Club. He is married to Rebecca Weeks, and they have three children: Rebecca, Katherine, and Kenneth D. Weeks III, a member of the Duke University Class of 1984.

Integrative Medicine Offers Conferences for Physicians and Women

Duke Integrative Medicine, under the direction of Tracy Gaudet, T’94, M.D.’91, will offer several special programs this year.

- “Exploring the Power of the Midlife Journey,” June 2-7 at the Miraval luxury resort and spa in Catalina, Ariz., is dedicated to the health, wisdom, and empowerment of a woman’s journey throughout all of the stages of her life. Specifically focused on the transitions of midlife into the wisdom years, the six-day retreat offers experiential and educational workshops, gourmet meals, cooking classes, daily spa services, and deluxe accommodations and activities offered by Miraval.

- “Healing the Healer” July 18-21, is a three-day intensive weekend retreat for physicians aimed at recovering the heart and soul of medicine. Participants will work toward such goals as “recovering the authentic voice of medicine,” moving from burn-out to soul growth, and exploring an ongoing renewal process to future growth.”

Women, Wellness, and the Transformation of Health Care, October 11-13, is the first annual Duke Center for Integrative Medicine conference on integrating conventional, complementary and alternative medicine in women’s health. Designed to attract a national audience of women and their health care providers, the conference will be held at the Sheraton Imperial in RTP, and will feature Ralph Snyderman, MD, DUMC chancellor for health affairs, Vivian Pinn, MD, director of the Office of Research on Women’s Health at the National Institute of Women’s Health; Charles Hammonds, MD, Duke chair of obstetrics and gynecology and president of the American College of Obstetricians and Gynecologists; as well as several nationally prominent women’s health experts.

Other programs include “LifeSkills:” September 13-14, a two-day workshop on improving interpersonal relationships; “Healing for Life” a six-day retreat on designing your own comprehensive customized health plan, April 7-12 and August 11-16, and the “Third Annual Clinical Hypnosis Workshop for Health Care Professionals,” April 26-28.

Information on these programs and others is available on the Web at www.dcmim.org, or by calling 1-866-313-0959 or writing the Duke Center for Integrative Medicine, DUMC C 3022, Durham, N.C. 27710.

DukeMedAlumniNews is published quarterly by the Duke Medical Alumni Association. The current and archived issues are available online at http://chameleon.mc.duke.edu. Your comments, ideas, and letters are always welcome. Please contact us at DukeMed Alumni News, 512 S. Mangum St., Suite 400, Durham, N.C. 27701-3973 or by calling 1-866-313-0959 or writing the Duke Center for Integrative Medicine, DUM 3022, Durham, N.C. 27710-3973. e-mail: alumninews@duke.edu.

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DukeMed Alumni News 3
For millions of people who suffer from depression and other mental illnesses, the late 1990s have been a revelation. New drugs like Prozac, which target chemical receptors in the brain, give many people relief from debilitating symptoms without causing serious side effects. But for many others, the Prozac bandwagon was a trip to nowhere.

Despite the remarkable success of new drugs and therapies, as many as one-third of patients fail to respond. They find themselves spiraling down into intractable melancholy. All too often, they lose their jobs, are unable to care for their children, and watch helplessly as relationships fail and their lives fall apart. These are the people Sarah Hollingsworth “Holly” Lisanby, T’87, MD’91, HS’95, wants to help.

In May 2000, Lisanby, an assistant professor of clinical psychiatry at Columbia University in New York, N.Y., traveled to Switzerland, where she became the first to treat severe depression through magnetic seizure therapy (MST). She was investigating whether the procedure would prove to be an effective alternative to electroconvulsive stimulation (ECT), the long-accepted mainstay in the treatment of resistant depression. While ECT works for many patients, it can cause serious side effects, including memory loss and temporary learning problems. ECT also carries a certain stigma because of the way it has been portrayed in popular culture.

According to Lisanby, MST, in which electromagnetic impulses are administered to the prefrontal cortex using a handheld coil, offers more precision and less impact to the temporal lobes, which are involved in memory and learning. In ECT, the electrical impulse is diffused by the skull and affects a broader area of the brain. Also, because brain structure and thickness vary in individuals, it is difficult to determine the most effective “dose” of ECT therapy for each patient. Magnetic impulses, on the other hand, pass through the skull and go directly to the prefrontal cortex.

Predicting her research on MST, Lisanby and others, including Robert Belmaker, MD’72, HS’70-’72, pioneered the use of less intense levels of magnetic stimulation—too low to cause a convolution. The use of subliminal transcranial magnetic stimulation challenged the long held theory that a convolution is necessary to stimulate a response in severely depressed patients. The treatment showed promise and offered a greater level of safety than ECT since it does not require general anesthesia; however it has not yet been approved by the U.S. Food and Drug Administration.

Lisanby suspected some patients would require “a more robust form of treatment” than low level TMS. She worked with a manufacturer to develop a device that would safely deliver stronger electromagnetic impulses to the brain. Then she experimented with TMS therapy on monkeys for several years with encouraging results. Finally a colleague in Switzerland, Thomas Schlaepfer, MD, invited Lisanby to test the new therapy on one of his patients as part of an approved study.

“I was quite an experience,” says Lisanby. “I actually carried the MST device with me in my suitcase—something I could never have done post-September 11.” The patient was a young woman who had suffered for years with major depression and was unable to work. She had tried many different medications and therapies to no avail. Finally, she was referred to Schlaepfer for ECT therapy, and he offered her an alternative.

“We were unable to fully predict the outcome, because this was the first time this was ever tried on a human patient,” says Lisanby. “She was a very courageous young woman.”

The woman had “a wonderful response,” says Lisanby. Today she remains depression free and has returned to school and resumed a normal life. Like ECT, MST is not a cure. Most patients require future treatments and/or follow-up treatment with medication. Recently, Lisanby completed a study with 10 patients at the New York State Psychiatric Institute. Each of the patients had been referred for ECT therapy. The study will compare the side effects caused by MST and ECT. According to Lisanby, the results showed that MST offers substantial benefits to the patient, including fewer muscle aches, headaches, and less chance of memory loss. Now Lisanby is starting a two-center study of the antidepressant efficacy of a full course of MST, funded in part by the Stanley Foundation.

Lisanby says she feels fortunate to have had the opportunity to contribute to an emerging field. A triple “Dukie” who received undergraduate and medical degrees as well as graduate medical training at Duke, she was offered a post-doctoral fellowship at Columbia in 1995. She says her mentor, Harold Sackeiem, PhD, “gave me the opportunity to become the department’s expert in TMS.” “It was risky—most people had not heard of TMS, and the whole field of magnetic stimulation was considered by some to be ‘out there’—not in the realm of hard science,” says Lisanby. “It was thrilling to see it work for a patient.”

Sarah ‘Holly’ Lisanby lives in New York City with her husband, Satish Anjelik, PhD, who served on the Duke University Math Department faculty and in the DUMC Pulmonary Division. Lisanby directs Columbia University’s Magnetic Stimulation Laboratory and is co-director of the Brain Behavior Clinic. Anjelik was recently promoted to vice president at Morgan Stanley Dean Witter in New York.
Two Duke Surgical Residents Become IT Entrepreneurs

The status quo just isn’t good enough.

According to Lawson, information systems of many hospitals are large, complicated networks consisting of various locations that hold patient data. However, in most cases, the different units are scattered and do not communicate with each other effectively. If at all. The result is a jumbled mess that requires precious time and unnecessary legwork on the part of the physicians. Ying and Lawson envisioned a simple and integrated solution.

One had the idea. The other had the technical aptitude. Together, they have set out to bring about a new mode of information technology to improve the way health care professionals practice medicine.

Their solution is the MData Enterprise System, a comprehensive operating software that integrates data stored on hospitals’ various information systems and delivers patient information to any handheld device. The system allows doctors, nurses, and other hospital personnel to access the latest clinical information from any location at any time. The integration of data and immediate accessibility to it decreases medical errors and can improve patient care as well as physician and staff efficacy.

“The M Data Enterprise System was designed to eliminate the baggage that health care professionals have to deal with on a daily basis—trying to gather the right data to make the right decisions,” says Lawson. “The goal of this system is to better serve that precise need.”

Ying and Lawson had originally met during the 1997-98 academic year. Lawson was in his third year of medical school at Duke, and Ying, a fourth-year medical student at Ohio State University, was visiting Duke on a neurology rotation.

Ying ended up returning to Duke the following year for his general surgery residency. By then, they had both gained experience executing projects in academics and medicine. However, it was not until January 2000 that Ying approached Lawson and started talking about what was to become the M Data Enterprise System.

The initial idea was just something that had crossed Ying’s mind. A tug at his intuition, something he felt that needed to be done. He has always had a keen interest in technology and kept abreast of the latest advances through reading. “I know enough to be dangerous but not enough to do anything. Armed with that, you conceive of the concept and find a way to do it,” he says.

Working out together in the Medical Alumni Association-sponsored Fitness Center, they hatched their plan and discussed it in a material way. Lawson was put in charge of developing the technology from the ground up.

According to Allan Friedman, M.D, H’74-A’80, chief of the neurosurgery division in the Department of Surgery, Lawson gained valuable experience during his years at Duke. “BJ had acquired considerable experience with medical computer systems from his third year medical school research project,” says Friedman.

“As an intern, he saw the difficulties physicians faced in getting up-to-date data on their patients. He used his experience with computer-based data systems to solve this problem. BJ is one of the brightest and most pleasant people I know,” he says.

From their homes, Ying and Lawson began molding, creating, and testing the software, their first priority. “After that point, it looked like we had folded a paper airplane,” says Ying. “From that paper airplane model, we designed a plane—the software—that could fly.”

They worked nights and weekends, and their concept was starting to take shape. They enlisted help—from family, friends, and programmers who were willing to donate time, money, and skill to their cause. Things were heading in the right direction, but they needed more time. “This was all occurring while we were in residency,” Ying says. “We had been keeping our respective residency program directors in the loop about what we were doing. They were okay with it, because there weren’t any problems with our performance. They were very supportive.”

“BJ and Alan were two very bright surgical residents at Duke,” says Friedman. “They clearly will benefit medicine and many patients through their efforts, but it is a loss to surgery.”

In January 2001, the two decided to leave the residency program and started working on the project full-time. It was the hardest decision they had ever made, said Ying and Lawson. But, it was a chance they had to take. “From the beginning, Alan and I were committed to doing this, because it was so important. But we didn’t want to do it in such a way that it would just work in one or two places,” says Lawson. “We wanted to do it in such a way that it would be a reproducible, scalable model that we could leverage to make a difference.”

The two experienced the first flight of their project in April of 2001. The M Data Enterprise System has received rave reviews from both IT industry professionals and health care workers. The cross-platform system is currently in use at M bars Cone Health System in Greensboro, N.C., Baptist Health in Little Rock, Ark., and WakeMed in Raleigh, among other leading health systems in the Southeast.

Ying and Lawson seem to be fitting into their new roles as IT entrepreneurs very well. Their company has found a home in the Research Triangle Park. Their product continues to receive much deserved attention. A nationwide market expansion plan is in the works.

And family life is blooming for them as well. Lawson and his wife, JoLynn, recently welcomed their first daughter, Katie. Ying’s wife, Anita Kuo Ying, M.D. ’99, HS ’current, is continuing her internal medicine residency at Duke. And Lawson and Ying were invited back to complete their surgical residencies. Their decision to return is still pending.

“Everyone’s life doesn’t take a textbook route,” says Ying. “This was our path, and we’ve pushed ourselves very hard. This was the right thing to do.”
A nita Ying has treated countless patients, performed hundreds of procedures, and is practiced at comforting the dying. As a third year resident at Duke in both pediatrics and internal medicine, she teaches the intern and the medical student on the team she leads, and has responsibility for up to 20 patients at a time during the day—and for those on six different hospital floors during the night.

Yet in her seven years of medical training, Ying has sat in a classroom and taken tests during only a single year—her first year of medical school. No physician has ever seen her draw blood from a patient, or observed other, more complicated, procedures. Her education as a doctor has come from time spent in the hospital and outpatient clinics, where “see one, do one, teach one,” is the resident’s mantra. The only “grades” she gets are forms filled out at the end of her rotations, which she sees in twice-yearly meetings with her residency program director.

The only “objective” measure of how “good” a doctor Ying is will be the board tests she will take when she finishes the residency. Everything else has been subjective, a simple matter of opinion.

Is that any way to train a doctor?

It has been since antiquity—but no, not now, not in this day and age, says the national organization responsible for ensuring the nation’s 110,000 medical residents are adequately educated.

by Renee Twombly
Defining Medical Proficiency

The Accreditation Council for Graduate Medical Education (ACGME) has mandated that the nation’s 7,800 residency programs start finding ways to objectively demonstrate that their 100,000 residents are competent to practice medicine. The American Board of Medical Specialties (ABMS), the umbrella group for the 24 medical specialty boards approved in the U.S., has backed ACGME by insisting that certain areas of knowledge, independent of specialty, are necessary to teach and then to assess.

What this means is that every resident who graduates in the coming years must demonstrate that he or she is proficient in six key areas that span the practice of medicine: patient care (including clinical reasoning), medical knowledge, practice-based learning and improvement (including information management), interpersonal and communication skills, professionalism, and systems-based practice (including systems in which they work).”

Bad Press and Boutique Medicine

David Leach, MD, the executive director of the ACGME, doesn’t mince words when explaining why residency training needs to change. In a commentary published January 9 in the Journal of the American Medical Association, Leach said “concerns about the safety of patients,” poor “customer service,” and “geographic variations” in patient care that have nothing to do with medical science call into question “the competence of physicians and the health care systems in which they work.”

How can physicians “assure society and themselves that a given individual is competent enough to practice unsupervised?” Leach asks.

Within days of the JAMA publication, the New York Times published several stories that publically cast doubt on the professionalism of physicians. One, on January 15, described a new physician service in Boston that will charge patients $4,000 a year on top of the costs covered by their health insurance, to provide “boutique” service to patients. The fee includes same-day appointments and the luxury of speaking on the phone to their doctors. One of the physicians offering the plan, Steven R. Fleis, MD, told the Times that “we want to be able to spend more time with patients,” but critics contend that offering different levels of care based solely on a patient’s wallet is not appropriate.

On January 18, the Times wrote about the lavish perks that drug companies give physicians. Money for events such as dinners and hotel stays has actually doubled in the past few years—$2 billion on events in the first 11 months of 2001 compared to $1 billion in 1997—despite a decade-old ethic standard that prohibits “token consulting” arrangements.

Those newspaper articles are only the latest examples of the “bad press” physicians have received over the last several years. A 1998 report by the Institute of Medicine said that as many as 98,000 people die in any given year from medical errors that occur in hospitals—more people than die from motor vehicle accidents, breast cancer, or AIDS. The report concludes that the problem is not bad people in health care—it is that good people are working in bad systems that need to be made safer.

The public and the government have seized on the issue of overworked physicians as a contributor to medical mistakes—an outgrowth of the famous 1984 death of 18-year old Libby Zion, who died after being prescribed the wrong medication by an intern at New York Hospital. Last November, a bill was introduced in the U.S. House of Representatives that would create federal rules limiting resident work hours to 80 hours a week, with no more than 24 hours at one time. It calls for annual surveys of resident physician working conditions, and public disclosure, with fines of up to $100,000, of hospitals that violate the hours limits. The American Medical Student Association (AMSA) is a major supporter of the proposed legislation. “Nearly every practicing physician has a story about a mistake that he or she made while on their 30th hour of duty during internship. These abusive practices and the culture of silence surrounding them need to end,” the group’s president said on the AMSA website.

The debate over residents’ working hours has divided the medical community; spilling over into the popular press. While some groups, such as the Association of American Medical Colleges, have endorsed a limit of 80 hours a week, the ACGME contends that focusing on the issue is a red herring, because limiting hours cannot, by itself, ensure patient care.
The bigger concern, ACGME says, is novice practitioners who become incompetent physicians. Practicing physicians are now vocally complaining that residents are not prepared to practice in the rapidly changing healthcare environment. “If any physicians are unhappy in practice, some feeling their education has not prepared them to lead complex delivery systems,” says Leach, “others, that their values are in conflict with their daily work.”

Once a triangle, now a rectangle

John Weinerth, MD, HS'67-68, '70-72, describes historic changes in residency training using geometric shapes. Up to the 1960s, such programs were pyramidal—there were lots of newly minted doctors in the base year, but selected weeding out produced a choice group that finally graduated, says Weinerth, a retired urologist and associate dean of the Duke medical school. In the 60s, the shape morphed into a rectangle, where it has basically stayed, reflecting an effort to make sure that everyone who entered a program stayed and finished. “The concept was that we needed doctors, and at the end of residency you sat for boards which you either passed or you didn’t,” he says. “Attending physicians saw the residents every day, and in their opinion, saw they took pretty good care of patients.” Residents moved through their years of training guided by personal appraisals from the faculty—and it was a rare resident who didn’t graduate.

But Weinerth, who is now director of Graduate Medical Education at Duke University Health System, says that doctoring is different today. “It’s not the same medical world as it was 30 years ago. It’s not a protected life any more.”

Given the very public concerns over patient safety physicians need to demonstrate competency in the same way that other professionals, like airline pilots, or even certified public accountants, do, says Weinerth, who is charged with spearheading changes in residency training at Duke.

The emphasis now is to demonstrate what residents actually learn, rather than what a program can potentially teach them. “Accountability to the public can be accomplished by coming up with better measures of quality,” he says. “Everyone is scrambling over how best to measure competency. The problem is to come up with an objective measurement rather than personal assessments that any one can challenge.”

Graduate medical training is playing “catch up” to other accrediting bodies in the health professions, education, and business that have focused on educational outcomes since the 1980s. “Whatever we measure, we tend to improve. Right now the ACGME uses measures which become in process and structure in order to make its accreditation decisions,” Leach, the ACGME’s executive director, said in an interview. “It is rapidly moving to the use of educational outcome measures to judge the competency of a residency program.”

The outcomes Leach refers to are not clinical outcomes, but educational outcomes—a program’s ability to specify what residents should be taught and its capacity to demonstrate that the residents have learned what they should know.

Getting Ahead of the Curve

Kathryn Andresik, MD, HS'76-79, a shepherd of sorts, leading Duke’s graduate medical training programs to the well of resources that already exist at Duke.

For example, an ethics course developed by several Duke ethicists for use by the Institutional Review Board, the group that reviews approaches for clinical trials, could be adapted for residency training in “professionalism,” one of ACGME core “competencies.” So could an existing course on leadership for medical professionals, which is now taken only by Duke’s medical leaders. Andresik says, Duke’s Office of Institutional Equity’s “ethnicity and racial worldview” can be adapted for “communication” competency, she says. And the Medical Alumni Association’s presentations on the “Business of Medicine” can be used to improve resident’s understanding of “system-based practice”—how elements of health care across a society fit together and affect each other. Likewise, a videotape of a recent speech made by Ralph Snyderman, MD, HS/85-97, Chancellor of the Duke Health System, about the “state of medicine” in North Carolina could be used.

“We have such tremendous resources at Duke that the first challenge is to make them all available to all residents.”

Aurora Pryor, E'91, MD'95, HS-current, Limiting Hours Limits Exposure

“Professionalism has been taught by example, not through formal courses. But, there are other issues to address more immediately, such as the negative funding climate.”

“Medicine has changed. Surgeons have changed,” she says. “We spend a lot of time in surgery and get reimbursed less.”

“I had a vision that I wanted to be a good surgeon, a good clinician, and a good researcher,” she says. “But I can’t combine everything when you are so pressed.”

Get Trust Back

Duke’s medical school is unusual because more years are spent out of the classroom and on the units and in research than any other school offers, says Anita Ying, MD’99, HS-current, a senior resident doing a combined residency in internal medicine and pediatrics. “We really learn medicine. So Ying feels Duke is super strong in many areas, such as providing medical knowledge and practicing evidence-based medicine, she believes residents can only benefit from additional emphases on system-based practice (“I don’t know anything about that!”) as well as on professionalism and communication.

“Medicine has lost some of its nobility, some of the trust between patient and doctor,” Ying says. Improving residency training will produce superior physicians, which will “go a long way toward getting some of that trust back.”

Focus on the Softer Side

Billy Andrews, T76, MD’80, HS’82-’86, says that subjective evaluation of residents is a significant problem if a residency program is poor—unlike the Duke orthopedics program he participated in, which Andrews calls “one of the best in the world.”

Aurora Pryor, E’91, MD’95, HS-current, states that upper level surgery residents “can’t fit another thing into her schedule. As a chief resident (7th year) in general surgery, she starts her rounds at 6 a.m. every day of the week, almost every week of the year, and can spend more than 10 or more hours in surgery four or more times a week, holding clinic in between operating room days while spending every fourth night in the hospital. Yet this is the way it should be, Pryor says, adding that upper level surgery residents submitted a written request to the administration asking to be relieved of the 80-hour-per-week "rule"—which often isn’t followed any way. “In surgery, if you limit the hours, you limit exposure to what you see,” says Pryor. "Surgery, if you limit the hours, you limit exposure to what you see,” says Pryor. "Surgery, if you limit the hours, you limit exposure to what you see,” says Pryor. And what we are being taught medicine today will be completely irrelevant 20 years from now. You have to learn how to learn medicine, and learn how to continue learning, and Duke excels at that.”

Heather Whitson, MD, HS-current, Limiting Hours Limits Exposure

“I always like more feedback in terms of clinical knowledge because it’s hard to know if I know as much as I should,” she says. For example, she has never been graded on the procedures she has learned and now performs routinely with patients. But one of the strongest elements of a Duke residency is its emphasis on evidenced-based medicine, which is the only class taken in medical school. In the 60s, the shape morphed into a rectangle, where it has basically stayed, reflecting an effort to make sure that everyone who entered a program stayed and finished. “The concept was that we needed doctors, and at the end of residency you sat for boards which you either passed or you didn’t,” he says. "Attending physicians saw the residents every day, and in their opinion, saw they took pretty good care of patients.” Residents moved through their years of training guided by personal appraisals from the faculty—and it was a rare resident who didn’t graduate.

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“I have come across doctors that have not been adequately prepared,” says Andolsek, a clinical professor in the Department of Community and Family Medicine who is working with Weinerth to implement new ACGME teaching requirements. “There is a large art to medicine that’s not a good way to really evaluate how a person has been trained.”

Matthew Roe, MD’93, HS’93–96, a cardiologist on the Duke faculty since 1999, is an example of this. He has been trained to meet the highest expectations, says Mannon, who is now the medical director of the organ transplantation program at the National Institutes of Health. “You saw the evolution of disease right there at the bedside, and you learned by being in the room.”

But, compared to the “days of old, the culture has definitely changed,” Mannon says. “There are M Kitchen and then there are serious Duke kitchens, says Roslyn Mannon, MD’85, HS’85–90, who fondly remembers that medical school students in the early 1980s worked the night shift five out of every seven nights. “I am a good doctor, that’s not a good way to really evaluate whether the dog had died or your fiancée had broken up with you,” she says. “I have learned over the years that I am what I am because of the great faculty at Duke. The hardest part of all is figuring out how to design a resident’s progress in the six competency areas, Andolsek says. “The real key to this is how we design uniform measurements. That’s a fundamental shift away from subjectivity.”

Leach, the ACGME director, says the six different competencies ACGME has outlined can be measured using combinations of four assessment tools—direct observation of resident performance of focused representative tasks, self-assessment of portfolio of cases, 180 degree evaluations including input from nurses and patients, and cognitive tests.

“Good assessment results in a learning plan and not just a grade,” says Leach.

Making Good Doctors

Society expects its physicians to be above reproach—courteous, truthful, ethical, altruistic when player and a role model. And, yes, a good doctor.

Good physicians are not born; they learn to be that way, and there is no reason doctors can’t be taught to meet the highest expectations, says Russell Kaufman, MD, HS’73–78, vice dean for education at Duke.

“If you don’t talk about it, if you don’t state it, people don’t think about it,” says Kaufman, who ranks a renewed emphasis on professionalism as critical to the future of graduate medical education.

Now, more than ever, physicians are facing challenges that can subvert professional ethics, he says. Competition to protect salaries, research lapses, and substance abuse can all result from the stresses of today’s medicine.

The role of teaching ethics and professionalism has been decentralized in graduate medical education, Kaufman says. “Each department has been responsible, but there is great variation in quality and effort.”

Now, as part of an organized, institutional educational plan, brought about by ACGME, residents must be expected to excel at professionalism, he says. The habit of altruism, honed by rounding with an attending in community clinics, can forestall a taste for “boutique” care offered at inflated prices.

Teamwork can be strengthened if residents are evaluated and must be expected to excel at professionalism, he says. Duke medical alumni can help counsel residents about difficult issues they have faced.

“Professionalism hasn’t been lost, but it is being threatened,” says Kaufman. “We now have an excellent opportunity to create the next generation of leaders.”

Aurora “Rory” Pryor, E’91, MD’95, HS-current

“Residents regardless of specialty,” says Andolsek, a clinical professor in the Department of Community and Family Medicine who is working with Weinerth to implement new ACGME teaching requirements.

This year, 2001-2002, as ACGME has outlined it, is one for “assessing where you are” before changes begin, says Andolsek. She has already given a questionnaire to several hundred new residents as well as residents who were graduating, and has found that both groups feel they have the same strengths (such as medical knowledge) and deficiencies (understanding system-based practice). This “shows us areas we can start with first,” she says.

No model exists anywhere for the changes ACGME is demanding, yet Duke “is well positioned to get out in front of the curve,” Andolsek says. In recent years, Duke medical school curriculum has been overhauled and improved, as has its effort to provide continuing medical education (CME). Residency training lies between the two and so it may be possible to “partner between the medical school curriculum on one side and CME on the other. It’s exciting because, to me, the pay-off will be that we can develop some clarity, some sense of agreement between the residency programs that we want house staff to display certain competencies,” says Andolsek, who is a member of the Institutional Committee on Graduate Medical Education.

Still, there is not much light yet on what needs to be done, and even though Weinerth began educating program directors a year ago, “not a lot of people recognize what a change this will be. We are moving from accumulating things in numbers, like months of rotation or number of procedures, to evaluating how a person has been trained,” says Andolsek. “It will be a radical change for medical education.”

The hardest part of all is figuring out how to bring good into the six competency areas, Andolsek says. “The real key to this is how we design uniform measurements. That’s a fundamental shift away from subjectivity.”

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“If you don’t talk about it, if you don’t state it, people don’t think about it,” says Kaufman, who

Don't forget that John P. McGovern, T'38, MD'42, has been honored by Palmetto Surgical Association, PA, and will continue his practice at Newberry Surgical Association, PA, in Newberry, S.C. They celebrate their 50th wedding anniversary on September 8, 2001. He and his wife, Joan, have four children and eight grandchildren. The couple resides in High Point, N.C.

Eugene O. Wiggs, MD'45, lives in Denver, Colo., with his wife, Kathleen.

William L. Hassler, MD'53, is president of J. G. Tindal Group. He retired at the age of 70 in 1999 and is currently enjoying tennis and golf. He and his wife reside in Grand Cayman, Ky.

H. C. Rapp, WC'56, MD'59, has retired and is active in horseback riding. He and his wife, June, have five grandchildren. They reside in Byhalia, Miss.

Robert W. Gainer, MD'60, is the medical director of the. He and his wife, Joan, are living in Birmingham.


1940s

Julian C. Lentz, Jr., T'38, MD'38, has been retired since 1991. He and his wife, Barbara, reside in New Milford, Conn.

G. W. Freeman Singleton, T'40, MD'42, has been retired since 1943. He and his wife are in their eighties and have four children. The couple resides in Selma, Ala.

Robert L. Baeder, T'41, MD'42, has been retired since 1961. He has been living in Princeton, N.J., for 40 years. His wife, Mildred, BS'43, has been retired for 50 years. They have five children, four grandchildren, and six great-grandchildren. The couple resides in Manchester, N.H.

John P. McGovern, T'45, MD'45, HS'64-'67 (Davison Club), was honored by the State House of Representatives of the Osler-McGovern Club at Green College, University of Virginia, in Charlottesville, Va.

Class Notes

Due to space limitations, we were not able to include all of the class notes this week. If you didn’t receive this issue, you can find it online at alumni.duke.edu/classnotes.


Richard E. Bennett, MD, is a private practitioner in Austin, Texas. He and his wife, Martha, reside in Austin, Texas. He has three children, John, Mary, and Sarah.

Peter L. Blish, MD, is a surgeon at UCLA and has had a private practice in Los Angeles for 30 years. He and his wife, Carol, reside in Santa Monica, Calif.

John R. Blood, MD, is a private practitioner in North Valley Vanguard and has been in practice for 35 years. He and his wife, Susan, reside in Rancho Cucamonga, Calif.

William C. Browne, MD, is a private practitioner in MetroHealth Medical Center and has been in practice for 30 years. He and his wife, Martha, reside in Cleveland, Ohio.

William B. Bryan, MD, is a private practitioner in Birmingham, Ala., and has been in practice for 40 years. He and his wife, Joanne, reside in Birmingham, Ala.

James M. Bryan, MD, is a consultant in the Department of Surgery at the University of Alabama at Birmingham and has been in practice for 35 years. He and his wife, Marcia, reside in Birmingham, Ala.

David Calcagno, MD, is a consultant in the Department of Surgery at the University of California Los Angeles and has been in practice for 30 years. He and his wife, Barbara, reside in Los Angeles, Calif.

Donald L. Charles, MD, is a consultant in the Department of Surgery at Cedars-Sinai Medical Center and has been in practice for 30 years. He and his wife, Susan, reside in Los Angeles, Calif.

Thomas A. Chan, MD, is a consultant in the Department of Surgery at the University of California San Francisco and has been in practice for 30 years. He and his wife, Elizabeth, reside in San Francisco, Calif.

John D. Claudy, MD, is a consultant in the Department of Surgery at Stanford University and has been in practice for 30 years. He and his wife, Linda, reside in Stanford, Calif.

Cheryl L. Coleman, MD, is a consultant in the Department of Surgery at the University of California, San Francisco, and has been in practice for 30 years. He and his wife, Mary, reside in San Francisco, Calif.

William C. Cook, MD, is a consultant in the Department of Surgery at the Mayo Clinic and has been in practice for 30 years. He and his wife, Jane, reside in Rochester, Minn.

Daniel C. Cooper, MD, is a consultant in the Department of Surgery at the University of California Los Angeles and has been in practice for 30 years. He and his wife,Linda, reside in Los Angeles, Calif.

Douglas D. Cory, MD, is a consultant in the Department of Surgery at the University of California, San Francisco, and has been in practice for 30 years. He and his wife, Samantha, reside in San Francisco, Calif.

William J. Cullen, MD, is a consultant in the Department of Surgery at the University of California, San Francisco, and has been in practice for 30 years. He and his wife, Patricia, reside in San Francisco, Calif.

William D. Dabbs, MD, is a consultant in the Department of Surgery at the University of California Los Angeles and has been in practice for 30 years. He and his wife, Linda, reside in Los Angeles, Calif.

Dale B. Davidsen, MD, is a consultant in the Department of Surgery at the University of California Los Angeles and has been in practice for 30 years. He and his wife, Mary, reside in Los Angeles, Calif.

Bruce D. Davis, MD, is a consultant in the Department of Surgery at the University of California Los Angeles and has been in practice for 30 years. He and his wife, Patricia, reside in Los Angeles, Calif.

Robert W. Davis, MD, is a consultant in the Department of Surgery at the University of California Los Angeles and has been in practice for 30 years. He and his wife, Karen, reside in Los Angeles, Calif.

William R. Davis, MD, is a consultant in the Department of Surgery at the University of California Los Angeles and has been in practice for 30 years. He and his wife, Carol, reside in Los Angeles, Calif.

John A. Davis, MD, is a consultant in the Department of Surgery at the University of California Los Angeles and has been in practice for 30 years. He and his wife, Sherry, reside in Los Angeles, Calif.

Robert J. Davis, MD, is a consultant in the Department of Surgery at the University of California Los Angeles and has been in practice for 30 years. He and his wife, Fran, reside in Los Angeles, Calif.

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1940s

George J. Race, MD, M'47-'48, '53-'53, is emeritus associate dean and emeritus chair of pathology at the University of Texas Southwestern Medical Center in Dallas. His wife, Anne Rinker Race, MD, has four sons, William Race, MD, serving on the staff of the National Institutes of Health, Martin Race, MD, an orthopedist in Austin; Mark Race, MD, MPH in Tyler; and Elisa Race, MD, an assistant professor of internal medicine. The couple resides in Dallas.

Laurence Edward McCauley, E'76, MD'80, has recently appointed professor of medicine at the University of Pennsylvania. He lives in Bedford, N.Y.

1950s


Timothy William Smith, T'81, MD'86, is an assistant professor of medicine at the University of Chicago. He and his wife, Lisa, live in Charlotte, N.C.

Aron B. Katz, MD, was recently named cardiac surgeon at Long Island Jewish Medical Center in New Hyde Park, N.Y.

1960s

Gail Miriam Cawkwell, T'84, MD'89, is currently a medical student at Weill Medical College of Cornell University. She and her husband, P. Roger Cawkwell, have four children, Phillip, Rachel, Samuel, and Rebecca. They live in Bedford, N.Y.

Michael Bradley Wallace, MD, 1992, is a preceptors in the Division of Dermatology at the University of Southern California. He lives in Los Angeles, Calif.

1970s

Samuel R. Muhlbaier, MD, T'72, MD, HS'76-'80, is a professor of dermatology at the University of Southern California, and is involved with the University of California, San Francisco. He is married to Dr. Karen Muhlbaier, MD, and they have two children, Matthew and Maja. They live in San Francisco.

1980s

Karen L. Ackerman, MD, is a professor of pathology at the University of California, San Francisco. She is married to Dr. David A. Ackerman, MD, and they have two children, John and Sarah. They live in Mill Valley, Calif.

1990s

Mary E. P. Shillinglaw, MD, T'86, MD, HS'93, has recently appointed chief of the infectious disease section at the University of California, San Francisco. She is married to Dr. Sidney D. Shillinglaw, MD, and they have four children, Will, Jake, and Alex. They live in Palo Alto, Calif.
Robert Alan Shumway, MD, MS, B'88-'93, is head of the Shumway Insti-
tute of Laser & Cosmet-
ical Surgery in Las Vegas, Calif., which he owns in partnership with his wife, Kath-
erine, who has six children. They live in San Diego.

Douglas Scott Tyler, MD, MS, B'87-'92, is an assistant professor of surgery at DUMC. He and his wife, Donna Lee, reside in Durham.

Christophander Lofstad, MD, T'94, MS, Current, is enjoying his residency in otolaryngology. He is also teaching golf, sail-
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Laura B. Einyed, T'90, MD, B'94-'97, is working three days a week at the Duke Eye Center and Children’s Health, as a pediatric ophthal-
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dren, Emily, age 5, Andrew, 3, and Natalie Grace, who was born September 18, 2001. The family lives in North Oaks, Minn.

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March 2001
Tuesdays, March 5, 12, 19, 26 Capital Area University Dinner in Durham, N.C. For more information, contact David McAlister at 919-667-0271.
May 11, 2002 Medical Alumni Alumni Weekend Durham, N.C. For more information, contact Krista Roff at 919-667-2357.
May 21, 2002 Alumni Dinner in Atlanta Duke Club of Atlanta and Atlanta Medical Alumni Association For more information, contact Emily Carden at 919-667-2237.
May 25, 2002 Alumni Dinner in Dallas Duke Club of Dallas and Dallas Medical Alumni Association For more information, contact Mark Amos at 919-667-2247.
May 26, 2002 Alumni Dinner in Houston Duke Club of Houston and Houston Medical Alumni Association For more information, contact Janice Winters at 919-667-2247.
June 6, 2002 Alumni Dinner in Los Angeles Duke Club of Los Angeles and Los Angeles Medical Alumni Association For more information, contact Jeff Harris at 919-667-2247.
June 13, 2002 Alumni Dinner in New York City Duke Club of New York City and New York Medical Alumni Association For more information, contact David McAlister at 919-667-0271.
June 20, 2002 Alumni Dinner in Washington, DC Duke Club of Washington, DC and Washington Medical Alumni Association For more information, contact Emily Carden at 919-667-2237.
October 10, 2002 Alumni Dinner in Atlanta Duke Club of Atlanta and Atlanta Medical Alumni Association For more information, contact Emily Carden at 919-667-2237.
October 10, 2002 Alumni Dinner in Charlotte Duke Club of Charlotte and Charlotte Medical Alumni Association For more information, contact Emily Carden at 919-667-2237.
October 14, 2002 Alumni Dinner in Chicago Duke Club of Chicago and Chicago Medical Alumni Association For more information, contact Emily Carden at 919-667-2237.
DukeMed Commitments:

Davison Club/The Fund for DukeMed Participation:

Center Commitments:

Center Participation:

Overall Duke University Medical Reunion Chair:

Dr. John M. Witherspoon*
Dr. Marshall S. Redding*
Dr. Vito A. Perriello, Jr.*
Dr. William H. Obenour, Jr.
Dr. Emanuel Newmark*
Dr. Douglas H. McGregor*

Class Agent:

1933-1951

Class Agent:

Dr. John Allen Stahl*
Dr. Leslie Dustin Rokoske*
Dr. Jennifer Parker Porter*
Dr. Robin Hall Patty
Dr. Tim David Oury*
Dr. Clark Clothier Olster*
Dr. Tom David Ourney*
Dr. Edward Leon Paige*
Dr. Robert Glen Prosnitz*
Dr. Jennifer Marie Ruh
Dr. Navjeet Sudhu-Mali*  
Dr. Jack Singh
Dr. Loretta Stuphun Zstenke*
Dr. Jeffrey Silver
Dr. Richard J. Calvert*
Dr. R. Brandon Rankin III*
Dr. William S. Putnam*
Dr. Joanne T. Piscitelli*
Dr. G. Robert Parkerson III
Dr. Joann C. Leone
Dr. David M. Harlan*
Dr. Candis Grace-Lee*
Dr. David M. Harlan*  
Dr. Ellen Verena Jorgensen*
Dr. Jennifer Sue Van Vickel*
Dr. Vincent John Vilasi*
Dr. Deborah Chung-Huy Yang*
Dr. Thomas Charles Winter III

1991

Class Agent:

Dr. Linda Louise Fekto

Overall Duke University Medical Center Participation:

Center Commitments:

Davison Club/The Fund for DukeMed Participation:

Davison Club/The Fund for DukeMed Commitments:

Davison Club/The Fund for DukeMed Participation:

Center Commitments:

Center Participation:

Overall Duke University Medical Reunion Chair:

Dr. Elizabeth Sumner Jokerst
Dr. Osbert Blow

2014

Dr. Thomas Courtenay
Dr. Donald R. Jones
Dr. Robert M. Brown
Dr. Robert Glen Prosnitz*
Dr. William A. Carr*
Dr. William S. Putnam*
Dr. Joanne T. Piscitelli*
Dr. G. Robert Parkerson III
Dr. Joann C. Leone
Dr. David M. Harlan*
Dr. Candis Grace-Lee*
Dr. David M. Harlan*  
Dr. Ellen Verena Jorgensen*
Dr. Jennifer Sue Van Vickel*
Dr. Vincent John Vilasi*
Dr. Deborah Chung-Huy Yang*
Dr. Thomas Charles Winter III

1996

Class Agent:

Dr. Matthew J. Hephburn

Reunion Chair:

Dr. Wendy-Ann Olliver

Overall Duke University Medical Center Participation:

Center Commitments:

Davison Club/The Fund for DukeMed Participation:

Davison Club/The Fund for DukeMed Commitments:

Davison Club/The Fund for DukeMed Participation:

Center Commitments:

Center Participation:

Overall Duke University Medical Reunion Chair:

Dr. Lucy Caudill Tucker*
Dr. Robert Franklin Todd III*
Dr. Raymond L. Swetenburg, Jr.*
Dr. Britain W. Nicholson*
Dr. Margaret Williford Murray*
Dr. John Carroll Murray*
Dr. Heather Coolidge McKee*
Dr. Charles W. Ross*
Dr. John C. Rawl*
Dr. John F. Modlin*
Dr. David M. McConnell, Jr.*

1986

Class Agent:

Dr. Summer Ziker

Reunion Chair:

Dr. Larry James Ziker

Overall Duke University Medical Center Participation:

Center Commitments:

Davison Club/The Fund for DukeMed Participation:

Davison Club/The Fund for DukeMed Commitments:

Davison Club/The Fund for DukeMed Participation:

Center Commitments:

Center Participation:

Overall Duke University Medical Reunion Chair:

Reunion Chair:

Dr. Larry James Ziker

Overall Duke University Medical Center Participation:

Center Commitments:

Davison Club/The Fund for DukeMed Participation:

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Center Commitments:

Center Participation:

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Reunion Chair:

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2014

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Dr. Ellen Verena Jorgensen*
Dr. Jennifer Sue Van Vickel*
Dr. Vincent John Vilasi*
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Dr. Thomas Charles Winter III

1996

Class Agent:

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Reunion Chair:

Dr. Wendy-Ann Olliver

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Reunion Chair:

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Center Commitments:

Center Participation: 
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<th>LOCATION</th>
<th>INSTRUCTOR</th>
<th>CREDIT</th>
</tr>
</thead>
<tbody>
<tr>
<td>March 14</td>
<td>12th Annual Duke Trauma Conference</td>
<td>William &amp; Ida Friday Center,</td>
<td>Course Director: Steven Vasilek, MD (919) 684-4093</td>
<td>7.25 hours AMA/PRA Category 1 (8.0 Trauma hours, 8.0 Contact hours)</td>
</tr>
<tr>
<td></td>
<td>Sponsors: Duke Office of CME</td>
<td>Chapel Hill, NC</td>
<td><a href="mailto:gis0002@mc.duke.edu">gis0002@mc.duke.edu</a></td>
<td></td>
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<tr>
<td>March 21-22</td>
<td>Clinical PET Fellowship</td>
<td>Duke University Medical Center, Durham, NC</td>
<td>Course Director: R. Edward Coleman, MD</td>
<td>15 hours AMA/PRA Category 1</td>
</tr>
<tr>
<td></td>
<td>Sponsors: Duke Office of CME and Duke Department of Radiology</td>
<td></td>
<td><a href="mailto:odano002@mc.duke.edu">odano002@mc.duke.edu</a></td>
<td>(919) 684-7228</td>
</tr>
<tr>
<td>April 29-May 4</td>
<td>13th Advanced Vitreous Surgery Conference</td>
<td>Durham, NC</td>
<td>Course Director: Cynthia Toth, MD (919) 684-3836</td>
<td>17.5 (workshop) 17.0 (Conference) hours AMA PRA Category 1</td>
</tr>
<tr>
<td></td>
<td>Sponsors: Duke Office of CME</td>
<td></td>
<td><a href="mailto:bynum006@mc.duke.edu">bynum006@mc.duke.edu</a></td>
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<tr>
<td>April 13-18</td>
<td>2002 Radiology Review Course</td>
<td>Sheraton Imperial, Research Triangle Park, NC</td>
<td>Course Director: Linda Gray, MD (919) 684-722B</td>
<td>50 hours AMA/PRA Category 1</td>
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<tr>
<td>May 9-10</td>
<td>Clinical PET Fellowship (Workshop)</td>
<td>Duke University Medical Center, Durham, NC</td>
<td>Course Director: R. Edward Coleman, MD</td>
<td>15 hours AMA/PRA Category 1</td>
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<td>Sponsors: Duke Office of CME and Duke Department of Radiology</td>
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<td><a href="mailto:odano002@mc.duke.edu">odano002@mc.duke.edu</a></td>
<td>(919) 684-7228</td>
</tr>
<tr>
<td>July 18-19</td>
<td>Clinical PET Fellowship (Workshop)</td>
<td>Duke University Medical Center, Durham, NC</td>
<td>Course Director: R. Edward Coleman, MD</td>
<td>15 hours AMA/PRA Category 1</td>
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