

Graduate Medical Education



ADVANCING KNOWLEDGE. TRANSFORMING LIVES.

January, 2010

A Message from the Asst. Dean.....

Upcoming Events

- March 10 — RRC Surgery
- March 11 — RRC Surgical Critical Care
- March 12 — Pediatric Research Day
- March 15—Deadline for abstracts for Research Day
- March 26 — GMEC Meeting SPB Rm F/G
- March 31—Internal Review for I. D.
- April 26 — Internal Review for Psychiatry
- April 29— GMEI Research Day
- May 13 — RRC Interventional Cardiology

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Professionalism—The “Sandwich Board” for Medicine



You may have seen old movies with individuals walking down busy streets wearing a “sandwich board”. In the days before radio and television advertising, many local businesses would hire people to walk down the street touting their business. Creative business owners soon found out that the flashier the advertising, the more business would be brought in. Along with being relatively easy money, people wearing the boards found out that they worked in relative anonymity—people of-

ten remembered the message, but they rarely remembered the person who was carrying it.

In medicine, the way we behave often becomes our “sandwich board”. If we carry ourselves in a professional manner, dress appropriately and use appropriate language, our “customers” (our patients) are more likely to view us in a positive manner. If we speak disrespectfully within earshot of others, wear dirty lab coats or fail to act in a professional manner, our patients may get a very different impression of us. A wise person once said “You never get a second chance to make a first impression.” Our patients will often develop impressions of an entire group—for example, residents or a specialty group—based upon how we initially appear to them.

The practice of medicine is always a challenge. Sometimes, we don’t feel

that our patients respect us. We may be tired, ill or just “having a bad day”. However, we are always wearing the “sandwich board” of professionalism. If we keep in mind how that “advertising” appears to our “customers”, we will go a long way toward creating an atmosphere of mutual respect within the medical community.



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Meet Dr. Abela—Cardiology Fellowship Program Director

Dr. George Abela, came to the MSU Cardiology Fellowship Program in its beginning years. His Medicine and Pathology Residencies were at Emory University, which gives him a unique background for cardiology. He then went to Florida for his fellowship in cardiology, and stayed 10 years. Then, it was five years at Harvard, before settling at MSU (the result of an ad in the *New England Journal of Medicine*).

Like so many, Dr. Abela appreciates the university environment and international flavor of Lansing. Known to be a workaholic, he does escape “up north” periodically.

As Division Chief and Program Director, Dr. Abela plans to continue the department’s growth, by bringing in additional well-qualified people. He has seen, and been a part of, MSU Cardiology’s rise to national recognition, and feels it will just get better. This is something he keeps in mind while recruiting for the Fellowship Program. He looks for productive individuals who exhibit commitment, maturity, and energy.

Dr. Abela has three suggestions for the program’s fellows:

- ◆ “Follow your passion. There are a lot of attempts to make medicine a business. Find a balance with your commit-

ment to the profession while maintaining good financial status.

- ◆ Don’t just concentrate on clinical medicine. Continue to think about research too.
- ◆ Be curious (observe and absorb), and make a contribution.”



George Abela, MD

Program News

NEONATOLOGY
CARDIOLOGY
HEM/Onc
ENDO
I. D.
I.M.
PEDS
PSYCH
PM&R
SURGERY
C/A PSYCH
SURG. CRIT. CARE
INTERVENT. CARDIO

Neonatology— Conducting their 9th annual Pediatric Research Day on March 12, 2010. Featured speakers include: Dr. Diane Schendel on Autism; Dr. Sheila Gahagan on Obesity; and Dr. Roshni Kulkarni on Hemophilia.

Hematology/Oncology—Granted a three-year accreditation from the ACGME. They received a commendation for this review, with no citations.

Internal Medicine—Attended a Resident Retreat on Feb. 4, 2010

Surgery—Abstracts are being solicited from the residents for the Spring meeting of the Michigan Chapter of the American College of Surgeons.

PM & R—Received a three-year accreditation from the ACGME. Dr. Randall Braddom, from New Jersey, is scheduled to speak on the physiological basis of exercise for strength, and the recognition and treatment of Chronic Pain Syndrome.

Medical Professionalism

Very simply put, medical professionalism is one's behavior as a physician – how one conducts himself/herself in interactions with patients, colleagues, and society. It is predicated on personal beliefs and ideas, most of which are developed long before medical school. Medical school further cultivates behaviors and attitudes, from a physician perspective. Then, the residency years allow one to hone skills and behaviors that project the individual's ethics and values.

Many of the tenets of medical conduct have been constant throughout history, such as keeping the good of the patient as the highest priority, observing the patient's right to privacy, and taking an active role in the community. Other concepts have evolved with changes in our global society, and the changing relationship of the medical profession to government and business. MSU/

CHM strives to help new physicians develop the ethical foundation to positively interact with others, and make good decisions, now, and in the future. Professionalism is emphasized, in both the academic and clinical settings.

The resident physician has varied roles - each with its own set of responsibilities. We will explore four roles in this and upcoming newsletters. The roles are: Care-Giver, Teacher, Learner, and Colleague.

Care-Giver is generally considered the major role of physicians. Physicians must be compassionate and empathetic in caring for patients, and act at all times with integrity, honesty, and respect for patients' privacy, and their personal dignity. There is no standard script for communication. Each time, you must discern the best way to work with your patient. You are their primary advocate, and must encourage the patient to

actively participate in his/her own care. Widespread use of the internet, and cultural diversity have added new dimensions to this role. And your responsibility doesn't stop with the patient – it often extends to offer compassionate support to the family. Use your opportunity as a resident to observe and model physicians who handle this role well. Encourage feedback from patients, as well as colleagues, to constantly improve your skills, and be the best Care-Giver you can be.



*Live your life
so the preacher
doesn't have
to lie at your
funeral.*

Cardiology Fellowship Program

For 15 years, the Cardiology Fellowship Program at MSU has turned internists into highly qualified cardiovascular disease specialists. In the beginning, there were two fellows in general cardiology. Now there are nine physicians in this three-year ACGME-accredited program.

As a community-based program, fellows work primarily through Sparrow Hospital, but may have specialty rotations in other loca-

tions. This is a well-rounded program, with training that extends to all facets of the field. Fellows are exposed to a wide variety of patient populations, and become skilled as clinicians, educators, and researchers.

The teaching mission of MSU/CHM Cardiology has led it to nationwide recognition - from authoring teaching texts, to a major discovery of how cholesterol causes heart attacks and

strokes. Fellows work with faculty in these endeavors, and contribute to the program's competitiveness and strong reputation in the field.

The goal of the program is to prepare individuals for successful careers in academic and private practice cardiology. A list of what the fellow-graduates are doing, across the country, indicates that this goal is definitely being realized.

Research Day—April 29, 2010

On April 29, 2010 Graduate Medical Education, Inc. (GMEI) will be presenting the 5th Annual Lansing Community Research Day at the University Club.

Research Day represents a collaboration of Ingham Regional Medical Center, Sparrow Health System, and Michigan State University's Colleges of Human and Osteopathic Medicine. The Lansing Community Research Day offers invaluable experience as developing researchers are given an opportunity to submit an abstract, receive formative feedback if necessary to achieve acceptance, and prepare a presentation of their findings. Abstracts receiving the highest scores from the pre-event jury will be presented orally.

In addition, oral and poster presentations identified as best in class are recognized with financial rewards. Faculty and other experienced researchers are asked to participate to provide encouragement, conversation, and advice to their novice colleagues.

We encourage all MSU medical students, interns/residents and fellows from the Lansing community to submit an abstract using our online system: http://www.gmei.msu.edu/researchday2007/abstract_form.htm. Abstracts are due by 5pm on March 15, 2010.

LANSING COMMUNITY RESEARCH DAY

April 29, 2010

Agenda

7:00-9:00	Check-In & Poster Set-Up
8:00-10:00	Oral Presentations
10:00-11:00	Poster Presentations and Judging
10:15-11:45	Oral Presentations
11:45-12:30	Featured Speaker - David Schteingart, M.D.
12:30-1:30	Lunch and Award Presentations

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Graduate Medical Education Mission

"The mission of MSU's College of Human Medicine in Graduate Medical Education is to provide Institutional Sponsorship to high quality programs of GME, in those primary and specialty care disciplines relevant to the College's mission. Such GME programs will be accomplished in concert with the teaching hospitals and health systems affiliated with the College."

"The Graduate Medical Education Committee will oversee the conduct and management of all residency and fellowship programs for which MSU/CHM is the sponsoring institution."

Graduate Medical Education Manual