



ACUMEN

The Official Newsletter of the
Ada Canyon Medical Education Consortium

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News

June 2013 News

Annual IMA Meeting

On July 26-28th the Idaho Medical Association will hold its annual meeting in Sun Valley. The Scientific Session will be held Saturday morning the 27th in the Sun Valley Inn. The faculty this year includes Dr. Barry Stults, Professor of Medicine, University of Utah, Dr. James Field, cardiologist, Boise and Dr. Ronald Hofeldt, Medical Director, AVERT Project. This year's program will provide 4 hours of Category I CME.

CME Planning: The Human Factor

Outcomes framework embedded in the model for planning and assessing CME has some significant limitations. The most important is that the outcomes framework portrays a process that is overly mechanistic and does not reflect the important contextual human factors. It is likely that these human factors play a critical role at each interface in the framework and impact movement from one component of the framework to the next.

For example, one of the most critical interfaces in the framework is between the short-term outcome "learning" and the intermediate outcome "competence". The framework suggests that learning declarative and procedural knowledge will lead directly to competence. But there are many human factors that might be active at this interface and could function as barriers to the progression from learning to desired competencies. One of these barriers for example could be faculty motivation; that is, will faculty have the time and willingness to plan and lead a practice and feedback session that will move a learner from knowing "what to do" and "how to do it" to actually demonstrating that or she can do what he or she has learned in a safe educational environment, given all the expectations that exist for faculty today?

How should an awareness of human factors impact CME practice? All work, whether it be taking care of patients or planning a CME activity, is a process, and every process is embedded in a context that affects whether the process will function as expected. When planning a CME activity, CME planners should consider how the context within which the CME program operates functions as a facilitator or a barrier to accomplishing desired results.

Upcoming Conferences

Regularly Scheduled Conferences

Wednesday, 8:00 a.m. - Anderson Center

Wednesday, 12:15 p.m. - Winter Room

Friday, 8:00 a.m. - McCleary Auditorium

Other Regularly Scheduled Conferences

St Luke's RMC

Thoracic Tumor Board - 1st & 3rd Tuesday, 7:00 a.m

Tumor Board - Tuesday, 12:00 noon

Breast Tumor Board - Thursday, 7 a.m.

MSTI Pediatric Tumor Board - 2nd & 4th Wednesday, 12 noon

CHEERS (Children's Hospital Education Enrichment Review) - 1st Thursday, 8 am

Anderson Center - Ada -2; MATCH 2nd Thursday, 8 am

Saint Alphonsus RMC - Nampa

Tumor Board- Tuesday, 12 noon

West Valley Medical Center

Tumor Board - Monday, 12:30 pm

Saint Alphonsus RMC - Boise

Tumor Board - Thursday, 12 noon

Breast Care Panel, Tuesday, 7:00 am

ACMS Society News

MEMBERSHIP:

New Members: Liang Wu, MD

On The Lighter Side

Headlines from the year 2059

- Iran closed off; physicists estimate it will take at least 10 more years before radioactivity decreases to safe levels.
- France pleads for global help after being taken over by Jamaica. No other country comes forward to help the beleaguered nation!
- Last Castro finally dies at age 112; Cuban cigars can now be imported legally, but President Chelsea Clinton has banned all smoking.
- George Z. Bush says he will run for President in 2060.
- Postal Service raises price of first class stamp to \$17.89 and reduces mail delivery to Wednesdays only.
- 85-year \$75.8 billion study: Diet and exercise is the key to weight loss.

- Average weight of Americans drops to 250 lbs.
- Global cooling blamed for citrus crop failure for third consecutive year in Mexifornia and Floruba.
- Florida voters still having trouble with voting machines.
- IRS sets the lowest tax rate at 75 percent.
- Baby conceived naturally! Scientists stumped. Couple petitions court to reinstate heterosexual marriage.
- A couple finally had sexual harmony, they had simultaneous headaches.
- Spotted Owl plague threatens northwestern United States crops and livestock.
- New Federal Law requires that all nail clippers, screwdrivers, fly swatters and rolled-up newspapers must be registered by January 2060.
- Average height of NBA players in now nine feet, seven inches with only 5 illegitimate children.

What's Ahead

July 2013

Summer Schedule, No Conferences

August 2013

Summer Schedule, No Conferences

(Wednesday, 8:00am/St. Luke's RMC; Wednesday, 12:15pm/Mercy Medical Center; Friday, 8:00am/Saint Alphonsus RMC)

Mohr's Musings...

Nonabandonment

I acquired Kelly* as a patient in my continuity clinic at the beginning of my intern year of residency. He was admitted for end stage liver disease with acute decompensation. He was encephalopathic for days and we finally were able to clearly greet each other near the end of his discharge. I saw him one week later in clinic, and so began our journey.

His liver disease was related to alcohol, but he had committed to sobriety years ago and had received a liver transplant 3 years prior to our meeting. He required weekly paracenteses to remove rapidly reaccumulating ascites and had all the typical stigmata of liver disease: gynecomastia, caput medusa, and muscle wasting. His wife stoically accompanied him on each visit and also became a patient of mine. For 18 months he was stable and visits consisted mostly of insulin adjustment for his steroid induced diabetes.

His renal dysfunction portended his deteriorating health. He was resistant to returning to the pre-liver clinic for transplant evaluation and so we waited. I watched as his lab numbers worsened, his pain increased, until finally, he returned to the liver clinic.

None of us was surprised that he was not a transplant candidate.

The last time I saw him he was gaunt and pale, a ragged and weary man with a full term-appearing belly. He refused hospitalization and after several tearful clinic visits, he and his wife agreed to hospice. I scheduled him to come back and see me in two weeks.

Two weeks came and went and he and his wife missed their appointments. I called and his wife informed me that insurance would not pay for a visit to his primary care doctor because he was on hospice. I asked our social worker to investigate and, surprisingly, it was true.

I expressed frustration and surprise about this to my clinic attending and her question to me was, "Well, what were you going to do for him by seeing him in clinic?"

I didn't have an answer for her. Not because there was no answer but because I was dumbstruck by her question. Kelly and I had become acquaintances, friends even. His dry wit always made me laugh. I saw him every other month since starting residency. I took care of his wife. I did not know that by putting him on hospice I would also be asking him to stop being my patient.

It is not uncommon to hear that patients feel abandoned by their doctors at the end of life. Similarly, it is not surprising that physicians unintentionally abandon patients at this vital time. We are trained to solve the disease puzzle, to treat, to cure, and to manage interactions of drugs and repercussions of treatment. We are busier than ever and may question the rationale behind expending precious energy on the emotional well being of the hospice patient. We may feel our role is lost or insignificant when there is no longer hope of a cure and this may indicate that there is no longer justification to see that patient in clinic. On the contrary, I view this as the most crucial time to support patients.

I wanted to know that Kelly and his wife had the resources they needed. I wanted to ensure they felt supported by my clinic and me. I wanted them to know that in all the ways their lives were changing, one thing was consistent, and that was my care for them.

I try to call them every week and check in. Our conversations are brief but every conversation ends the same: "Thank you so much for calling." Despite being on his deathbed, Kelly's preoccupation remains with the wellbeing of his wife.

What is in the best interest of the patient is not always what is paid for by the system. Even the response by my own attending was shocking to me. Our role as physicians begins with the patient and ends with the patient; it does not end when there is no longer disease to treat.

It is an honor to accompany patients through their journeys, particularly to have earned that privilege during their last days. Physicians are tasked with the going out and the coming in of life. We cultivate health and wellness and treat emotional, mental, and physical ailments and at the end of life we are called to maintain this hallowed task. It takes time to provide this support and it may even prove emotionally unsettling for some, but as our title defines us, to not only treat, but to remedy disease with benevolence, our role of nonabandonment becomes paramount.

Catie Mohr, MD, HO2
UNMC

*Patients names were changed to protect privacy

Weekly Conferences

June 2013 Conferences

Anderson Center, St. Luke's RMC, Wednesday 8:00 a.m.

- 5 The Opioid Epidemic: An Update, Allyson Bateman, MD
- 12 Fever and Rash: Look Alikes in Kawasaki Disease, Tom Rand, MD
- 19 St. Luke's Children's Hospital, Grand Rounds, St. Luke's Pediatric Research, Mark Roberts, MD
- 26 What You Need to Know About the CDL Exam, Michael Weiss, MD, Richard York

Winter Room, Saint Alphonsus RMC - Nampa, Wednesday 12:15 p.m.

- 5 No Conference
- 12 No Conference

19 No Conference

26 No Conference

AW Horsley, VA Medical Center, Thursday 8:00 a.m.

6 Center of Excellence Presentations, Speaker TBA

13 Center of Excellence Presentations, Speaker TBA

20 Center of Excellence Presentations, Speaker TBA

27 TBA

McCleary Auditorium, Saint Alphonsus RMC, Friday 8:00 a.m.

7 HPV Update: Cervical, Oropharyngeal and Anal HPV, Matthew Messerschmidt, MD

14 Chronic Opiate Use in Pregnancy Management and Risk Reduction, Patrick Kinney, MD

21 What Hippocrates Knew That We Have Forgotten, John Patrick, MD

28 High Value Care (Video), Steven Weinberger, MD

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