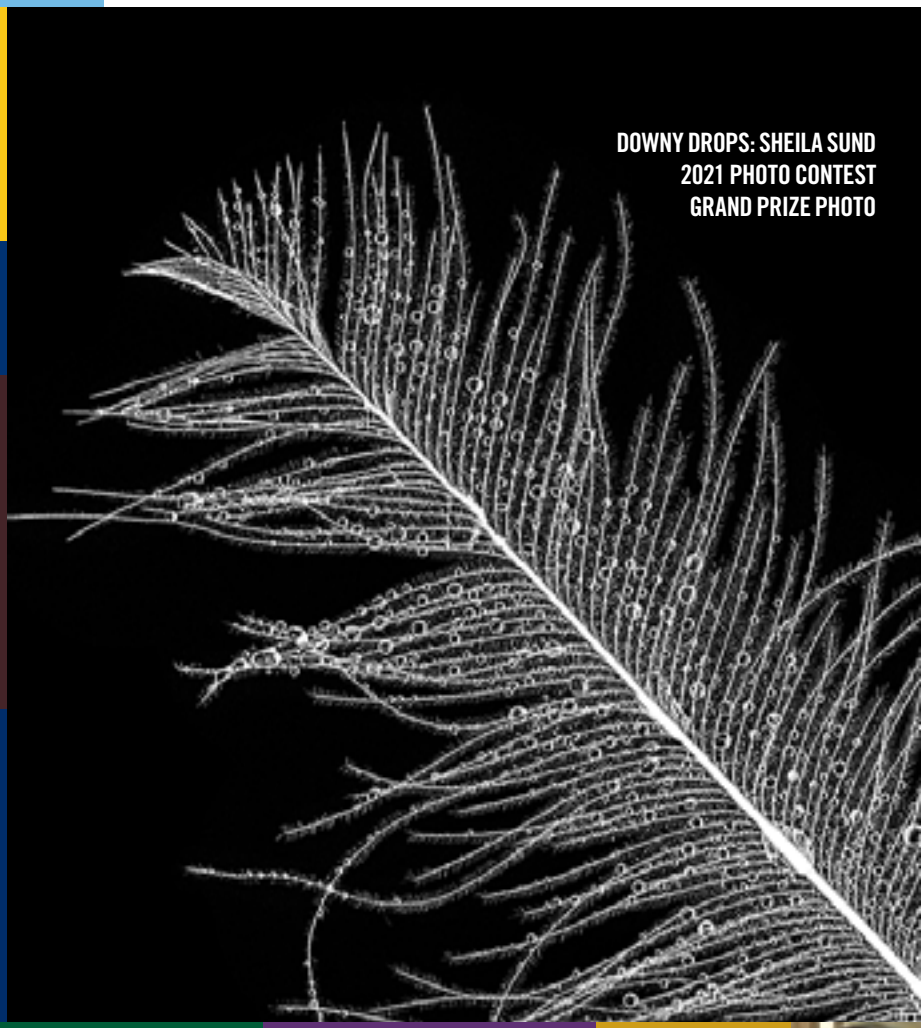
A PUBLICATION OF THE MARION-POLK COUNTY MEDICAL SOCIETY WINTER 2022

CHART NOTES

Workforce DEVELOPEMENT

DR. LUKE A. PORT THE HISTORIC DEEPWOOD ESTATE

pg 10



DOWNY DROPS: SHEILA SUND 2021 PHOTO CONTEST GRAND PRIZE PHOTO

EXPANDING AND CONNECTING BEHAVIORAL HEALTH

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TRAINING NEW DOCTORS

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GME AT SAMARITAN

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ZOLTAN TEGLASSY, MD MPH

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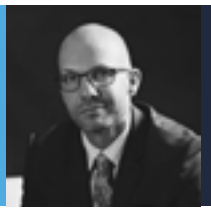
Workforce Development

President's Message

Keith Neaman, MD



This issue of *ChartNotes* focuses on the importance of education and workforce development to ensure an adequate provider base in our community. It also explains how established providers can support and encourage the next generation of trainees. We undoubtedly require a steady flow of new doctors, NPs, and PAs to the mid-Valley, but providers make up only a fraction of a patient's overall healthcare experience. Patients spend more time with everyone from the front office staff to the answering service than they do the provider, but if things go wrong, expect to see your name in the online review or at the top of an unflattering Press-Ganey survey. Your reputation and the financial health of your practice depend on thoughtful workforce development *within* your office.

Understanding that labor costs are the highest single expense in running any medical practice, it makes sense to invest in training and retaining staff. Turnover is expensive and disruptive, impacting the profit and loss of a business far more than marketing, buying fancier office space, or any other amenity you think will attract patients. There is no greater return on investment than what you spend on your "human capital."

The term human capital may sound dehumanizing, but it's simply a way to think about the valuable training and experience employees bring to the workplace. It's an asset that can and should be supported, for the sake of the employee and the practice, especially during a healthcare worker shortage. More than ever, we must foster a culture that encourages loyalty and engagement. The culture at our center rests on three core values— trustworthiness, education, and comfort—to be expected and experienced by patients, staff, and providers.

We providers are great at training ourselves, becoming better and more skillful, but we also need to consider continuing education for our staff. Frequent learning opportunities increase their skill sets and job satisfaction, which then impacts the patient's experience. Patients are free to choose any practice, and the choice may come down to which is more pleasant and easy to navigate--things that often stand as a proxy for medical quality, which can be very hard for a patient to judge.

Another aspect of our culture is a concept called "One Voice." It reinforces the idea that every employee is an extension of the practice. Nothing degrades trust faster than hearing one thing from a provider, another from the MA, and something else from the receptionist. Sometimes, feeling put on the spot by a patient, an employee comes up with an answer that seems reasonable but is wrong. It's okay for people in the office to admit they don't know the answer and tell the patient they will get back to them--then do it. Staff members are highly encouraged to find out what's in our policy, how the process works, or the correct answer instead of trying to wing it.

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From the Editor

by Nancy Boutin, MD

In This Issue

Some members of the Marion Polk Medical Society decided on their future careers at an early age. For many, that meant a straight shot from kindergarten to board certification. Their first real paycheck may have arrived with initials after their name. For others, the route from high school to society membership became a voyage of discovery. With an organization made up of providers who came to that title in myriad ways, the editorial board thought it would be interesting to explore their various routes. As I started talking to DOs, NPs, MDs, and PAs, another theme emerged—workforce development and how providers in our community can influence the quantity and quality of healthcare colleagues in the mid-Valley.

In this issue, we hear from old friend Barb Croney, VP of Academic Affairs at Samaritan Health, about the second-largest residency program in the state—just down the road from us. Jay Jamison, MD, and Mandi Hudson, DO, talk about educating PAs and DOs, respectively, the critical need for clinical opportunities for students in the second half of their training, and how you can become a preceptor. Another old friend, Jeanine Stice, RD, talks about a new OHA grant to increase education and training opportunities for mental health providers, more necessary than ever for delivering whole-person care. And while some NPs took the kindergarten-to-licensure superhighway, others seemed to have jumped from bedside to shingle practically overnight. Of course, it only seemed like that to those of us who looked for them in the halls of the hospital one day and welcomed them as colleagues in the medical society a week later. I had the chance to hear some of their stories and share them here. Zoltan Teglassy talks about adding an MPH to his MD at a time we are acutely aware of the critical need for attention to public health in all its manifestations.

Howard Baumann gives us a historical tidbit about a prominent Salem "doctor," Luke Port, whose educational history is a little murky. However, we can thank the good doctor for the lovely Deepwood Estate. Erin Hurley describes the importance of carving out time for reading beyond patient records and medical texts. Rick Pittman gives us a high-level overview of a career that ranged from auto mechanic to vascular surgeon with an MBA in his back pocket.

Rick's piece mentions that I, too, earned an MBA at OHSU/PSU. If you've read my obsessions column, you may recognize that I'm always intrigued by the next shiny object. Enrolling in a program with strict requirements over time keeps me engaged and less likely to be distracted. Squirrel! In this issue, I talk about the mind's use of senses in imagination, memory, and dreams. I introduce you to a YouTube music theory star. Unlike Rick, however, I have no earthy desire to pursue a music degree in retirement!

I'm already looking forward to the next *Chartnotes*. I imagine it as "The Food Issue." Consider stories you might share about growing, processing, cooking, eating, and talking about food. We're looking for your traditions, recipes, vacations, and memories associated with the food you knew as a child or the food you discovered as an adult.

We want to get to know you. And—you are what you eat!

From the Executive Director

G. Harvey Gail, MBA

Enjoy the Holidays

By now, you should have a copy of our annual member directory. This powerful tool can energize medical society members by promoting networking while also providing a convenient resource for the medical community.

After a couple of years of COVID restrictions, we again held our New Provider Celebration this fall. This lively, low-key event was held at Red Gate Vineyards in Independence on October 6th. Steve Dunn, the owner, made us feel welcome, and Black Sheep Catering provided delicious hors d'oeuvres. Lively jazz music filled the room from Orvil Ivey. We were joined by several new potential members, and some joined that night.

This year we returned to the Salem Riverfront Carousel on December 4th for our annual Holiday Family event. It was the perfect venue for kids, and it even brought out some of the "kid" in all of us. I saw you riding those hand-carved horses! Check out the pictures in C*hartNotes* and on our Facebook page.

As we near the end of the year, and with the elections all behind us, it's time to reflect, regroup with family and friends, and take some well-earned time off. Enjoy the holidays!

Annual Holiday Party Held at Salem Riverfront Carousel

The children enjoyed sharing their gift wishes with Santa.

Over 100 people attended the Holiday Party.

Many children enjoyed riding the hand carved horses.

Dr. Tanie Hotan and Mary Louse VanNatta.

New Provider Event Held October 6

Our annual New Provider Celebration was held at Red Gate Vineyards in Independence. Thanks to our event sponsors, Willamette Vital Health, Willamette ENT.

Your Trusted Counselor

By Eden Rose Brown

THREE STEPS To prioritize your happiness and the happiness of your loved ones your loved ones

Not only is January the first month of a new year, it is also a time when many celebrate Hunt for Happiness Week (January 15-21, 2023). Happiness is something that humanity, in large part, has spent a tremendous amount of effort pursuing throughout history. Early on, happiness likely came from simple victories such as having a full belly, surviving another day, or simply staying warm. Over time, with the progress of civilization, happiness may have come from more complex sources such as art and literature, family and romantic relationships, religious worship, access to a wider variety of food and drink, education, and novel experiences. For many people, a lifetime is spent accumulating wealth in an effort to find happiness. But does the mere accumulation of wealth guarantee happiness? It depends on whom you ask, of course. But most people will agree that happiness can be found from a variety of sources beyond total dollars reflected on a balance sheet.

When it comes to finding happiness for both you and your loved ones, consider how your estate planning might play a role in that process. The following steps can help ensure that the effort you put into your estate planning will contribute to your and your family's happiness rather than diminish it.

Step 1: Identify what makes you happy and prioritize it. Rather than simply assuming that property or cash will bring continuing happiness to not just you but also your family when you are gone, it is important to think about how you can use your money and property to generate happiness. Here are some examples:

Is there a hobby that you and your loved ones enjoy that you could more easily engage in as a result of the availability of money? Perhaps you and your children have enjoyed hunting or fishing trips together over the years. Maybe you and your loved ones have a love of live theater or musical performances that has brought you joy over the years as you have shared such experiences.

Were your international travel experiences something that you will never forget and that you would like to help your loved ones experience as well? Was your education a source of joy and satisfaction over the years that you would like your loved ones to be able to experience? Is there a special vacation location or property that has many happy memories associated with it?

Whatever experiences and activities have brought you happiness throughout your life, the first step is to identify them and determine whether or not you would like to make them a priority in your estate planning.

Step 2: Review your important documents to see if they reflect your priorities.

Once you have identified your priorities, you should review your important estate documents, such as life insurance and retirement account beneficiary designations, wills, trusts, pay-on-death designations on accounts, and the deeds and titles on your property. Do you understand how your accounts and property will be transferred or paid out when you die? If so, will that process realistically result in your accounts and property supporting the priorities that you have identified in Step 1? Or does your current plan risk allowing the accounts and property to be used or spent on things other than your priorities? If so, are you comfortable with that potential result?

Step 3: Contact your advisor team to make necessary changes or additions to your planning. If you are not comfortable with the way that your current plan meets your priorities, then it is crucial that you do not delay in addressing these issues with your professional advisors, such as your attorney and financial planner. Your attorney can help you craft provisions in your will or living trust that will set aside a sum of money to fund education for successive generations, travel, hunting trips, family reunions, or other experiences that create happy memories you would like to pass on. Further, in order for you to protect your property from being squandered on material possessions or expenses that bring little happiness to your loved ones, you may need to change beneficiary designations on life insurance, retirement accounts, or cash accounts to be payable to a trust, or make other protective arrangements that can help you achieve your priorities.

It is only with careful planning that you can turn something as mundane and inanimate as money and property into experiences and opportunities that can bring true and lasting happiness to you and your loved ones. With proper direction from you, your advisors have the tools to help you effectively meet this worthwhile goal. Such efforts will undoubtedly increase the likelihood that you and your loved ones will find the happiness and satisfaction in life that is readily available to those who diligently seek it.

A former MPCMS board member and *Chartnotes* contributor, attorney Eden Rose Brown provides comprehensive, highly personalized counsel in wealth preservation strategies, family legacy design, estate, tax, and charitable planning. Honored by her peers as an Oregon Super Lawyer and named one of the Top 100 Attorneys in the United States, Eden's innovative planning strategies maximize client control, minimize taxes, and preserve family wealth and harmony for generations.

The Law Office of Eden Rose Brown, LLC has offices in Salem, Lake Oswego, Springfield, and Bend. 503-581-1800; Office@EdenRoseBrown.com; Learn more and register for our free Family Matters Workshop at www.EdenRoseBrown.com.

Wondering What to do This Winter?

Out & About

BY MARY LOUISE VANNATTA, MBA, CAE, AND ADDISON ALLEMANN

The word Salem means peace. As we enter the holidays in our Capitol city, you'll find many ways to experience joy and peace.

Outdoors

What better way to make a memory than finding and cutting down your own Christmas tree? Oregon is known for its beautiful, sought-after trees; we have them right in our backyard. Whether you want a Douglas Fir, Noble orSpruce, the Valley is filled with places to go. Here are just a few: Skyline Christmas Tree Farm, Ballyntyne Tree Farm, Bauman's Farm and Garden.

Fun with the Kids/Teens

Light up your world! Last year the Society visited Oregon Gardens so you could return for another look. Walk or drive through the city of Keizer's Miracle of Christmas neighborhood lights. The City of Salem lights up Riverfront Park with holiday themes and a giant menorah. Go a little further to Oregon Zoo lights.

Holiday Fun and Festivities:

In early December, holiday markets start popping up. On Dec. 9-11, the Oregon State Fairgrounds hosts the region's largest Holiday Market. The Oregon Garden hosts two events: the Holiday Bazaar and the Silverton Christmas market, surrounded by lights. Holiday Markets and Bazaars and a fun way to find artisan and unique gifts to give to loved ones.

Charity Fundraisers

Bless others by participating in toy and food drives. Make a difference in a family's life, meet new people, and learn about our community's needs. Pick a name from the local giving tree or watch for local toy drives. Pro tip: Keep a few extra unwrapped toys or a case of highly desired food (tuna, peanut butter) in your trunk so you'll be ready to donate!

Lights, Bazaars, Festivals, and Annual Events

- Family Building Blocks: Gala of Trees, Dec. 2, Salem Convention Center (www.familybuildingblocks.org).
- Salem Community Markets: Holiday Market, Dec. 9-11, Oregon State Fairgrounds (www.salemcommunitymarkets.com).
- Holiday Bazaar: Dec. 17-18, The Oregon Gardens (Holiday Bazaar - The Oregon Garden)
- Oregon Garden Lights/Silverton Christmas Market: Nov. 25-Dec. 23 and Dec. 26-Jan 1, The Oregon Gardens (Silverton Christmas Market | 1 Million Lights, Santa & more!)
- Oregon Zoo Lights: Nov. 23-Jan. 5 (excluding Dec. 25), Oregon Zoo (ZooLights | Oregon Zoo)
- Keizer Miracle of Christmas Lights: Gubser neighborhood, Dec. 2-26 (6-10 pm nightly)
- Salem Academy Christmas Market: Sat. Nov. 12, (Salem Academy Christmas Market | Facebook)
- Holiday Open House: Nov. 19, Bauman's Farm and Garden (Holiday Open House 2022 - Bauman's Farm & Garden (baumanfarms.com))
- Skyline Christmas Tree Farm: (Christmas | Skyline Christmas Tree Farm | Salem)
- Ballyntyne Tree Farm: (Ballyntyne Tree Farm)

Keizer Lights, Christmas tree farm, shopping

Howard Baumann, M.D

DR. LUKE A. PORT AND THE HISTORIC DE

Dr. Luke A Port, c. 1870.
(Courtesy of The Friends of Deepwood)

YOUR POP QUIZ:

1. **Is Dr. Port's first house in Salem, the Port-Manning House, still standing?**
2. **Did Luke and Lizzie Port ever live in Deepwood?**
3. **Was Dr. Port ever a member of the Marion-Polk County Medical Society?**

Port-Manning House, at Winter and Ferry Streets.
(Courtesy of Salem Library Historic Photograph Collections)

Lizzie Port, c. 1880.
(Courtesy of The Friends of Deepwood)

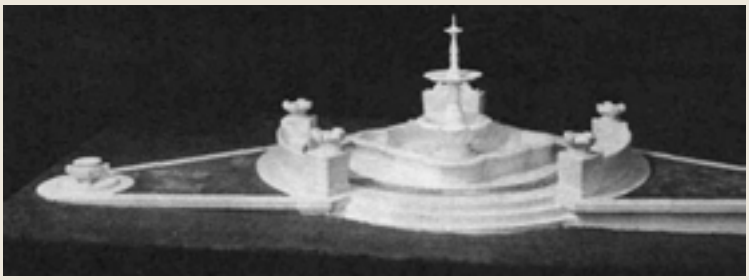
Dr. Luke Port was born in Sussex, England in 1834. When Luke was twelve, the family emigrated to Athens, Ohio, where they bought a farm. In 1857, he married his wife Lizzie and their daughter Alpha was born the following year. In response to President Lincoln's first call to arms, he served in the Civil War in 1861 as a First Sergeant in the 23rd Ohio Infantry, Co. B. In 1863, the family moved from Ohio to Missouri where son Omega was born in 1865. Some speculate that it was in Missouri that he completed a medical preceptorship of some variety. This is also about the time that he started to list his occupation as "physician" on all subsequent US Censuses. Dr. Port's career also included other areas of interest: trading, real estate speculation, farming, civic leadership, and druggist.[1]

The Port family moved out West to San Diego in 1880 where Dr. Port bought a 20-acre farm in the southern part of the city. Luke often mentioned that his interest in San Diego came from reading Richard Henry Dana's *Two Years Before the Mast* many years earlier. While living in San Diego, he also speculated on a possible San Diego-Hawaiian steamship company. But things didn't work out and the family eventually moved to Salem in 1884.[2]

During the eighteen years that Dr. Luke Port lived in Salem he had two beautiful homes built for his family. Both houses are still standing and are on the National Registry of Historic Places. The first was a large Italianate house completed in August, 1884 located on the northwest corner of Winter and Ferry Streets. The second, of course, was the Deepwood Estate, completed in 1894. Dr. Port also purchased and managed a drug store at 100 State Street on the Patton Block, renaming it: 'The Port and Son Drug Store'. He bought shares in the Salem Water Company, later becoming one of their directors, and he also served on Salem's Willamette Bridge Committee which built the city's first bridge across the Willamette River in 1886. He joined the First Methodist Church, and a local Civil War veterans association, Sedgwick Post No. 10 of the GAR.[3]

In 1887, Omega, at age 22, decided to go to Germany to study analytical chemistry. Then disaster hit when Omega's ship, while on its way to Liverpool, sank in the mid-Atlantic Ocean in a severe hurricane with all crew members and passengers lost. Luke and Lizzie, coping with their loss,

EPWOOD ESTATE



The Omega Port Memorial Fountain, San Diego.
(Courtesy of San Diego Historical Society, Ticor Collection 81:11936)

started to make plans to travel to Europe to seek out any details. They sold their Winter Street house to Major William Manning in early 1889 before leaving on their 2-year journey. They had already sold their drugstore just a few weeks before Omega left for Europe.[4]

Before returning to Salem in 1892 from their long trip, they spent time in Los Angeles with daughter Alpha Miller who was dealing with marital difficulties and caring for their 4-year-old grandson Port C. Miller. Upon finally arriving in Salem, Dr. Port bought five acres in the Yew Park Subdivision and commissioned architect W.C. Knighton to build Deepwood Estate, which was completed in August 1894. Dr. Port hoped that the new house would help smooth out the rough times he and Lizzie had been going through. But Lizzie remained very concerned about Alpha's situation and finally decided to move to Los Angeles, essentially for the rest of her life. Luke remained at Deepwood for a total of 15 months before selling it to Judge George C. Bingham in 1895. As a side note, the house did not become "Deepwood" until 1935. Before that, it was known by the name of the family residing there or simply by the address.[5] Luke lived in several more houses in Salem before moving to San Diego permanently in 1903.

Even though Luke and Lizzie were living apart, they continued to show concern for each other's well-being. In 1905 when Lizzie expressed a desire to move back to Salem, Luke deeded over the lot they still owned on the corner of Mission and 12th Streets adjacent to Deepwood to grandson Port, in case they wanted to build a house. However, Lizzie ultimately decided to remain in Los Angeles.[6]

Dr. Luke A. Port passed away in San Diego on August 10, 1906 at age 72 at St. Joseph's Hospital and Sanitarium "due to liver and kidney pathologic changes." Before his death, Dr. Port commissioned a large fountain to be built in memory of son Omega: The Omega Port Memorial Fountain. The fountain

Historic Deepwood Estate, 2022.
(Author's private collection)

Omega Memorial Window, above fireplace mantel.
(Courtesy of The Friends of Deepwood)

was designed by well-known California architect Irving Gill and located in a park setting at Mount Hope Cemetery in San Diego. Lizzie died in 1915 in Los Angeles at age 80. Luke, Lizzie, and Alpha are all buried at Mount Hope. Unfortunately, the Omega Fountain was demolished in 1988 due to advanced deterioration.[7]

QUIZ ANSWERS:

1. Yes. In 1972, the house was about to be demolished for a parking lot, when it was purchased by Mr. Dwight Ferris who had it relocated to Halls Ferry Road, just off South River Road.
2. Yes. Luke lived in the house 15 months, Lizzie only briefly.
3. No. There is no evidence that Dr. Port ever had a license or practiced medicine while living in Oregon. On the other hand, he did appear to have directed his downtown pharmacy competently as its druggist.

DEEPWOOD
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You can learn more about Deepwood Museum & Gardens including tour information at DeepwoodMuseum.org.

References:

1 David Duniway, Dr. Luke A. Port Builder of Deepwood, (Salem, OR: Capitol City Graphics, 1989), 22-34.
2 Duniway, 35-39.
3 Duniway, 40-44.
4 Duniway, 44-48.
5 Thanks to Yvonne Putze, Executive Director, Deepwood Museum and Gardens, for her consultation and insights.
6 Duniway 51-56, 75.
7 Duniway 75, 77-80.

Expanding and connecting behavioral health

BY NANCY S. BOUTIN, MD

The need to integrate physical and mental health care has never been more apparent in American medicine than it is today. And yet, despite oceans of ink extolling the virtues of integration, it can be extremely difficult for a medical provider to successfully refer a patient to the right mental health specialist at the right time. And even when it works, the result is usually co-management rather than integration.

Part of the difficulty is that medical care is divided into a patchwork of payment models from commercial to uninsured, as well as a whole array of government-funded programs, including the Oregon Health Plan which splits regions into coordinated care organizations (CCOs) with different strengths, weaknesses, and rules of engagement. Behavioral health has a similar diversity of employed, contracted, and self-employed workers ranging from psychiatrists to peer support specialists, and everything in between. That's a lot of moving parts to navigate.

Unless you, as medical provider, work for an organization that has a relationship with one or more behavioral health groups, and coordinates the free-flow of patients between physical and mental health offices, the process can be daunting. Handing your patient a list of phone numbers rarely works very well.

Jeanine Stice, RD, a longtime friend of Marion Polk County Medical Society who spent five years heading up the Foundation's role in the "I Love ME" diabetes reduction effort, is now working with an organization that aims to remove at least some of the barriers to whole-person care. In July, Stice was recruited by Willamette Workforce Partnership as a healthcare sector contractor under a Healthy Oregon Workforce Training Opportunity (HOWTO) grant from the Oregon Health Authority, in conjunction with OHSU. According to the OHA website, the grants are intended to "expand health professional training," especially in rural and underserved areas by supporting "innovative, transformative, community-based training initiatives."

Although HOWTO funding is open to all areas of healthcare, a number of communities have successfully applied for support to expand the behavioral health workforce. In the mid-Valley, the realities of the pandemic, CCO 2.0, and funding

shifts created a musical chairs version of employed behavioral health workers changing jobs and/or hanging out their own shingles. "Employers were each working in their own silos," Stice says, "trying to recruit for their needs, and just moving the same providers between agencies, never fixing the underlying problem."

Receiving this grant as a member of the fourth round of grantees means that Willamette Workforce can learn from previous projects. Innovation is great, but building on success shortens the process. It also allows for modifications that create a best-fit scenario for each location. Stice is excited about a behavioral health consortium model developed in Central Oregon that includes collaboration between local agencies, provides coordinated, centralized training, and facilitates a system of workforce development and retention. The mid-Valley group also wants to understand how current practices have led to a workforce that inadequately reflects the diversity of the population it serves—and encourage a better match.

The mid-Valley grant launched at the end of summer, but with the end in mind, Stice already has a clear wish-list vision of the project's final results. She imagines leveraging a post-pandemic staff shortage into opportunity to create better systems. She would like to see the consortium bring together relevant agencies to develop didactic and clinical curricula for use across the region. She would like to see opportunities for internships, apprenticeships, and other on-the-job training. She envisions promoting integration by consolidating medical and mental health offices with support staff from both disciplines bridging the divide. She would like to see real-time listing of private-practice therapists showing availability, telehealth vs in-person, familiarity with particular populations, and special expertise such as trauma-informed care, addiction medicine, chronic pain management, and so on. Stice says that the requirements for "up-training" in behavioral health are more onerous than in other areas of healthcare. She would like to have pathways to increase the skills and credentials of workers from entry-level on up.

It's not too late to lend your knowledge, experience, and expertise to the implementation of the mid-Valley's only HOWTO grant.
For questions or input, please contact Jeanine Stice at jstice@willwp.org or Harvey Gail at exec@mpmedsociety.org

Jeanine Stice's dream for healthcare training in the mid-Valley doesn't end with behavioral health workforce development. "We live in one of the most beautiful regions of the country," she says, "with tremendous educational resources up and down I-5—the state and private universities, OHSU, a DO school, PA programs, and post-graduate training opportunities. If we can build our workforce infrastructure for behavioral health, we can expand to other areas and become a magnet for students who want to be in healthcare, at all levels. And—we don't have to wait for them to find us. The NCAA scouts prospects. They have a model that works. I think we should, too. Kids who dream of being in medicine know how to show up. They know how to get the grades. But if they don't sign with a team, they don't have a career. We could fix that."

HOWTO Healthy Oregon Workforce Training Opportunity Grant

WILLAMETTE WORKFORCE PARTNERSHIP

Physician Assistants

Encouraging educational ties with students and local

BY NANCY S. BOUTIN, MD

After 30+ years practicing family medicine in Salem, Jay Jamieson, MD, decided to retire. He gave his clinic a year's notice to allow them to find his replacement. The new doctor would walk into an established panel of patients, a pleasant working environment, and enjoy all the perks the Northwest has to offer. At the end of the year, with no replacement in sight, he extended for a second year. This time, Jamieson and his wife jumped in. They researched potential family medicine resident candidates, they Facebook-stalked them to tailor their pitch whenever possible, and wrote 300 personal letters. They received no replies.

Visiting his residency alma mater, Jamieson went directly to the current director, who listened to the fantastic opportunities available in Salem, Oregon. "These residents," the director said, "all have confirmed offers by their second year to practice with people they know, in a place where they're established, without selling their homes or leaving their friends. You don't stand a chance."

Jamieson, and others, would love to see a family medicine residency in Salem with all the necessary resources to support medical training. But in the meantime, he has jumped on the opportunity to educate students in George Fox University's Master of Medical Science Physician Assistant Program. The program, highlighted in the spring '22 issue of *ChartNotes*, will graduate its first class in mid-December. Jamieson says all students tested extremely well in the mock boards, and he is confident they will all pass. They have impressed the preceptors with their knowledge and clinical performance. Some graduates will stay in the mid-Valley. Others have jobs in the rural areas they called home before earning their degrees.

The second class of PA students will begin their clinical rotations in January. As with all healthcare-related training, that means that someone, somewhere, must step up to offer them experience, guidance, and wisdom that comes from working in the field. It's knowledge built on what we learned during *our* clinical rotations. Erika Barber, MD, George Fox professor of pathophysiology and practicing gerontologist, says finding those opportunities may be the most difficult part of training future providers.

There are many reasons NOT to open your office to students—"they'll slow me down," "my patients might not like it," "it takes too much effort to apply," "the office manager would have my head if I agreed to do it." You can probably think of more.

Jay Jamieson, MD

On the other hand, providers who have precepted students speak highly of the experience. Doug Eliason, DO, started hosting students from the College of Osteopathic Medicine of the Pacific (COMP) before they even had a campus in Oregon. "We've all been part of the gaggle of attendings, residents, and medical students tromping down the hall of a hospital and standing around a patient's bed having a conversation over the top of them. But most of us learn better in a one-to-one situation—the way medicine was taught from one seasoned physician to a trainee before the Flexner Report a hundred years ago," he says. "I got involved back when COMP had the 'Northwest Track.' It was so much fun and it felt right."

Eliason says he had the chance to have a number of different students, in all types of provider training, over a decade or so. He says he specified that he preferred third-year medical students in family practice because he "wanted to start them at the beginning, to be part of putting in the building blocks. It's rewarding, and at the end of the day, I feel good when I've been teaching."

He admits that chatting with a student between patients had a tendency to put him behind—much to the dismay of his MA—but he developed ways to mitigate the effect. At first, a student just shadowed him. As the student got the feel of his practice style and the culture of his clinic, Eliason gave them more leeway. He would look at his schedule and pick out patients who would be good teaching cases, sometimes the more difficult ones, and leave the student and patient in a room while he saw a couple of routine cases before he circled back. Some of the patients visited the clinic frequently and became used to seeing students during most visits.

And, Eliason said, looking at patients and problems through the eyes of a young doctor, at the midpoint of his career, made even routine diagnoses fresh "at a time when a lot of people begin to get kind of stale—jaded and burned out." He would assign reading to students and then discuss their findings the next day. "Sometimes I would discover what I'd been doing for twenty years was exactly

right. Sometimes the student's evidence-based information would nudge me to do something a little different."

The hard part of medicine, Eliason believes, is not learning medical facts and protocols, but finding ways to relate to people in a compressed time frame. "I was blessed with good preceptors and I stole their techniques freely. I put them in my toolbox and pulled them out when needed. My MA would laugh at me and say, 'You're gonna do the car thing again,' whenever I used my routine-maintenance-argument to convince a patient of the importance of annual check-ups."

He taught students time management skills that dovetailed with relationship-building—like asking about the grandkids as he opened the EMR. It helped de-medicalize the interaction and gave him a minute to glance at his last note, recent lab results, or just gather his thoughts. Through his example and discussion, he hoped to start filling the students' toolkits with the right tools for the job ahead.

Oncologist Nick Barber, MD, has been precepting PA students for the last year or so, and discovered some of the same strategies for offering a strong educational experience in the midst of a busy practice. "The ideal clinical learning opportunity," he says, "is a combination of observing preceptors with patients, practicing interviews/exams independently with patients, independent documentation, and discussing findings/plans with the preceptor. But it's also critical that clinical curiosity be encouraged and students given regular time away from the preceptor to look up answers to their questions, and then report back what they discover." Barber admits, parenthetically, that it also gives the preceptor built-in alone-time to finish tasks!

Barber's wife, professor Erika Barber, watched as he developed his teaching style. "At first," she said, "he felt guilty if he didn't have the students with him at every patient encounter and talk with them after every encounter—so he'd get behind. He was trying to replicate his experiences as a student, which weren't necessarily set up for optimal learning or giving time/encouragement for developing habits of clinical curiosity. Everyone is more successful with his current approach."

Jay Jamieson, who has spoken in *Chartnote*s before about the personal satisfaction that teaching provides him, also circles back to the practical side of opening a practice to precepting. "We have a health care provider shortage in Salem, so encouraging educational ties with students and local providers is a great solution. Many of our students have received offers during their rotations in communities where they train."

Now that the students are going out into the community, we know those offers have been accepted. Yes, students are still choosing to practice with people they know, in a place where they're established, without selling their homes or leaving their friends. But in these cases, they're choosing small-town Oregon—not Portland, Phoenix, or New York City. It's a win/win situation.

Casting practice, George Fox University's Master of Medical Science Physician Assistant Program.

Wellness

Erin Hurley, MD

Taking Time to Read

Education…We all had a prescribed track to become licensed for our respective medical careers, but what about your education since you graduated?

For the first two decades of my career, my continuing education consisted of one topic, medicine. Now I realize how much I missed out on by having such a singular focus.

In elementary school, I was the kid with a flashlight under my covers, reading into the wee hours. In college, I re-read Steven King's entire classic, *The Stand*, while stuck at the Rome airport for 24 hours. In medical school, I stopped reading anything outside medical texts because I did not see the benefit, nor did I think I had the time.

By the end of residency, I no longer knew what authors to read when I had free time, and soon, I was flooded with more responsibilities with my new career. At work, there were requests to sit on boards and hold leadership positions. On the home front, I got married and had three kids. There wasn't room for reading outside of books I read to my children or the reading necessary to keep up with the latest news in pediatrics. Or was there?

In 2017, I finally realized the importance of developing a growth mindset and learning new skills, habits, tools, and rituals to get out of the black hole of burnout. It started with working one-on-one with a coach, then attending non-medical conferences that focused on personal growth and development. I began learning how to be a "high performer," which was different from being successful. I learned that having a truly fulfilling and sustainable career required strategies that optimized my self-care and prioritized my relationships at home. None of this was mentioned in my medical training, and yet they are so crucial to true long-term success.

When I was able to boost my energy, moods, and self-esteem, my relationships began to improve and my productivity elevated to a new level. With the help of my coach, I learned that I could be more productive in less time by getting adequate sleep and adding meditation, exercise, movement, and stretching to my weekly routine. During this first year of personal development, many books were recommended and, though I had them in my possession, they were simply stacking up on my nightstand unread.

In July, 2018, my lack of reading books finally changed. A mentor recommended I read *The 5 Love Languages*. I was still struggling with my relationships at home and as a leader at work and asked for advice. I explained that, as hard as I worked constantly doing things for everyone else, I could never catch up and felt completely unappreciated.

Haven't we all heard, "Put on your own oxygen mask first"? Was this the primary problem? Why did I find this so difficult when it came to my own needs and self-care? Would I treat my siblings or best friend in the manner I treated myself? In my many conversations with other women working in healthcare, I realized my struggles were not unique. So many women shared similar stories. I have less of an understanding of how men are doing in their medical careers as they are not usually the ones who show up to the wellness-focused events and training that I offer. Men: if you are interested in helping me understand your perspective as a male working in medicine, please send me an email. I would love to learn more.

The day after my mentor recommended *The 5 Love Languages*, I downloaded Audible and finished listening in just three weeks. That book helped me understand that we all speak different "love languages" and will do better in our relationships when we speak in the primary language of the *other* person. When I

…continued on next page

put this knowledge into action, my relationships at home and at work began to improve. I also learned to better recognize and express my own needs. For example, as my primary love language is "Act of Service," I now understood that when no one helps with chores at home, I interpret that as not being loved by my family. By contrast, when they offer help or do an act of service without being asked, my "love cup" will be full to overflowing. And I explained that when I am constantly busy doing things, that is because I want to demonstrate my love to them.

By contrast, my daughter's love language is "Quality Time," one of my son's is "Words of Affirmation," while my youngest son and my husband both speak "Physical Touch." My secondary language is "Gifts" which you probably recognize if you know me, as I love giving to people!

Because I chose to learn from this non-medical text, I have become more fluent in my non-dominant love languages, and better recognize which to use based on the person I am interacting with. For my daughter, there is no gift I can buy or service I can do for her that will replace the one-on-one quality time she first needs from me. Yes, even at age 19, my daughter wants to spend time with me and have my *undivided* attention. She doesn't want me busy during that time with her, she just wants me to be with her—fully present, 150%. For other medical provider moms out there: how hard is that when you have an overflowing to-do list vying for your attention? I know that when I offer anything less, my daughter will suffer as will our relationship and I feel I have done enough damage from the years before I completed the book. Now that I have awareness of this new tool, I must put the knowledge into action for any benefit. By knowing what my daughter needs, I spend less time and effort on actions that don't help and that distract from her primary need. Instead, I focus on what she does need, with a better return on my energy and time investments overall.

A major breakthrough...

I now listen to a new book about every three weeks, all while driving to pick up my kids, during my short work commute, or folding laundry. Most books are personal and professional development, some are positive psychology, and a few are fiction for pleasure. With short but *consistent* listens, that adds up to about sixty books in just four years. Sixty books in four years, compared to less than five in the first twenty of my career. With the help of those sixty books, problem-solving comes much easier and I have so many more tools to use. My personal knowledge and expertise have benefitted from those sixty books and that helps me better solve all the problems in my life, medical and otherwise.

Training in a Pandemic

BY NANCY S. BOUTIN, MD

When Lewis Bradshaw, PA-C, graduated with a degree in music composition from Vanguard College in Orange County, California, he probably didn't imagine that someday he'd be a primary care provider in the Willamette Valley. And yet, you can find him most days at Praxis Health in South Salem, seeing patients with problems that run the gamut from runny nose to cancer. And even if he had had an inkling that he'd be practicing medicine, Bradshaw certainly did not entertain the notion he might train during the worst pandemic in over 100 years.

Bradshaw seems like the kind of problem-solver you'd want on your team. He relocated to Oregon when he married Savannah, who grew up in Silverton—where he probably wouldn't make a living in music. Bradshaw researched options and decided he could attend U of W's PA program, MEDEX Northwest, while maintaining a home and family in Oregon. In order to accrue the necessary medical experience hours without going into debt, he joined the military. Bradshaw spent five years as a Navy corpsman in Jacksonville, Florida, and then began PA training just south of Seattle shortly before local authorities announced the first US COVID fatality in a Seattle suburb.

"On the Friday before finals, our campus director told us she had received a call, and we would need to take our tests online. One of the students asked if the situation was serious, and she said she thought someone was overreacting—it would all blow over soon."

Bradshaw says he drove home, set up a ping pong table in the garage, and took his finals. After spring break, the school put 40+ hours per week of classroom education on Zoom, and "it was a nightmare. No one knew what they were doing. Our study group, our collective brain, had to figure out how to work together long distance."

Lewis Bradshaw, PA-C

As trying as it was to cover didactics in cyberspace, the clinics were even more challenging. With great foresight, Bradshaw had arranged to do most of his rotations on Maui, where he and his family could enjoy island life when he wasn't in clinicals. Instead, the state of Hawaii instituted safety restrictions that "shut the island down." Rather than the usual range of maladies one would expect to see in a hospital or ED, "only really, really sick people came in, and we took care of them covered head-to-toe in PPE."

Eventually, Bradshaw took a break from school, studied on his own in Silverton, and helped his seven-year-old son attend second grade via the internet. Fortunately for Bradshaw, his experience as a corpsman provided a solid medical foundation when he resumed more normal clinical rotations.

One of the things that surprised Bradshaw about small-town life was all the close, interwoven ties people have developed over time, but that's how he connected to Praxis—through a friend whose wife worked there. "It was a good fit from the start," he says, "just really smooth."

Some people take a super highway from kindergarten to specialty boards. Some people take a more circuitous route. What matters to patients is that the provider sitting in front of them cares about the person's health and needs, not the journey that brought them together.

Training New Doctors
IN THE MID-VALLEY

Mandilin Hudson, DO

BY NANCY S. BOUTIN, MD

Mid-Valley psychiatrist, Mandilin Hudson, DO, met her husband, Ben, now a Samaritan Health cardiologist, as a Willamette University undergrad who had traveled to Oregon from her native California. The two started med school together at the College of Osteopathic Medicine of the Pacific (COMP) in Pomona, California. Two years later, they returned to Oregon for their clinical rotations in what was then known as "the Northwest track." After graduation, they matched to Samaritan's first-ever residency class in Corvallis. Fast forward a few years and Hudson balances her time between practicing psychiatry for Trillium Family Services, teaching psychiatry at COMP's Lebanon campus, and an administrative role as Vice Dean of the school.

The couple's educational journey, and subsequent medical practices, mirror that of many students at COMP-NW. Conventional wisdom says doctors have a tendency to stay where they trained, and school's fact sheet corroborates that assumption. The first class graduated in 2015, and of those who completed residencies over the next three-to-six years, seventy-four have joined or started practices in Oregon—the majority in primary care—and sixty-three more have settled elsewhere in the Pacific Northwest. Hudson is proud of the fact that, nationally, only two other medical schools produce a higher percentage of primary care doctors.

Hudson believes COMP-NW students tend to embrace careers in smaller towns, due in part to their experiences in school. She says as an undergrad, and even as a med student in Pomona, she lived inside the campus "bubble." Everything she needed could be found there. Sure, she could leave campus for a special dinner or drive to the mountains, but she could also spend all her time inside the stately walls of the oasis. COMP-NW students, however, are encouraged to look outside the bubble. They are required to perform community service. Many are involved with events in town. Some know the barista in the on Main Street. In addition, the school regularly arranges programs that bring young people onto the campus. Humans thrive on connections and the school supports opportunities for students to connect locally. "Community is really important to us—being a part of it and not just passing through without giving back in some way," Hudson says.

COMP-NW's incoming class closely resembles OHSU's incoming class in terms of age, undergrad GPA in science and overall, and MCAT scores. Curriculum is similar, although osteopathic training includes more hands-on experience in diagnosis and therapies related to the musculoskeletal system, chronic pain, and select other conditions. Where the two schools differ, according to Hudson, is access to a wide variety of clinical opportunities—especially in office-based practice—during the second half of med school. OHSU has had more than a hundred years to establish relationships with community clinics and physicians, has immediate name recognition, and is within easy drive of multiple hospitals and residency programs. Providers there are used to having students around and know how to integrate them into office flow.

"Rotations," Hudson says, "are our opportunity to get students into different communities, let them find out they love the area, and help them see they want to stay."

Figuring out the process of opening your practice to trainees is more challenging than implementing it, according to Hudson. She would be happy to talk with any providers interested setting up a student experience—she's hosted many over the years and can shorten the curve for other providers. "It's fun," she says. "We are absolutely happy to support anybody who's interested—walk them through the 'how-to' and make it easier to get started." But most significantly, "it's an important piece to making sure we are replenishing the Oregon provider workforce."

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Todd Rosborough, PA-C received his Bachelors of Physician Assistant Studies at Touro College School of Health Sciences, Dix Hills, NY. He is certified by the National Commission on Certification of Physician Assistants.

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Doug Huntley, PA-C received his Bachelors of Physician Assistant Studies at Midwestern University, Downers Grove, Illinois. He is certified by the National Commission on Certification of Physician Assistants.

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BY NANCY S. BOUTIN, MD

GME at Samaritan Health

For decades, Oregon Health Sciences University has made a commitment to training primary care physicians and offering opportunities and incentives to encourage trainees to settle in all corners of the state. It is a well-known fact, however, that many newly-minted doctors remain close to the community where they trained. And—there has been only one medical school in the state since Willamette and University of Oregon merged their medical programs in 1915.

One of the most popular songs in 1919, the year the medical school moved up on "The Hill," asked the musical question, "How ya gonna keep 'em down on the farm, after they've seen Paree?" Portland is no Paree, but it amounts to the same thing. After three, or four, or ten years of education and training within sight of the Moda Center, many young doctors have developed friendships, networks, and practice connections inside the urban growth boundary. There may be opportunities for spouses and children not available in Drain, Umatilla, or even Salem, that argue against moving out of the metro area.

Barb Croney, VP of Research, Samaritan Health Services

In 2007, Samaritan Health and Pomona, California's Western University of Health Sciences began talks regarding the establishment of an Oregon campus for Western U's College of Osteopathic Medicine of the Pacific. The proposed collaboration would be symbiotic. Good Sam would provide leasable space for a medical school in Lebanon and clinical opportunities for the students. WesternU would provide the collegiate infrastructure, curriculum, and a student body.

In addition to the stay-where-you-trained phenomenon, the culture of osteopathic education might increase the likelihood that COMP-NW grads would choose a more rural practice and lifestyle. All-in-all, graduating doctors from the mid-Valley offered a tremendous opportunity to underserved communities in the Pacific Northwest and elsewhere. Good Sam's leadership added one more missing piece to the puzzle—they began the process of accreditation for graduate medical education.

In theory, any good-sized hospital could support a medical residency, but one long-standing CMS rule dampened enthusiasm for jumping in. Until recently, an institution that wanted to offer new graduate medical education had five years to develop and fill residency slots. The number of residents at the end of sixty months was the cap under which CMS would fund that institution's trainees, forever and ever, amen. It meant that the institution needed to be ready to go when the CMS clock started ticking.

Given the burgeoning relationship Samaritan had with a college of osteopathy, they organized their post-graduate training under the auspices of the American Osteopathic Association, and began taking residents even before COMP-NW graduated its first class of doctors. In less than a decade Samaritan Health became the second largest GME provider in Oregon.

Two important changes have occurred in the world of postgraduate training. First, the oversight bodies of allopathic and osteopathic medicine merged over a five-year period, fully implementing a single accreditation system, and residency match, in 2020. Second, last summer CMS announced the creation of 1,000 additional fully-funded residency positions over five years, with priority given to training centers in rural and underserved areas. One of OHA's 2019 HOWTO grants went to Samaritan to develop a rural medicine training track at the Samaritan Pacific Communities Hospital in Newport, as a way to address workforce issues along the Oregon Coast.

Dr. Meena Seshamani, Director of the Center for Medicare, added to the conventional wisdom that providers settle where they train, even if it's rural, noting that during training, providers gain an understanding of the specific needs of the communities they serve.

Oregon's longest-serving Governor, Dr. John Kitzhaber, echoes that sentiment. He says he developed his approach to location-specific problem-solving during the years he worked as an ED doc in Roseburg on the weekend and a legislator during the week. As friends and neighbors filtered through the ED, he saw first-hand the effects, social and medical, of decisions made in Salem or Washington, DC. The specific needs of the communities he served could not have been anticipated long-distance.

Barb Croney, Samaritan's VP of Research, Academic Affairs, and Ancillary Services, says it has been interesting to watch Samaritan Health's culture evolve with the introduction of trainees and integration of osteopathic techniques and philosophy in what had been a primarily allopathic organization. "I think it's made us more open-minded to the idea there are many tools in our tool box, to use or not as the situation dictates. None of this needs to be polarizing."

Croney also gets a kick out of the fact that they have been a training center long enough that there are PGY-4 ortho residents who did their first clinical rotation at Good Sam as fresh-faced medical students. But, she says, they have not limited training to physicians. COMP-NW has followed the lead of the parent organization in California and opened doctoral programs for OT and PT. Samaritan has residency and/or internship programs in psychology, sports physical therapy, pharmacy, and health psychology (behavioral health.)

As we consider medical training, workforce development, and staffing opportunities in the wake of the Great Resignation, medical offices and providers in Marion and Polk counties would do well to shift our gaze south from time to time. There's a treasure in our backyard that many of us didn't even know about—for the first time in a century, the state has two medical schools again.

BY NANCY S. BOUTIN, MD

Zoltan Teglassy, MD, MPH

The concept of "path dependency" states that when an entity begins moving in a particular direction, each decision makes it incrementally more difficult to change course. Simply jumping to a different track is nearly impossible. Path dependency explains why Western healthcare systems, which may have looked quite similar at some point in the past, have evolved into very different delivery systems and why meaningful change in the US would require Herculean effort. The same can be said of an individual well-established in a career like medicine. Most of us wouldn't simply drop out of our practices to become actors or stockbrokers, but many of us have considered additional education that moves us to a different role within the "House of God."

In Hungary, where Zoltan Teglassy, MD, began his medical career, there is a significant divide between the practice of internal medicine (mostly hospital-based)—and family medicine (almost entirely outpatient). When Teglassy emigrated from Hungary in 2004, and completed the requirements to enter a US residency program, he needed to decide whether to continue in IM or switch to family practice. He ultimately elected the latter, which has served him over the years. He had every reason to believe he had completed his formal medical training, aside from the continuing medical education that keeps us all fresh, up-to-date, and engaged.

Fifteen years later, several realizations collided to change Teglassy's mind. His older children were reaching college age and he wanted to provide an example of life-long learning, he didn't see many opportunities to advance his career without additional credentials, and he heard the clock ticking. "If I don't start now," he recalls thinking, "I'll go to the end of my career without any new knowledge."

He considered several options, including a transition to something like geriatrics or sports medicine, but public health had intrigued him since his earliest days of medical school. Not only did it offer a broader concept of health, an additional degree would open the door to an entirely different practice of medicine or enable him to step into management or administration. Working at the Oregon State Hospital,

he imagined the contributions he could make given his combination of clinical experience and new fund of knowledge.

Teglassy weighed a number of factors in choosing his MPH program including location, cost, and on-campus requirement. His wife had started a surgical residency at OHSU—and they now had a one-year-old, in addition to the one about to leave the nest. Ultimately, he felt the UN program at Reno provided the best fit. When he attends graduation in mid-December, he will step on campus for the first time. As it turned out, distance-learning became the standard for almost everyone during his coursework, thanks to the pandemic.

For his clinical work, Teglassy helped prepare Family Connects Oregon for implementation. In response to a 2020 statute enacted by the legislature, the public health division of OHA began designing "a universally offered newborn nurse home visiting program." Home visits are voluntary and available to any family with a newborn, regardless of insurance coverage or income. Mirroring an evidence-based international program by the same name, Family Connects expects to see approximately 70% participation by families, with anticipated outcomes of increased community connections, positive parenting behaviors, and decreased clinical anxiety in the new mothers.

Programs that promote health, instead of treating illnesses that could have been prevented, appeal to Teglassy. However, he's not in a rush to change his career immediately. His family has a lot of moving pieces currently and he wants to wait for the right opportunity before he adds another change. No matter what direction he bends his path, he doesn't have to worry that he ended his career without gaining any new knowledge.

BY NANCY S. BOUTIN, MD

The Making of a Nurse Practitioner

The baby in the online photo has wrapped a pudgy hand around the bell of a stethoscope, trying to stuff it into his mouth. A very young woman, also holding the stethoscope, looks up, smiling, at someone off-camera. A jaunty orange banner just below her chin advises, "begin your career as a nursing assistant."

It is possible, maybe even common, for a young person to decide to become a provider via nursing and step briskly from high school to a Bachelor of Science in Nursing to a Master of Science in Nursing to clinical practice. However, many current Marion Polk County Medical Society NPs have worked in the community for years as a bedside nurse. Some of them began their careers, like the young woman in the Chemeketa catalog, as a CNA.

The three MPCMS members interviewed for this article have a lot in common—they are from small towns, they are committed to excellent, compassionate care for their patients, and they bring a wealth of experience earned during their years in each level of nursing. They have also spent countless hours juggling work and school as they progressed from CNA to LPN, to RN, to BSN, to NP. As a 24/7 occupation, often with long shifts over a three-or-four day work week, a nurse can have a full-time job, attend school full-time, care for a family, and have a social life—sleep is optional.

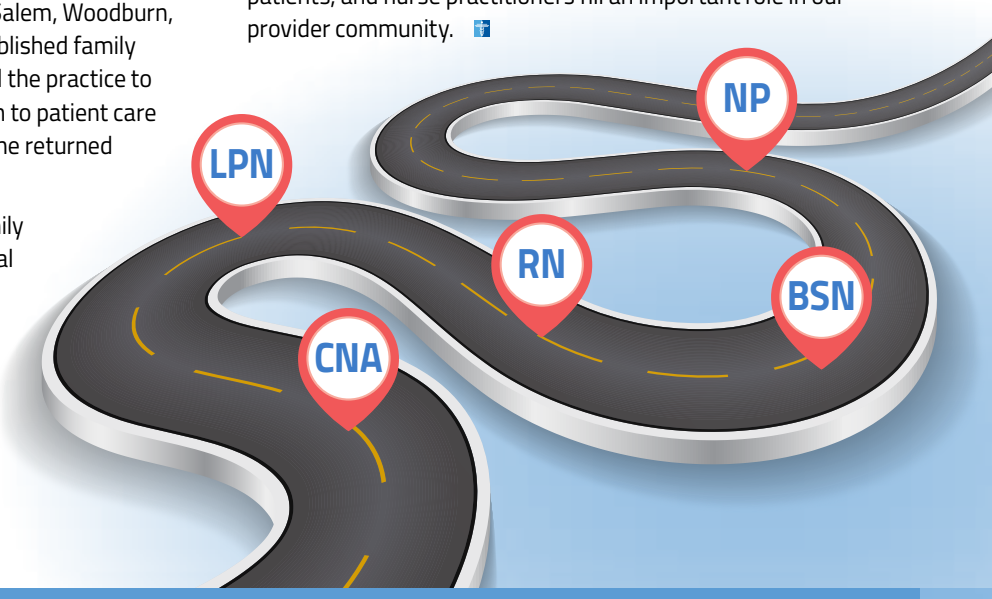
Salem Health Hospitalist, **Lisa Matlock**, grew up in Woodburn and received her CNA from Chemeketa Community College. She earned most of her subsequent degrees while working at Benedictine Nursing Center in Mount Angel. She moved to Salem Hospital while completing her BSN at OHSU and gained acute care experience in the post-surgical unit "with full intent to get my master's." Thanks to the rise in distance learning opportunities, she could work and live in the mid-Valley while "attending" Western University's nursing school in Pomona, California, the mothership to Lebanon's COMP-NW. She arranged to have her clinical experiences in Silverton, Salem, Woodburn, and Mt Angel. After graduation, she joined a long-established family medicine practice in Silverton. When the physician sold the practice to a health system, and Matlock discovered her approach to patient care didn't align very well with the new corporate culture, she returned to Salem Hospital, this time as a provider.

MPCMS board member **Ty Weber**, a family medicine provider at Aumsville Medical Clinic, knew he wanted to be an NP early on thanks to a family example. "My uncle was a nurse anesthetist, but they don't really talk to people. After a count to three, their patient is out cold. I like talking to people. That's what drew me to the NP route."

Even with a clear end goal, he still took a path similar to Lisa Matlock's. Before nursing school, Weber worked as a CNA in long-term care and Alzheimer's units. He had a couple of unique twists to his path, though. His wife-to-be also intended to pursue a nursing career, and Weber needed to complete a two-year LDS mission in Canada before completing his BSN at BYU. When they came to Salem after graduation, both Webers worked in acute care at Salem Hospital, living in the country and starting a family, all while Ty completed his master's degree.

Willamette Vital Health provider, **Autumn Nihart** attended high school in the same part of rural Idaho where the Webers grew up. However, she had moved frequently before landing there, giving her a broad perspective of different cultures and socioeconomic strata. She also pursued a wide-ranging nursing experience, often seeking opportunities to serve the underserved. Like the other providers in this article, Nihart has proven herself incredibly competent, and also like them, she says she never felt she needed to advance because she was smarter or better than her co-workers. Instead, she looked at each advance as an opportunity to better serve her patients and community. Each NP said that by learning the unique aspects of roles from nursing assistant to nursing provider, they are better able to mentor their supporting staff and anticipate issues or problems that might challenge them.

Some HOWTO grants offered by the Oregon Health Authority for workforce development encourage young men and women to enter nursing by supporting outreach at the CNA level. One doesn't need to look any further than Matlock, Weber, and Nihart to see the advantage of opening a channel to nursing for a diverse group of young people. Nurses of all sorts provide care for our patients, and nurse practitioners fill an important role in our provider community.



BY NANCY BOUTIN, MD

MY CURRENT OBSESSIONS

Mind's Eye

I've been writing fiction with a partner for the last three or four years. It's fun to bounce ideas and plot and character off someone else. And—we have very complementary skills. He can draft pages like nobody's business. I'm a really slow drafter, but I'm a good editor with a mind for detail.

He's one of those writers who outlines a plot, turns on the videotape in his mind, and writes what he "sees." I can't do that. I need to build a scene, starting with dialogue or the character's internal thoughts, and then create the physical world where these things occur, feathering in action and sensory detail.

Sometimes, a character will have Elizabeth Taylor-violet eyes in one scene and my writing partner will "see" eyes so dark brown they don't have pupils in the next. He'll shrug and say, "I count on you for continuity." In fact, he now just uses code for the color of eyes, hair, and so on. Any time I see the words "deep purple eyes" or "pink hair," I know I'm supposed to supply the correct hue.

While I have never had a videotape imagination, I have always had a videotape memory. If an author gives me blue eyes on page ten and brown eyes on page 563, I'll go back and check. Early in my medical career, I couldn't forget a patient if I tried. One detail to trigger the memory and I could "replay" a history and physical exam for months. I can still "see" some of those early encounters in vivid detail after forty years. Thousands of patients later, most encounters aren't so intrusive, thank goodness.

My writing partner's memory? Not so much.

This dichotomy in the working of our brains has advantages, but it also perplexed me until I read an article in the New York Times last summer about the "mind's eye." It turns out that the ability to construct an image in the brain runs the spectrum from aphantasia (none at all) to hyperphantasia (images so vivid it's hard to tell reality from imagination). The ability usually remains static over time, but the mind's eye can go blind due to illness, injury, or age. I don't know if anyone has ever developed a mind's eye de novo. And—although the author didn't seem to realize the distinction—there must be separate loci for the creation of images and the memory of images. The two are not the same.

Fantasy author Mark Lawrence said he felt robbed when he discovered he "suffered" from aphantasia, until he realized that the lack of a visual image freed his imagination to wander down "an endless web that spreads along more and more tenuous connections." Without a mental photograph to articulate, he has the ability to write descriptions that "brush against poetry." Each reader can respond in their own unique way to a dragon with wings that are "a black suggestion of flight." He, and his editor, see value in evoking an emotional image rather than merely a visual one.

Lawrence says he dreams in images—but says they "come from a different part of the mind," much like my distinction between imagination and memory. On the other hand, he has found people who don't constantly hear their own internal voice the way he does. Most of what I've written in this *ChartNotes* started as stories I "heard" in my head as I drove the car, folded laundry, or waited for the dog to do her business. Lawrence discovered people with other strong internal senses—tactile, olfactory, or gustatory—not just a little hint once in a while, but all the time.

I've long held that we each experience the world in different ways, but I meant it metaphorically, based on culture, family, and personal experience. Now that I'm obsessing over the mind's eye, ear, nose, and fingertips, I realize the differences are literal. I'm going to have to think about this—out loud in my brain—for a long, long time.

Music Guy

Another way my brain differs from my writing partner's involves musical ability. He has it. I don't.

If someone told my friend to sing a middle C, he'd probably come really close. For me, they might as well say, "Unfurl your wings and fly around the neighborhood three times."

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My Current Obsessions

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I'm tone-deaf, tin-eared, and I don't even own a bucket capable of carrying a tune. And yet, we both love Adam Neely, the YouTube music theory geek with 1.54 million subscribers.

If you log in on any given day, you might see Neely discussing whether Adele's new single is "microtonal." He says it's not—she's just using pitch as an expressive device rather than tuning (or letting her producer auto-tune) her B flat to the "right" pitch. You might meet Neely's cotton-top music teacher mother, enjoy his funky graphics and corny clips, or even become another subscriber.

It may seem strange that someone as aurally-challenged as I am would binge-watch a show about the nuances of music theory. I'll admit watching an episode is a little like sitting through a foreign movie, but Neely makes his "sub-titles" so accessible and fun I feel like an insider even though I don't speak the language.

Yes, I get lost in phrases like "major seven sharp five chord." But then he plays it on the keyboard and says, "Oooh, that chord has such a vibe, especially when played like that [*Neely plays individual notes--an arpeggio--in the upper register of the piano*]. Oh look, we're going through space—there are the moons of Jupitahhh."

He follows that statement by explaining that "some people use it as a reharmonization for the one major seven chord, like instead of one major seven." Duh! Who didn't know that? Me. Of course. But Neely's face demonstrates the emotion of the chord selection while he says it feels "a little more mysterious, with an ethereal quality to it."

When he talks about the "flavor" of different chords and chord progressions, Neely's really talking about the emotion evoked in the listener, whether it's the "Nostalgia Chord" or "The most elegant key change in all of pop music." Spoiler alert: Neely explains that "in 'All By Myself,' Celine Dion sings the high E flat on the word '*anymore*' when the key changes up a diminished fourth from G major to C flat major." Even she becomes overcome by the yearning evoked by the sound.

I don't know if specific tones and tone combinations speak directly to the lizard brain or if each culture has developed a unique sound/emotion feedback loop. I suspect the latter, since songs from musically diverse cultures don't impact me the same way they do native listeners.

But the idea of manipulating a particular medium to influence the emotions of someone the artist will never meet is the basis of art, music, and literature. For the last twenty-five years, most of my fiction practice has come down to the question, "How do I want the reader to feel here, and how do I make them feel it?"

Some writers, painters, and musicians seem to know how to manipulate their audience intuitively. For the rest of us, it means we must understand the individual techniques and employ them in the right places—a potential agent might ask a writer, "What happens in your saving-the-cat scene?'"

It helps get an agent offer-to-represent if we know the answer.

Maybe that's why I enjoy Neely's DIY music appreciation classes. He not only understands the *how* of making music, he understands *why* it works, and he pulls back the curtain, so I can, too.

RICK PITTMAN, MD, MBA

Last Word

When Knowledge Was King

Back in the day, attending Vallejo High, I drove my parents' 1958 Pontiac station wagon, selling the space-age Compact Electra vacuum cleaner door-to-door. Fuller Brush, Tri-Chem, and Tupperware salesmen were common sights on the streets of suburban America. Try that now and you would probably get shot.

I remember the day two salesmen dressed like preachers introduced the Encyclopedia Britannica to our house. My dad, a machinist for Kaiser Aerospace, was big on education and buying the E. Britannica was his way of saying "start learning now." By eighth grade, I had read every volume twice—I should have gone on *Jeopardy*, which had debuted in 1964.

At about the same time, I received a soldering iron as a birthday present. I learned how to solder and change vacuum tubes and parlayed those skills to repairing black and white TVs. Having change rattling in your pocket was the real status symbol at the time.

No Pittman in my dad's family had ever gone to college, but I had no doubt in my mind that I would get a college education. When I graduated from high school, the draft had become a lottery and college campuses like Berzerkly [sic] were hotbeds of the "Free Speech Movement;" by going to college I delayed the risks posed by the draft.

Luckily, the draft board never reached my lottery number. I dropped out of college and became an auto mechanic instead. In the past, I have written about ending up in medical school eight years after I graduated from Vallejo High. Ask me sometime how a 1964 Alfa Romeo changed my life and gave me direction.

Most physicians I know, especially those still practicing medicine, understand the meaning of lifelong learning; it is something that we must do to remain current, but very few people I know are involved in lifelong education. Our editor, Nancy Boutin, is one

of those who pursues lifelong education, having completed the same OHSU/PSU MBA program I did. To me, learning is something we do daily, but getting an education requires structure outside of yourself. One pursues an education based on a desire to learn something new, and the educational institution provides the framework to access this knowledge.

During my time as a practicing vascular surgeon, I discovered a nasty truth that led me to pursue a master's degree in business administration, with a focus on healthcare, and ultimately to withdraw from active arterial practice. As I have written in the past, I believe the treatment of arterial claudication is based on principles that are not in the patient's best interest. I thought if I were in charge, I could make things right. Ugggggggggggg. Wrong.

I learned, though, that my personality does not lend itself to the role of an administrator—too many meetings. I do not regret obtaining another graduate degree. I am pretty sure that exercising my brain did me some good, and I should probably continue my quest for knowledge.

Along with reading E. Britannica and learning to solder, I started playing the saxophone in the fourth grade, and continue to play several times a month. I recently discovered that you can audit most classes at the University of Oregon for free after you turn sixty-five. For my next educational goal, I am thinking about a degree in music…

CHART NOTES - WINTER BIOS

NANCY BOUTIN, MD, MBA

Managing Editor

Nancy is the Medical Director of Supportive Care at Willamette Vital Health. She has contributed articles to *ChartNotes* off and on for twenty years. She is very happy to be back at the keyboard.

RICK D. PITTMAN, MD, MBA

In private vascular surgery practice for 28 years before obtaining a MBA from OHSU/PSU, Dr. Pittman works full-time as a vein and wound care specialist in the Silver Falls Dermatology Clinics and spends his spare time in the garden, behind a camera or in the workshop restoring cars.

HOWARD BAUMANN, MD

Howard Baumann retired in 2010 after 34 years practicing gastroenterology at Salem Clinic. He is a member of the American Association of the History of Medicine, the Society for the History of Navy Medicine, and is a Board Member of the Oregon State Hospital of Mental Health. He contributes regularly to *ChartNotes* and Historical Tidbits.

THANK YOU MEDICAL PROFESSIONALS

This issue of *ChartNotes* featured medical education and workforce development. No matter your educational background, continuing a path of lifelong learning not only provides an interesting life but enhances both the learner and the teacher. So, for those of you involved in teaching, sharing skills, or mentoring others, thank you. As always, if you have any ideas for features in *ChartNotes*, contact Nancy Boutin at nancyboutin@me.com. If you or your organization has news or events to share, or an in-memoriam to share about one of our members, contact Harvey Gail at exec@mpmedsociety.org. Also, visit our website at www.mpmedsociety.org for our news submission policy. The Marion-Polk County Medical Society thanks all of the medical professionals in our community for your unwavering dedication, service, and sacrifice. Be well!

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