



Kellogg Eye Center: Compassionate, Concerned, Consistently Outstanding

Medicine at Michigan's cover story, "In the Service of Sight" (Spring 2003), prompts me to share my own first-hand experiences with the work of Kellogg Eye Center. I am a faculty member of the U-M Medical School in the Department of Medical Education. My research interest focuses on the relationships between health care professionals and patients, and the impact of those relationships on patients' perception of care.

Two years ago I learned that I had sebaceous cell carcinoma. Over the course of a year I had six major operations as well as a number of minor procedures. My treatment provided me with multiple opportunities to interact with the physicians, nurses and clerical staff at Kellogg. The care I received was, without exception, superb. Dr. Christine Nelson was the surgeon who performed the operations, assisted by Dr. Randy Mauffray. In addition to providing excellent clinical care they were very supportive of me personally as I went through a difficult time. Their concern and compassion were obvious and they were readily available to me by phone or e-mail whenever I had questions or concerns.

I also had the opportunity to get to know many of the nurses in the pre/post-op area at Kellogg. Again, the nurses were,

without exception, concerned and supportive and were clearly excellent clinicians. After about the third operation I began to feel, and was treated, like a member of the family.

I also have frequent opportunities to interact with the clerical staff in the outpatient clinic where Drs. Nelson and Mauffray see patients. A number of times I developed acute problems and presented myself at the outpatient clinic without an appointment in hope of being seen. I never once felt that the clerical staff was annoyed by my unscheduled visits. Their attitude was "Let's see what we can do to help." Each time, they paged and made phone calls until they were able to find Dr. Nelson, Dr. Mauffray, or another physician who was able to see me.

I have never experienced or observed health care that was so consistently outstanding. It would be difficult to overemphasize how much the compassion and

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concern expressed by everyone at Kellogg contributed to my optimism, confidence and recovery. I would like to express my deep appreciation to all of the faculty and staff at Kellogg who work so hard and so consistently to deliver a quality of care which, in my experience, is unsurpassed anywhere.

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Medicine for a New Millennium...or Old?

I read with interest Dean Allen Lichter's letter to readers (Fall 2002) concerning the revision of the Medical School's curriculum. A superficial impression is that this curriculum appears to be similar to that utilized at Western Reserve School of Medicine during the 1950s. It was systems-based in the basic science years and

included the longitudinal following of a family by medical students from the first year to graduation.

On another subject, if the entrance of students into psychiatry residency is too low (*Letters*, Fall 2002), perhaps it is time to consider a combined neurology/psychiatry program again.

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To the issue of curriculum revision, Joseph C. Fantone, M.D., associate dean for medical education, responds:

While some aspects of the curriculum return to proven methods, the scope of the revision at the University of Michigan Medical School is much more broadly based than the historical models at what is now Case Western University. The school's faculty recommended integration of not only the biomedical sciences but also social, cultural and behavioral issues in a patient-based context. Increased emphasis on the development of communication and clinical skills and active learning methodologies are also major components of the curriculum revision. The Family Centered Experience is focused on enhancing students' understanding of the impact of social, cultural and behavioral factors influencing patients' and family members' health. The original Case Western model focused primarily on following a

In the next I S S U E

of Medicine at Michigan: Michigan marshals its resources against the nation's #1 killer with a one-of-its-kind cardiovascular center ... advances in medical imaging technology bring leading-edge diagnostic capabilities to patient care at the U-M Health System. Also: the annual White Coat Ceremony welcomes the Class of 2007, and one person's compelling account of cardiovascular risks and warning signs.

Photo: Bill Wood



Survival Flight Turns 20

In 1983, Michigan's first hospital air ambulance lifted off from the University of Michigan Health System's medical campus. Today, 25,000 missions and 20 years later, Survival Flight continues to provide air and ground emergency triage and care to critically ill or injured patients around the clock, making it one of the top air ambulance programs in the nation.

woman during her pregnancy, delivery and first years of life of her infant, with more focused objectives.

Regarding the relationship between the separate disciplines of neurology and psychiatry, Michael D. Jibson, M.D., Ph.D., director of psychiatry residency education, and Michelle B. Riba, M.D., associate chair for education in the Department of Psychiatry, reply:

The evolution of neurology and psychiatry as independent clinical disciplines has been driven primarily by the unique perspectives of the two fields. Originally based in the concept that there were separate "hardware" and "software" problems that could be identified and treated by separate mechanisms, both fields have come to appreciate that the brain and its functions are not so readily separable into physical and experiential categories. So why not abolish the distinction in the fields and combine the disciplines again?

A number of luminaries in the field champion exactly that, and in the laboratory the distinctions between the fields blur to extinction. But in the clinic we have learned through our experiences as separate disciplines that there are legitimate differences in the perspectives of the two fields. Psychiatry's comfort with

the subjective experiences of mood and perception, with interpersonal functions, and with the myriad patterns of thought and behavior that constitute personality contrast strikingly with the neurologist's skills at symptom-lesion correlation and maintenance of the physical and functional integrity of the nervous system. Depressive disorders, anxiety, psychosis and personality disorders unquestionably have biological correlates and probably have biological underpinnings, but they are not variants of strokes, seizures and neuropathies. It is that fundamental difference that makes it so advantageous to maintain the integrity of the two separate fields.

Making the Difference with Horace Davenport

Thank you very much for the very interesting article on Horace Davenport (*Looking Back*, Spring 2003); the medical students that he has lectured over the years hold him in very high esteem. There is no doubt that he was one of the more colorful and renowned teachers that we were privileged to have known and learned from.

The quotes we best knew him for were his often-repeated phrases, "Near as makes no difference" and "If you don't wear a white coat the patients can't tell the difference between you and the TV repairman!" Both were always delivered with style and just the right amount of attitude. Not only was he an excellent teacher to be sure, but he also knew that he was on stage and he never failed to entertain as he taught. The man is one of a kind. Thank you, Dr. Davenport!

*Rich Serra
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Red Hiss Marches On

The article on the Department of Medical Education's 75th anniversary which profiled Roland "Red" Hiss ("A Long and Illustrious History of Leading the Way," Spring 2003) missed an important point: Back in the early 1950s there was a fellow named Roland Hiss in the percussion section of the Michigan Marching Band.

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Corrections

The Spring 2003 issue of *Medicine at Michigan* inadvertently omitted the M.D. degree of David Zacks, M.D., Ph.D. ("In the Service of Sight"). The same issue's article on the Medical Education Scholars Program ("Focusing on Leadership") misidentified John Frohna, M.D., as chief resident in the Department of Pediatrics, a post he held in 1994-95. Frohna is currently a clinical assistant professor in the Departments of Internal Medicine and of Pediatrics and Communicable Diseases.