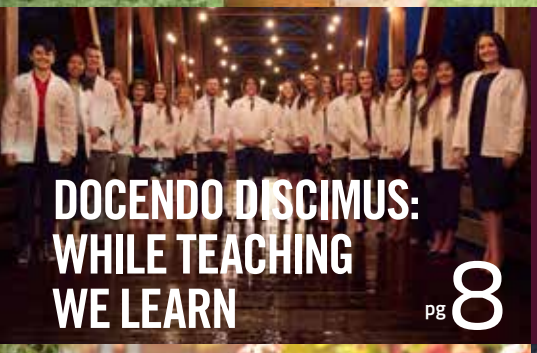
A PUBLICATION OF THE MARION-POLK COUNTY MEDICAL SOCIETY SPRING 2022

CHART NOTES

Lifelong Learning



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A PUBLICATION OF THE MARION-POLK COUNTY MEDICAL SOCIETY

CHARTNOTES

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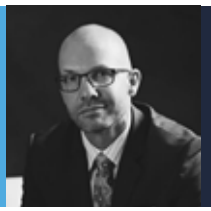
Reimagining MPCMS After COVID

President's Message

Keith Neaman, MD



The Marion Polk County Medical Society celebrated our sesquicentennial year during the Pandemic. The "year" stretched to two as we waited for the waves of COVID variants to pass and the need for social distancing to abate. It wasn't the society's first pandemic, or social upheaval, or radical change in the healthcare system. MPCMS and its providers have endured through fifteen decades of challenge and change.

Shortly before the announcement of first US COVID case, we kicked off our celebratory year with an annual meeting that featured Debbie Eisenhut, long-time Salem surgeon, talking about life and work in third world countries, primarily in Africa. Ironically, the focus was her experiences on the front lines of an epidemic, treating patients infected with a deadly and poorly-understood virus. She showed pictures of healthcare workers using garbage bags for PPE, risking their own lives caring for patients with a devastating illness. The images seemed unimaginable at the time, but became our reality within a few months.

Two years later, a virtually-held annual meeting closed out the extended 150th anniversary just as the Omicron case numbers began to fall. Salem surgeon Nicole VanDerHeyden narrated her photos of Burning Man, an annual gathering in the Nevada desert, and described how its founding principles offer a blueprint for personal and societal resilience. Within days, the Oregon Health Authority announced the end of Oregon's indoor mask mandate with cautious optimism that Omicron represents the last COVID wave and life will soon return to "normal."

However, cataclysmic events like the Spanish Influenza demonstrate that, in the aftermath, a society cannot return to the old "normal." As we redefine ourselves, our work, and our values in a post-pandemic world, the organizations that represent us must reinvent themselves as well, if they hope to remain relevant and worthy of our time and attention. The value proposition offered by the Marion Polk County Medical Society needs to offer *value*.

During two years of social distancing, MPCMS provided its members opportunities to connect on virtual platforms, through articles in *ChartNotes*, and in outdoor events as it seemed prudent. We highlighted wellness and self-care. We attempted to present complex issues like homelessness, racism, and the practice of politics through a healthcare lens.

As the 76th president of the medical society, I plan to lead the organization through our next iteration. Over the last couple of decades, during the sometimes contentious changes in healthcare delivery and economics, MPMCS has been called the medical community's "Switzerland." The society membership has room for every type of provider, from every specialty and every employment arrangement, without alignment with, or dependence on, any outside entity. As a plastic surgeon in private practice, I am similarly unaligned and independent, which helps foster a broad view of possibility.

Additionally, one of my areas of lifelong learning has been marketing and branding—a necessity for a self-employed physician without a defined panel. A year spent working in a marketing firm prior to medical school served as potent introduction to the topic. Later in my training, I saw what happens to an organization that fails to evolve with the times. The oldest, largest, most well-established plastic surgery practice in my city rested on its laurels. They provided excellent surgical care, but struggled to out-compete the newer practices because they refused to do anything fresh or innovative in support of that care. They were swamped by young surgeons who came to town and knew how to acquire patients.

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From the Executive Director

G. Harvey Gail, MBA

Off and Running

With 2022 well under way, many of you have started to chip away at your New Year's resolutions. For many of you that includes doing more exercise, so, you're literally "off and running" in 2022. Our members have given us some great ideas for other activities that may fit in with your resolutions this year. A survey sent out in February showed great support for getting back together in person in any form. The popular ideas so far include a volunteer day, crafting evening (macramé and wine), get out in nature day, and a snow day (skiing or snowshoeing). Please take some time to share your ideas with Dr. Keith Neaman, our president for 2022.

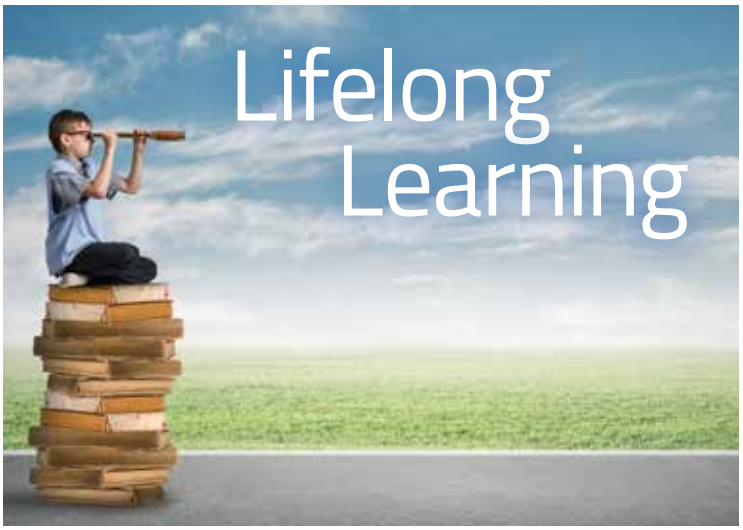
Mark your calendars for Thursday, May 26. We are starting to plan our spring member meeting. This will (hopefully) be an in-person event with great food and drink and entertainment.

On another note, you should have received your member dues invoices. Thanks for your continuing membership in your medical society!

Enjoy this issue featuring member's pursuits outside of medicine. Their volunteer efforts, creative endeavors, and leadership in areas outside of medicine are inspiring.

From the Editor

by Nancy Boutin, MD



In This Issue

Lifelong learning has been credited with many benefits: improved cognition, enhanced creativity, greater social interaction, and even longer life. My personal favorite is the claim that lifelong learning cuts down on crime. I guess if you're immersed in Proust you don't have time to knock over the liquor store. In 1640, Englishman Robert Burton suggested "the learning of some art or science" as the remedy for anyone who is "overrun with solitariness, or carried away with pleasing melancholy and vain conceits."

I don't believe I have ever been "crucified with worldly care," another of Burton's concerns, but I have always loved to learn new things. The only thing I like better than learning is being able to tell people about the cool thing I just learned. It is the reason I keep coming back to writing for *ChartNotes*. Every issue offers an unexpected opportunity to take a minicourse in a topic I know almost nothing about: very long distance running, organizing patient care after disasters around the globe , building rockets, and hanging out with polar bears or penguins, lions or tropical fish.

I probably get that from my father who didn't have much formal education. Shortly after high school graduation, he spent four years on an all-inclusive tour of the South Pacific, thanks to Uncle Sam. He did not go to college when he returned from WWII, but he never stopped learning. He taught himself calculus, Spanish, how to build sailboats and telescopes (remember Heathkit?), and finished our house, by hand from the ground up—every brick and every wire—shortly before I was born.

Oscar Hammerstein II, and later Reba McEntire, asserted, "Love isn't love 'til you give it away." Our colleagues who shared their stories of lifelong learning in this issue of *ChartNotes* might say the same thing about learning. You'll find out about local providers who brushed up on cell biology to teach the next generation of PAs in a brand new program at George Fox University. Jim

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Marion-Polk County Medical Society Kicks Off the Year With Winter Membership Meeting

by Harvey Gail, MBA

The Marion-Polk County Medical Society held its first gathering of the year February 1. The annual membership was virtual for the second year in a row. Doug Eliason, MD, 2020-2021 president announced the agenda, and the theme for 2022—resiliency. Members heard from event sponsors Willamette Valley Hospice and Palliative Care and P3 Health Partners, then moved into breakout rooms for a time of socializing and catching up.

Guest speaker Nicole VanDerHeyden, MD, gave a talk on "What Burning Man's 10 Principles Can Teach You About Building Resiliency" and shared her experiences about the eclectic festival which is held annually in the remote Black Rock Desert in Nevada.

During the virtual meeting, Keith Neaman, MD, an owner of Neaman Plastic Surgery, was elected as president of the society. Dr. Neaman is the 76th elected president of the Society since 1870, according to the records dating back to 1934. Dr. Eliason passed the gavel to Dr. Neaman, who expressed his goals for his presidency. He shared his hopes for a greater sense of community within the Medical Society.

Political candidates Bud Pierce, MD (running for Governor) and Kathleen Harder, MD (running for Congress in Oregon's new 6th District), both shared the importance of doctors' involvement in politics. They gave updates on their campaigns and took questions from the audience.

The meeting ended with the announcement of the winner of the President's Achievement Award. Erin Hurley, MD won the award for her outstanding work as a medical provider at Liberty House Child Abuse Assessment Center, and her work in caring for the health of fellow physicians through her wellness workshops.

VanDerHeyden, out for a ride

Who's zoomin' who?

FROM THE EDITOR

...continued from previous page

Lace, busy as ever at 74, received his lifelong interest in geology from his father and passed it to his son—now a physician in Colorado (where they have a lot of rocks!). Kathleen Harder is teaching her congressional campaigners everything she's learned in a series of courses on the practical aspects of politics aimed at physicians and/or women, and learning from her staffers, as well. I share fresh info I've recently learned about the etiology of chronic pain and some very promising non-pharmacologic interventions—which actually brings us full-circle to Robert Burton's prescription above.

We regular contributors bring you another take on some of our favorite things; Rick Pittman talks about photography and speed reading, while Erin Hurley reflects on the LLL that opened a door for her to the world of wellness. Howard Baumann introduces us to the superstar woman physician in Salem, Mary Purvine, MD. And I get to natter on about one of my very favorite obsessions—how stories work.

We had so many interesting areas of study that we couldn't fit them all in this issue, so we'll be doing another round in the near future. If you realize you have an LLL story to share, let us know. We'd love to hear from you.

PRESIDENT'S MESSAGE

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Most providers don't know or care much about branding and marketing. They don't need to and they don't have time. As an organization, though, we need to define and communicate who we are and what we do—both to providers and to the wider community. Brand is more than logos and slogans, it's the intangible essence of the reputation we build. Marketing communicates that brand internally and externally. Done right, it energizes old and new members to engage because we are offer something vital to providers and their patients.

Reimagining a 150-year-old organization takes work, but this is the perfect time to do so. I am excited to try and I look forward to hearing from you. Together we can build on the society's history and create its future.

Howard Baumann, M.D

DR. MARY (BOWERMAN)

Mary Purvine, 1899, in medical school.
(Courtesy OHSU Archives)

Dr. Mary B. Purvine, often referred to as the "pioneer doctor," was a 1903 graduate of Willamette University's College of Medicine and one of a small number of early women doctors trained in Oregon. Mary maintained her medical practice for sixty years and was a long-term member of our Medical Society.[1]

Her story begins on a personal note with me. It was not long after I started my practice at the Salem Clinic in 1976 that I began to discover connections to Dr. Purvine. For instance, her son, Dr. Ralph Purvine, had been a physician at the Salem Clinic for many years, but unfortunately passed away from a heart attack at age 64, two years before I arrived. Ralph's daughter, Mary's granddaughter, Becky Purvine-Sterup, soon introduced herself to me and has been a friend and valuable resource ever since. Becky alerted me to a limited-edition, leather-bound book about her grandmother that had been published by the family in 1958. The book contains a treasure-trove of Mary's favorite stories and early recollections. In fourteen short chapters the book tells a great deal about the life, personality, and spirit of this incredible person.[2]

In the first chapter Mary talks about her decision to go into medicine. This had a lot to do with her father's poor health as she grew up. His chronic heart condition was like "a shadow never lifted." Even at age 8, she announced to her parents that she was "going to be a doctor" after watching a woman doctor, the first she had ever seen, deftly manipulate and reduce the Colles fracture her mother sustained after slipping on a wet board.[3]

Mary and fellow students.
(Picture from her Book)

Upon entering her medical school class of five students in 1899, and being the only female, she recalls the problems she faced: "Of course, a woman was not supposed to know as much as a man…" and "…should be teaching or keeping house." She also found herself at times "the butt of their rather vulgar jokes …," no details given! On the other hand, Mary tells us about her own shenanigans, such as the time she snatched the skull of their cadaver after dissection was completed to take home to boil clean: "to put up in my future office." She delights in telling us how they could hear the murmuring of townspeople as they peeped through the knotholes of the anatomy shack located along Mill Stream while they were dissecting their cadaver. Also, there is the photo from Mary's book with her "posing" with her fellow students.[4]

Mary launched her career in an unlikely location: Condon, a small rustic town in eastern Oregon, with 800 inhabitants and two doctors. Her bravery was likely fortified by the fact her office was located immediately next door to her brother's law office. Her brother, Jay Bowerman, would later go on to become governor in 1910-1911. Prejudice against female doctors is again brought up, but she also notes the sincerity and honesty of the people. An early experience she

PURVINE PIONEER DOCTOR

had was the time she was called out in a severe blizzard for an emergency delivery. Traveling by wagon in deep snow, she arrived late, but in time to cut the cord and deliver the placenta. The baby did very well and was named Mary in her honor.[5]

At one point she was declared Condon's Emergency Health Officer to direct a smallpox epidemic when the County Health Officer was not available. Mary stood firm on quarantine rules and battled antivaccination sentiments (sound familiar?). Fortunately, there were no deaths, and afterward most of the unvaccinated agreed to inoculation. She later handled a difficult diphtheria outbreak in town.[6]

Dr. Mary Purvine with son Ralph (future Dr. Ralph Purvine) on front porch of home/clinic, c.1910.
(Courtesy Rebecca Purvine Sterup and Alison Burnett Family Photos)

After four years in Condon, she returned to Salem in 1907, married her husband Ellis Purvine, and they moved into their home, a blue and white bungalow-style house located at 655 University Street SE, just across the street from the old Bush Elementary School. A portion of the house served as her office, where she specialized in obstetrics. Becky remembers the large ice-block refrigerator on the back porch that was used to hold food for the kitchen as well as medications for the office, and the strong medicinal odor that often permeated the entire house. In the chapter entitled "Run, Sheep, Run" Mary describes their large fenced off yard and her hopes of controlling the grass. She borrowed a couple of sheep, a ewe and her lamb, to graze and clean up the area. However, the sheep soon escaped and over the next few days were spotted around town, including Bush Park. Finally, after a wild car chase downtown, the two were corralled in the intersection of State and 12th Streets and sent home.[7]

During WWII Mexican laborers had been brought in by the government to help take up the slack created by the large number of men going into military service. They were housed at the State Fair Grounds where a trailer clinic had been set up. Mary volunteered to do her part by caring for those sent to the hospital. She documents her lively interactions with the patients, while treating syphilis, lice, fractures, and even a large food poisoning episode that followed a spoiled-spam diner.[8]

In 1954, the Alumni Association of the University of Oregon Medical School, the eventual successor to the Willamette College of Medicine, awarded her a citation for 50 years of service, but like the Energizer Bunny, she kept on going and was honored for 60 years in 1962 by the Marion-Polk County Medical Society. Mary died peacefully at her home on University Street in 1965, at age 84.[9]

Dr. Mary Purvine, pioneer doctor, left us with an incredible legacy, resulting in a much better understanding of the evolution of our profession and of ourselves. Finally, I would suggest that each of us, like Mary, take the time to write down the reason why we chose to go into medicine, and throw in some of the pranks that we and our colleagues committed, all for the sake, and hopefully, the amusement of our families.

1 Statesman Journal, June 21, 2015, article by Capi Lynn.
2 Mary B. Purvine, Mary B. Purvine. Pioneer Doctor (Santa Clara, California: edited by Helen Purvine Burnett, privately printed, 1958).
3 Purvine, 1-3.
4 Purvine, 5-7.
5 Purvine 9, 15-18.
6 Purvine, 19-21.
7 Purvine, 58-60.
8 Purvine, 52-57.
9 Statesman, January 16, 1963.

NANCY S. BOUTIN, MD

DOCENDO DISCIMUS: WHILE TEACHING WE LEARN

When George Fox University decided to create a Physician's Assistant program with emphasis on rural primary care, it may not have anticipated that its leadership would lean heavily on providers from the Salem area. Nonetheless, that happened. The first cohort of twenty new students began their medical education well into the first year of the COVID pandemic, in January, 2021. Vaccination had just become available for healthcare workers and the decision was made to meet, masked, but in person. Physicians Jay Jamison, David Edmonds, Erika Barber, and David Shaw worked alongside PAs Curt Stilp, Heather Rollins, and Erika McCarthy. Eventually, Dave Edmonds' daughter, Jenny Christenson, a Portland PA (and Sprague graduate), joined him in teaching anatomy. Erika's husband, Nick Barber of Oregon Oncology Specialists, also guest-lectures from time-to-time.

The first cohort has now progressed into clinical rotations. Early reports from the preceptors are positive and encouraging. The thirty-two members of the second cohort, all vaccinated and boosted, moved into the well-appointed classrooms constructed on the George Fox campus as Omicron peaked in Oregon.

Of all the Salem providers teaching PA students at George Fox University, Jamison took the most circuitous route to becoming an assistant professor of medical science and the medical director of a training program. For years, he had given a talk to local athletic trainers about skin diseases commonly seen in wrestlers. Through that association, he became acquainted with a community physical therapist who later started teaching in the PT program at George Fox and invited him to become a guest lecturer. After several years, she told him of the plans to start a PA program—he had hired PAs over the course of his career and held them in high regard. But he says, "Nothing ever happened," until he got an email "out of the blue" from the founding program director. Shortly thereafter, Jamison became one of three people building a brand new training program—thanks to his generosity of time and a lecture about rashes.

Learning to recognize heart sounds

Jay Jamison, MD

For Jamison and Rollins, the steep learning curve began long before the first student stepped on campus. Stilp came with program experience, but still faced his own learning curve. The founding program director had started organizing the efforts needed for curriculum development, an admissions process, accreditation, and meeting the all-important regulations and requirements. Jamison joined in the summer of 2019 and rolled his sleeves up. Running a medical practice for so many years gave him an idea of the kinds of processes involved in founding a training program, but the details seemed endless, "gargantuan," even working part-time. "The big effort was lining up clerkships, and we worked on that for the first year and a half—we're still working on it!"

Stilp arrived in January of 2020 with seventeen years' experience teaching PA students at OHSU, a doctorate of education, and service as the director of the Oregon Area Health Education Center (AHEC). He had worked as a provider at HOPE orthopedics for many years. He knew David Shaw and David Edmonds, whose daughters had graduated from the OHSU PA program. When the founding director needed to step down due to family obligations, Stilp stepped in. Together they managed a "smooth transition." And even with his knowledge and experience, it surprised Stilp how hard it is to start something from scratch. "I knew

White coat ceremony

what I was getting into, but you never really understand until you're actually in there doing it." He also found it humbling to realize that no matter how good a curriculum looks on paper, when you start implementing it, you need to be ready to revise, revise, revise. The content may not change, but sequencing, delivery, and assessment of mastery may need significant adjustment "on the fly."

Heather Rollins, DMSc, PA-C

Heather Rollins, who had worked as a PA in Jamison's office, joined the George Fox planning team at the same time as Stilp. She grew up in rural northern Washington State, went to college in Spokane, and applied to medical school before she had any exposure to PAs or how they practiced. During several months on Creighton's wait list, she discovered the role of PAs and became very excited about the possibilities and flexibility of the discipline. She ended up with acceptance offers to both medical school and PA school and chose the latter. After training, she returned to the Northwest and worked with Jamison through all the changes in clinic alignment in the Salem area. She accrued experience in management, quality, and finance as a member of WVP management board. She learned additional organizational skills on the job as clinical lead in the office when Jamison retired from direct patient care. After her son was born, Rollins looked for opportunities to exercise her expertise outside a clinical practice. She pursued an additional degree to increase her qualifications for a teaching position and ultimately became the director of didactic education. She spent the first year in program development.

Socially distant lecture—with colored pencils

Rollins came to the George Fox program with clinical experience, a history of precepting PA students, and a doctorate of medical science—a degree designed for practicing PAs—under her belt. "The degree is really intended to add to your global learning and help promote humanitarianism and leadership within healthcare. There's more the students need to understand than learning how to diagnose gallbladder disease. You need to understand coding, and disparities, and how to use healthcare dollars resourcefully so you're not adding unnecessarily to the global healthcare costs."

Casting practice

Before students arrived, Rollins focused on the integration of all the educational elements into a problem-based learning format, in coordination with the week's classes in anatomy, pathophysiology, pharmacology, etc., to give students the knowledge and skills necessary to start clinical rotations. "It's a bit of an intricate dance to make sure they all line up." She is administratively responsible for the flow, and on-the-fly revisions, of the curriculum, and to assure that accreditation

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DOCENDO DISCIMUS: WHILE TEACHING WE LEARN

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standards are met. "It's my job to look holistically at the entire year and make sure we're getting everything covered and not stepping on each other's toes."

David Edmonds had numerous connections to people in the George Fox program. In addition to his PA daughters, he had precepted PA students in his clinic, so he had known Stilp through all of them. When asked why he thinks none of his kids chose medical school, Edmonds says that because he started his medical education after earning an MBA and spending several years in business, his kids saw the reality of life during training. They loved the medicine but didn't want the life style. He thinks going the PA route let them have the best of both worlds. A third daughter, a school teacher, married a PA, so there's lots of opportunity to talk shop at family gatherings.

Edmonds had kept in touch with Jamison and said he knew he was working "a lot of hours before the program even started." He offered to help any way he could. When classes began, he and David Shaw split lectures and labs in anatomy and physiology using a practical, clinical, perspective. Edmonds loved the opportunity to work with Shaw, but the orthopedist had to bow out before the end of the school year due to his busy practice. Edmonds' daughter, Jenny, was recruited for the current school year and the two of them now teach anatomy together.

Both Jamison and Edmonds, with decades of clinical practice between them, felt an acute need to brush up on the basic sciences in order to teach the subject to the PA students. Tips and tricks about diagnosis, treatment, and communication rolled off the tongue with ease, but the re-mastering the Krebs cycle and the intricacies of the clotting cascade took more review. Edmonds says, "For some lectures we'll take ten-to-twelve hours to read, to prepare, to go back and review. I'll read something and think *oh yeah, I remember learning that forty years ago*. It hasn't been clinically relevant in my practice, where you say, *this happened*. But in school you have to say *why* this happened.

"I enjoy the learning. I just turn on the music, sit here, and read stuff. It's kind of fun. The hardest thing is to make sure you know what you're saying because you don't want to give wrong information. So I dig deeper and ask myself, *what's really happening here?*"

Erika Barber, MD

For some of us, the pressure to learn *everything* during our medical education may have distracted from the pleasure of learning *anything*. Assistant professor Erika Barber works passionately to make sure that doesn't happen to the students at George Fox. She says when she looks out at them frantically scribbling notes during a three-hour lecture, she wants to say, "Hold up. The goal here isn't to memorize everything but to understand the *why*—to keep our sense of awe and wonder. I like to bring an expansive view of the human body rather than trying to master it. If we never stop being amazed at each system and the complicated way they work together, it sets us up for lifelong learning. That doesn't work unless we let go of the pressure to memorize every detail and never make a mistake."

Barber came to the George Fox after her husband, an oncologist, struck up a conversation with Jamison and Stilp at the gym. One thing led to another and Nick ended up giving a hematology lecture to the first cohort. He recognized that the school's philosophy aligned perfectly with his wife's skills and interests. She had been working as a float physician in the Providence system, but like everyone else

with children, COVID created havoc. She found herself home schooling their kids and loved the opportunity to see "the world of nature, and literature, and music, and poetry through (her) children's eyes." She finds the same satisfaction reconnecting with her medical education through the fresh eyes of her students. She says it seems too good to be true "now that I have ten plus years of clinical medicine under my belt, I get to go back to the very first stages of learning pathophysiology. With the big picture framework in my mind, all those fascinating details stick. It's fresh application instead of straight-up memorization."

Jamison says the realization that he needed to relearn the "basic building blocks" he first encountered back in the 1970s was the most humbling part of his new job, but also the most gratifying. His knowledge and experience are his ticket to working with "all these inquisitive, energetic minds, kids who ask great questions and really want to learn." He says he tells the students, "I'm not Siri or Dr. Google. I'm Jay Jamison, family doc. If you ask me a question I don't know, I'll tell you and then let's learn together." His best gift, he says, is the perspective of what it all means in the real world. Anybody can look up the trivia on a device that fits in their pocket.

Erika McCarthy, MS, PA-C

Erica McCarthy, who is much closer to training than Edmonds and Jamison, also finds she needs to go back to the basics before she meets with students. PAs start with a generalist education, but can specialize under the mentorship of any type of physician—and they can transition to a new specialty at any time in their career. Today's pediatrics PA could be tomorrow's gyn-onc PA, with the right opportunity and mentor. McCarthy went directly from graduation to urology, so she says she needs to consciously broaden her focus, fill gaps, between the GU system and the rest of primary care, when she teaches. "You know your corner pretty well, but the other things sort of

Dave Edmonds reviews cardiac anatomy

Curt Stilp, EdD, PA-C (left) and Jay Jamison, MD (right) in a faculty meeting

atrophy. And then there are the soft skills, the art of medicine, that translates to any specialty."

McCarthy was born at Salem Hospital and lived in Keizer until high school. She moved to Baker City at thirteen, attended college in Idaho, and PA school in Tennessee. As far back as her own training, she had the sense that she'd like to someday teach PA students, but she landed her first clinical job at Willamette Urology, moved back to Keizer, and never considered applying for a teaching job in Portland that would require spending hours commuting each day. She heard about the George Fox PA program in the early planning stages, from someone who worked in a different department, and got in contact with Stilp. She started one day a week in May 2021 to test the waters, teaching a lab that encompasses physical exam, imaging, and laboratory tests, and that supports their small group learning. "I felt like I was missing a lot by being there only one day a week, I want to see how this process works and I do enjoy it, so I signed up for more in November." She says it's fun to see the students learn that way. In addition to facilitating problem-based learning groups three days a week, she still spends every Friday at Willamette Urology.

With the exception of Stilp and McCarthy, none of the Salem providers expected they would someday teach classroom medicine to PA students. But each has found personal fulfillment in helping to prepare these new providers for patient care during a public health crisis. They have come to the classroom with their love of medicine and patients. They have demonstrated compassion and care to students who will meet patients physically and emotionally damaged by the pandemic. They have each relearned or refreshed their understanding of basic sciences that may have "atrophied" over the years, but still resides in the grab bag of clinical knowledge.

As providers, we teach every day. We teach our patients, our colleagues, and our staff. The formation of the George Fox Physician Assistant program gave the involved providers the opportunity for more focused learning—about the mechanics of building something from scratch and relearning fascinating tidbits that had become hazy with age. It has given them the opportunity to teach.

And as Seneca said some 2000 years ago, "By teaching, we learn."

LEARNING TO BE HEALTHY

BY ALYSSA SCHMITT, PA-C

As medical providers we are required to be lifelong learners. As a primary care provider, I am constantly learning from my peers, specialists, and my patients. I am five years post-graduation, and still think of myself as a new graduate. Before I went to PA school, I received my Master's in Public Health. I worked in cancer behavior research at Moffitt Cancer Center during grad school and for a year after. I use many of the skills I learned at that time to encourage my patients to complete their preventative screenings. I imagine at some point in my career I may use my public health background to help sculpt and inform public policy and programs.

Now five years into my career, two of which during pandemic craziness, I am learning how to avoid burnout. Dr. Hurley and Dr. Hotan are amazing mentors who remind me to slow down and spend more time learning about mindfulness.

Dr. Hotan hosts Dancing Date Nights (check out the Marion-Polk County Medical Society event in July) and F3 women's fitness events. Last summer, she taught us how to salsa dance. The event was complete with laughs, food, and wine. In February, she hosted a Bollywood dance and yoga class with a potluck. I am not a great dancer, but Dr. Hotan is talented and energetic and will make you believe you can do it, even if it is just for an hour.

Dr. Hurley hosts wellness events every couple of months. In these workshops, you learn how to focus on guilt-free boundary setting, prioritizing, yoga, deep breathing, journaling, healthy meal planning, and most importantly how to say no.

Honestly, a lot of the things we talk about in these workshops are things I know and things I preach to my patients, yet fail to practice in my own life. I was consistently working ten-to-twelve hours a day, followed by meetings, and volunteer events. Eventually, I would get back home to my two cats and do it again the next day. I was steadily on the road to burnout.

The camaraderie with other female providers in the community is priceless. We support each other as many realize we are all in the same boat, needing to change the culture. Mindfulness and self-care will be a lifelong journey that you have to work on every day and it's critical to create a healthy work-life balance. I find this helps me both professionally as a new provider and personally as a newlywed. I encourage you to try one of the upcoming Wellness Events hosted by the Marion-Polk County Medical Society and see if you find the same support.

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BY NANCY S. BOUTIN, MD

LIFELONG LEARNING TWO WAYS:

How I Learned to Stop Worrying and Love Telemedicine

"Learning is all about change, and change drives learning. The two are inevitable and go hand in glove," or so says *The Oxford Handbook of Lifelong Learning*.

The changes wrought by the COVID pandemic certainly drove pediatrician Jim Lace to learn, and come to appreciate, a new style of patient assessment. He had just sold his interest in the practice he founded 45 years ago, and "semi-retired," signing on with his former partners, prn, as "contract labor." He knew about telemedicine, some clinics used it regularly in the "before times," but he didn't think it was for him. "Why would I want to do telemedicine when I can just lay hands on patients, listen to them, and so on?" By that time in his life he had completed well-over

Grand kids at Delicate Arch in Utah

Castle Monolith in Oldovai Gorge

100,000 in-person, hands-on, patient encounters. There seemed little reason to learn any new tricks.

During the first year of the pandemic, the number of routine office visits fell drastically in nearly all specialties. By early 2021, The Great Resignation hit healthcare, parents started bringing their children back for deferred maintenance, Lace's clinic needed his labor on a regular basis, and the idea of spending extended time with unvaccinated children (and some unvaccinated parents) didn't seem like the best idea.

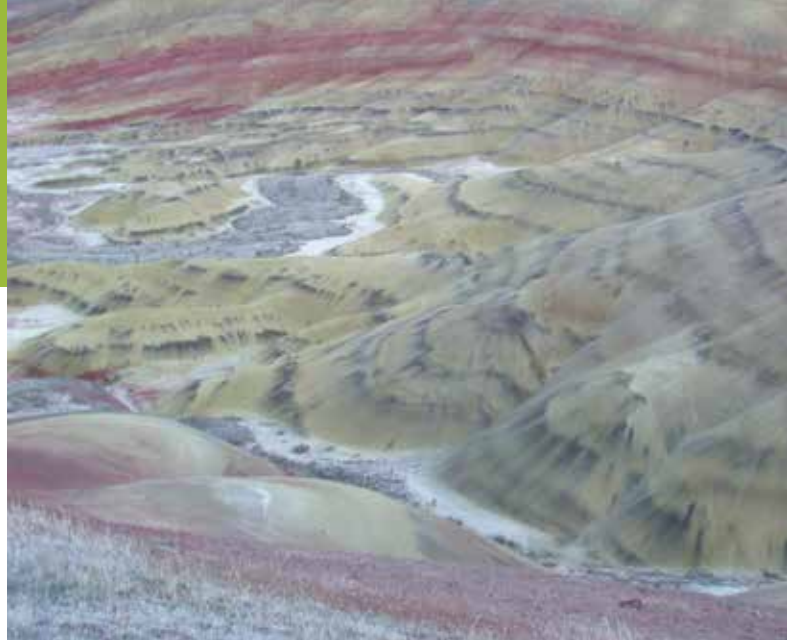
As Lace figured out how to manage virtual visits, his attitude about them went from, "How is that going to work?" to "This is totally cool." He had made house calls in the past for patients with special needs, but most visits occurred in the controlled environment of his office, the ED, or hospital wards. Suddenly, he saw his patients in their own, often uncontrolled, environments. "It's very enjoyable to see the dynamics of the thing, which I couldn't see before—what's going on, how they're handling it, how they live, what kind of art they have on the walls. Often there's another two or three siblings in back, waving at the camera. There's a dog or a cat. Maybe a grandma walks through. I never had access to any of that in my office."

Lace has also found an enhanced opportunity for teaching the next generation of providers. "I have medical students who come to my house as we're mastering the fine art of telemedicine. They're with me during the interview, and mapping out a plan of action. After the call is over, we can freely chat about everything we saw and everything that happened. It's totally confidential because there is no one else around."

Early this year, Lace was given the opportunity to come back and see patients in the office. He declined the offer. "I don't need to get sick. It's just not worth it." He says he likes the virtual visits, the kids and parents say they like it, and it takes some of the pressure off the providers in the clinic. "And when they say, 'We don't need your help anymore,' I have plenty of other things I love to do."

JAMES LACE

Understanding the World We Live In



John Day Painted Hills

When his son was an undergraduate at Whitman University, with plans to for a career in medicine, James Lace, Salem pediatrician, said, "Why not study something besides pre-med? Once you go through those doors, everything else goes by the wayside."

Before attending University of Cincinnati Medical School, Lace had majored in Russian. His son, Christopher, ended up choosing geology. And while that may seem like a random choice, it makes perfect sense in the context of his family's love of rocks.

Cincinnati, where the senior Lace spent his wonder years, has a long history of rock hounds, including the Dry Dredgers Association of Amateur Geologists and Fossil Collectors, founded in 1942. They have supplied thousands of specimens to the Invertebrate Paleontology Collection at the Cincinnati Museum Center—which was begun "under the guidance of prominent Cincinnati physician Daniel Drake . . .in 1818." A century and a half later, future physician Jim Lace went out with his dad and looked for fossils in the area's sedimentary rocks. "We'd pick one up and say, 'Look, there's a trilobite—isn't that great?' Cool. My dad really got the fire lit, and I just kept going."

The family moved to Oregon in the mid-70s and Lace found a new geologic story. "It's hard to see the rock history in the Valley because everything is so overgrown, but Eastern Oregon is wonderful. You can see how the land formed, where the floods happened, study the maps with geologic features. We'd go camping and I'd get yelled at for walking away, wandering off someplace in the desert to look at rocks."

Animal bone with 1.8 million-year-old knife marks

When Christopher began his formal geology education, Lace, tagged along. He "convinced" one of the professors that the class might need a doctor on their field trips and accompanied them around the US and abroad. "We went to South America, Central America, and Africa, as well as Yellowstone and similar places. I'd have liked to have gone on the trip to Mongolia, but space was very limited, even though I always paid my own way."

Lace read the same textbooks and articles assigned to the enrolled students. "I like to understand a little bit about the world we live in and try to figure it out. How did that rock get here? What's it doing here? Where did it come from? I enjoy reading and studying. Not to the degree I'm going to give up medicine and become a geologist, but I like to be able to go out, look, and say, 'Oh yeah, I understand that. I can relate to it.'"

On his frequent trips to Tanzania, chronicled in previous issues of *ChartNotes*, Lace likes to study local paleontology and the geology that influenced it. He often wanders through the Olduvai Gorge, where paleoanthropologists Louis and Mary Leakey made their most important discoveries. "The gorge is much longer than the area where they studied. You can go in there and walk around, look for stones. When you drive down there and look up, you think, 'Holy cow, there have people here not just 10,000 years, but a long time—maybe 200,000. I found animal bones and they'd been worked on, not tooth marks, but cuts, made 1.9 million years ago when Homo erectus was there. You can date the bones by the layer they come from. Totally cool."

He also employs his understanding of geology much closer to home—West Salem, to be exact. "We drilled a well up here in the hills, going down through different layers. As you go down, where's the water level? Where's the water coming from? It's from the Cascades—it goes under the Willamette River. How can that be? It's because of the rock layers."

Lace says when he studies geologic maps of Oregon many things begin to make sense—the terroir of the local wine industry and the likely effects of a major earthquake in different areas of the mid-Valley. "I think it's helpful to at least get a glimpse of what's going on where you live."

So while Lace will not, at this point, trade in his patients to become a geologist, his quest to understand "the world we live in" continues. By the time *ChartNotes* goes to press, he will be back in Tanzania, possibly picking up bones in Olduvai Gorge. What started as rock hunting with his father has offered Lace unlimited opportunities to study, travel, think, and grow—the very hallmarks of lifelong learning.

An Interview with Kathleen Harder, MD: Learning to Run

BY NANCY S. BOUTIN, MD

Kathleen Harder's fascination with the intersection of medicine and politics began decades before she announced her bid to represent the citizens of Oregon's recently-created 6th congressional district. The new district includes Polk and Yamhill counties, as well as the I-5 corridor through Marion and Clackamas counties from the South Salem Hills to just south of Beaverton (yes, it nips into Washington county.) Recent events have demonstrated that law makers need to understand the rudimentary concepts of science and the scientific method. They don't all need to be rocket scientists, but they need to know what they don't know. Harder thinks electing more candidates with a STEM background is a good first step.

Politics has long had the reputation for being an insider's game. Even the outsiders figure out the rules and how to use or circumvent them. There seems to be a pipeline for politically-ambitious students to spend time as interns in Washington, DC or other networking opportunities. And—many organizations offer training to assist individuals whose paths haven't naturally put them in a position to run for elective office, who don't have ready-access to money, know-how, or strategic connections.

The AMA supports doctors (and/or their spouses) who will, most likely, advocate for healthcare issues, or at least offer a medically sophisticated opinion in the midst of legislative decision-makers. The AMPAC website says, "The Candidate Workshop is designed to help you make the leap from the exam room to the campaign trail and give you the skills and strategic approach you will need to make a run for public office."

AMPAC doesn't choose one side of the aisle or the other. The goal is to get medically savvy legislators at the state and national level, regardless of party affiliation. "At the Candidate Workshop, Republican and Democratic political veterans work together to give you expert advice about being a successful candidate and how to run a winning campaign. You will learn: the importance of a disciplined campaign plan and message; the secrets of effective fundraising; what kinds of advertising may be right for your campaign; how to work with the media; as well as how to build your campaign team and a successful grassroots organization. Get answers to your questions and determine if running for public office is for you."

Emerge, on the other hand, "recruits, trains, and provides a powerful network to Democratic women who want to run for office." Harder has taken advantage of educational opportunities offered by both organizations over the years, as well as learning the ropes through involvement with local Democratic organizations and candidates.

NB: What was your first opportunity to learn about running a political campaign?

KH: Around 2005, while I lived in Oklahoma. I served on the state insurance board through my involvement in the state medical society and someone there suggested I take the AMPAC course.

NB: Was that something they did locally? It was too early for Zoom.

KH: No. I went to Washington, DC for a long weekend. The training was really fun and inspiring, but intense. About forty people came from all over the country, men and women, and they had great facilitators. It was my first foray outside of the medical world and they did their best to push us out of our comfort zones.

NB: How?

KH: The training covered a lot of ground, but the stand-out thing for me was a series of mock interviews—people asking hard, tough questions. It was probably my first interview since medical school and I thought that was intimidating. The AMPAC people threw really hard ball questions, but they also taught us how to pivot, how to gracefully avoid questions we didn't want to answer. But the weekend gave a great overview of other important topics.

NB: How did you use what you learned?

KH: I got involved, helping candidates I wanted to support in Oklahoma and then in Salem—which was an education itself. I ran for school board in both places and came very close to winning each time. I've made some connections with people in the state legislature, done job shadows, and leadership training.

DR KATHLEEN HARDER

FOR CONGRESS

Dr. Kathleen Harder and her family

NB: Tell me about Emerge. . .

KH: It's a national group with state chapters whose whole purpose is to create a bench of Democratic women candidates ready to launch into whatever opportunities arise. If you look at Oregon, you'll find a lot of Emerge alums serving in Salem, or as county commissioners, or mayors. They've been very successful getting women involved and plugged in.

NB: How are they different from the AMPAC training?

KH: It's a longer, network-building, course and the participants are younger women with much more diverse backgrounds. Many of them could have been my daughters!

NB: I think I can picture the two meetings! What about content?

KH: They start with didactics, with small group break outs, and a lot of role playing. Media consultants came in and local reporters did mock interviews. Then we would get assignments. One was to go through your own list of people you know and see how much money you can raise for Emerge in the next hour. Ready, set, go. They covered media prep, how to hone your message, how to look when you're talking to people. Alums serving in elected office came back to talk about their paths and how they got there.

NB: Sounds pretty comprehensive. What was the time frame?

KH: Before the pandemic the meetings were held in Portland every other weekend for a couple of months—very intense. It made it difficult for people outside the metro area and they're trying to move away from that, to be more accessible women in other parts of the state. When I attended, back in 2016, there were only three or four of us from outside of Portland.

NB: Did that pose challenges other than the commute?

KH: (laughs) I'm sort of the odd man out in all of these trainings. AMPAC was mostly men. Emerge had a lot of young, diverse, women from Portland. Many were very early in their careers, but had already served as a staffer for somebody or had done community organizing. A few were veterans. Some brought their babies with them.

NB: Is that hard?

KH: I am who I am. And I have a lot to offer. I have experience, knowledge, and skills that take time to develop.

NB: What about Emily's List? How do they fit in.

KH: Emily's List helps women candidates who support reproductive rights. They reached out to me. They won't endorse a candidate until after the primary, but they help with a lot of the non-sexy stuff like how to build your Rolodex of people to connect with and ask for money—which is like yeast early in a campaign.

NB: What's the most surprising thing you've learned in these various classes?

KH: You learn a lot about your strengths. You learn about your weaknesses. You look at your stories a different way. Most of us don't take a lot of time to look back on our lives and think about our stories. But those little vignettes become important—they're all the pivotal moments that lead us down a certain path. I did this thing called a bio call. There were about twenty people on Zoom asking very detailed questions. It makes you dig deep and try to understand why we think the way we do, make the choices we make. It can be very uncomfortable, but if you're going to have other people digging through your past, you need to get comfortable with being uncomfortable.

NB: I'm sorry, but that all sounds miserable. Why would you put yourself through that?

KH: Because I believe I'm the best person to represent my friends and neighbors during this very difficult time. There hasn't been a more important moment in my lifetime to step up and make a difference. I'm willing to do the hard work. I've been learning how to do this for almost twenty years and I'm ready.

NB: Good luck.

KH: Thank you.

Wellness

Erin Hurley, MD

The Quest for Knowledge

As a physician, I have been learning my entire life. Like everyone else, I entered the traditional school system through high school, and then my choices began. I wanted to study medicine, so college was next, after a gap year it was off to medical school, then a pediatric residency. During my years in my medical practice, I directed my self-learning to topics in pediatrics, leadership development, communication, and in later years in child abuse as I had transitioned to that specialty in 2012. The books I devoured for pleasure in my youth, staying up until the wee hours of the morning, had become a thing of the past. As I added marriage and children to the mix, the only stories I read were children's books including favorites from my own childhood: *The Little Prince*, *Guess How Much I Love Yo*u, and *Richard Scarry's big book of small stories*. It was only 3 years ago, at age 51, when I rekindled my voracious consumption of books. Until then, most books I bought piled up on my nightstand and gathered dust. When I began recognizing the importance of prioritizing my own needs in addition to the needs of my patients, coworkers, and family, things changed. I invested in a coach, attended growth-minded conferences, and paid to be part of a mastermind with thought leaders, influencers, and other members who challenged my limited ways of thinking. I learned new ways to solve old problems, and often sought input from members of my new community who had much different input and perspectives than my medical community. In the summer of 2018, during a small group session with one of the mastermind facilitators, Ethan Willis, I asked for input on relationships. I had parallel leadership roles, as a medical director at work and as a parent at home. Despite my long hours and hard work, I felt disconnected and under-appreciated in both realms and knew I could do better. Maybe you can relate?

I was often so busy that it was difficult to get to know my team or be fully present with them. When I was at home, work often overshadowed my thoughts and actions. I had seen Ethan demonstrate his mastery in relationships by his caring management of hundreds of employees and how he structured his life to be supportive and present for his wife and seven, soon to be eight, children. Ethan's advice was simple. Read the book *The 5 Love Languages*. I had paid good money to access Ethan's wisdom, so I was determined to follow through. The very next day, I downloaded Audible and, within three weeks, had listened to the entire book during my short commute to work. This was faster than I had completed a book in years. The takeaway is not that I read a book, but in the wisdom I gained, and the new tools I mastered. And my relationships began to blossom!

Those relationship wins were all the motivation I needed to keep reading and I have now consumed approximately 50 books on Audible and a few more in print. The book *Essentialism* sat on my shelf for two years before I listened to the Audible version. A game changer book that teaches the power of saying no to good opportunities and saving the yes for the great ones. Realizing when we say yes to one thing—an extra patient at the end of the day, we are saying no to something else—getting home in time for dinner. And then there is Charlie Mackesy's book, *The Boy, the Mole, the Fox and the Horse*. Please obtain a copy and share it with your friends, spouse, and kids. It has the most beautiful drawings by the author and powerful life lessons, such as:

"'What's the bravest thing you've ever said,' asked the boy?

"Help,' said the horse."

My latest completion, *Rest*, highlights the importance of strategic rest and activities that recharge our minds and creativity. The author had many examples of brilliant minds such as Nobel Prize winners, authors, musicians, and inventors who chose to work hard, and then rest set appropriate boundaries, and create balance to keep their minds sharp and creative as a lifelong endeavor, not burn the candle at both ends and burn out. I learned that Winston Churchill planned naps into his daily schedule. Imagine a head of state during WWII prioritizing taking a nap while his country is being bombed! If he can take a nap, why can't we?

My quest for knowledge is a driving force in my life. It has lifted me out of the depths of burnout and into a life full of new dreams and possibilities. If you are looking for someone to discuss books or other learning modules like online seminars or podcasts, drop me a line and let's chat. If we meet in person (over coffee, please?), chances are, I will bring along a few of my favorite books to share with you.

The End of Chronic Pain?

BY NANCY S. BOUTIN, MD

As an oncologist in the 80s, 90s, and 00s, I didn't worry much about prescribing opioids. One large peer-reviewed study showed a negligible risk of opioid addiction in cancer patients. And, as long-acting formulations like MS Contin and Oxycontin came along, the theoretical risks decreased even further, because the slow drug release and stable blood levels minimized that addictive "rush" at medication administration. We had been taught in medical school that the autonomic nervous system adjusted to the chronicity of constant pain and stopped responding with the physiologic changes we expected in severe acute pain. By the time pain became the 5th vital sign, we were chastised if we questioned someone's pain level because it was "whatever the patient said it was."

We now recognize the inaccuracy in nearly every sentence in the previous paragraph. During my years as a provider on the Salem Health Palliative Care team, the problem of opioid dependence, and my former naiveté, became glaringly obvious. A whole new area of study opened for me when I understood that, for some patients, no opioid dose would ever relieve their suffering, no matter what drug rotation or adjuvant we introduced. For some, a Ketamine "reset" reduced the amount of opioid required to manage pain, presumably due to some alteration in the mu receptor. Although, in retrospect, Ketamine, a potent anti-depressant, may have targeted something else entirely.

Two apparently unrelated phenomena have become more widely understood by healthcare providers over the last decade or so. First, that the late effects of previous trauma, often experienced in the distant past, impact all aspects of physical and mental health. Second, that we'd been misled about chronic pain and painkillers since the 1990s. It was not enough, in the middle of an opioid epidemic, to simply ratchet down the supply of opioids, leaving millions of Americans who suffered "real pain" without alternatives. We needed to understand how chronic pain worked and what, besides minimally efficacious opioids, could relieve it.

We already knew that mindfulness practices, virtual reality games, and even placebo interventions could significantly impact a person's perception, and/or tolerance, of pain. But why? And how could we use "non-standard" approaches to relieve debilitating pain with evidence-based practices? The summer 2020 *ChartNotes* featured Paul Coelho, Salem Health Pain Clinic doctor, discussing high-impact chronic pain (HICP) and "pain phenotyping." He noted the correlation between HICP and high scores on validated instruments like the Fibromyalgia Screening Questionnaire and the Pain Catastrophizing Scale—both of which include the emotional component of the pain experience. Functional MRI, he said, showed that chronic pain mapped to brain centers involved with emotion and social rejection, not sensory processing.

Last autumn, two new studies substantiated Coelho's comments, one in *JAMA Psychiatry* and one the other in *Pain Reports* from the International Association for the Study of Pain. The two studies had similar designs and both tested similar interventions called either "pain reprocessing therapy" (PRT) or "psychophysiologic symptom relief therapy" (PSRT) against placebo or continuation of current care for patients with chronic low back pain. The treatment consisted of brief psychotherapy over eight sessions in either four or eight weeks. In both studies, greater than 60% of the experimental

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THE END OF CHRONIC PAIN?

...continued from previous page

group experienced complete pain relief, durable at twelve and six months, respectively. Over 95% of the experimental groups reported pain improvement. The placebo and current care arms showed improvement rates of between 10-25%.

Articles in *The New York Times* and *Washington Post*, as well as a book by one of the authors of the *JAMA*-reported study, introduced PRT and PSRT to a general audience within weeks of the studies' publication. One name that pops up repeatedly throughout the articles is Tor Wager, PhD, who has worked in the field of cognitive neuroscience for over twenty years, with a special interest in the physiology of the placebo effect and other aspects of pain processing. His lab ran the study reported in *JAMA*, and he has been involved with an international association of researchers interested in mapping chronic pain pathways using functional MRI. Dr. Wager spoke with the mid-Valley's Behavioral and Public Health Research Consortium (BPHRC) via Zoom in early February. BPHRC had previously hosted Sam Quinones' talk on the influx of deadly fentanyl and methamphetamine as reported in the last issue of *ChartNotes*. Wager's presentation, "Neuroimaging of Pain and Emotion: Representation, biomarkers, and interventions," offered a fascinating introduction to the foundations of PRT.

Back in October, I forwarded the *Washington Post* article to a close friend who has struggled with back pain for at least twenty-five years. At the time, he was considering a medical intervention suggested—but not covered—by his insurance carrier. Out-of-pocket costs would run ~$15,000 with no guarantee of efficacy and some physical risk. While I educated myself on PRT (unaware that I had a Zoom meeting scheduled with an international expert) I watched my very savvy friend navigate his health plan to try to access PRT. He ultimately found a telehealth provider from LA, not covered by his plan, and already sees improvement in his pain—although it is not

perfect, yet. A born cynic, he may be somewhat resistant to some of the elements of the psychotherapy. He has found an app at www.curablehealth.com that, he says, covers much of the same material and allows more self-direction.

Without being too simplistic, the basic tenets of PRT boil down to this: chronic pain occurs when the brain receives some sensory input, possibly a minor injury, and gets stuck in a persistent amplification feedback loop warning of risk of serious injury with every benign input—so-called neuroplastic pain. It's like a guard dog who alerts you once to the presence of a dangerous intruder, but then starts barking at everything, even the wind. Often, an individual can't pinpoint the inciting painful incident, but begins avoiding activities they associate with pain episodes, which only serves to increase the power of the loop.

My friend balked at the idea that the pain "was all in his head." He told me he could feel exactly where he hurt and it definitely wasn't above his clavicles. But electrical signals aren't pain until they are processed in the brain—therefore, all pain is in the head. And, all pain is "real." PRT retrains pain pathways to accept that the incoming sensations are not dangerous. The brain has to "unlearn" its hypervigilance. Wager's fMRIs show changing patterns of metabolic activity as the individual breaks the feedback loop—when they train their "dog" to stop barking at every little thing.

There is evidence that individuals may be genetically predisposed to developing neuroplastic pain, and there often appears to be trauma or other unresolved psychological factors at play. This may explain why images of the bulging disc, the arthritic hip, or the "bone on bone" knee shows little correlation with the intensity of pain any individual experiences—or doesn't experience at all. A brain without an aberrant feedback loop may make note of occasional discomfort, but that discomfort doesn't blossom into chronic, crushing pain. Dr. Wager says that the pain maps he and his colleagues are developing aren't intended to be used diagnostically at the individual level, but to serve as "biomarkers and targets for both psychological and drug interventions."

There is real hope for chronic pain sufferers and a superior alternative to marginally effective long-term opioid use—with all its attendant risks. But providers are going to need to unlearn what we thought we knew about chronic pain. We're going to need to begin to learn new approaches. We're going to need, as a society and a profession, to stop thinking of the mind and the body as two separate realms. We have a lot of learning left to do.

Time Lapse Photography

BY RICK PITTMAN, MD MBA

Unless you have been in a coma or are just a refugee from before streaming, you have watched/used more than one YouTube video to help you make or understand something. The best YouTubers keep their words to a minimum, know what they are talking about, and use the art and science of time lapse photography (TL) to save time and get right to the point.

I recently studied and made my first TL clip and after some research and trial and error, here is my first attempt:

https://drive.google.com/drive/folders/1tB-GUSiH6gzKK05mx-srmgxfhylryz4r?usp=sharing

It works best if you download the 30 sec video and play from your pc or mac thumb drive.

You are seeing the replacement of a 1980 Ferrari 308GTSi fuse panel.

The original style of fuse panel created a lot of problems. A Stanford engineer who had problems with his own fuse panel designed and had produced a new panel that used mini blade fuses.

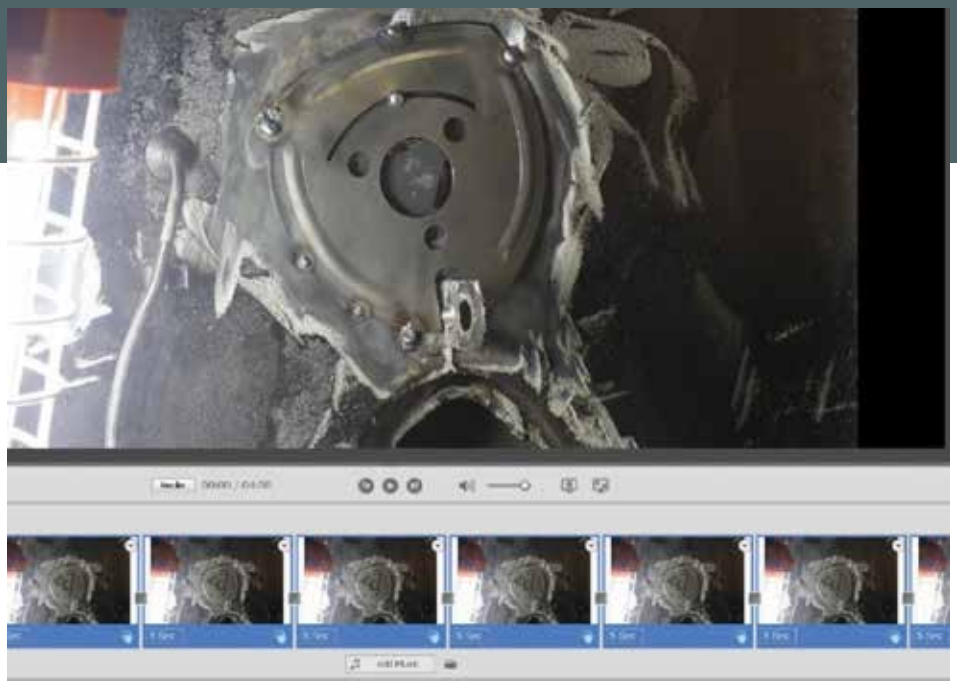
This shows the replacement of the panel, which took around 2 hours, in 30 secs. You may need to slow it down.

How to do it.

Adobe Premiere Elements* has the simplest interface for making TL clips.

https://helpx.adobe.com/premiere-elements/using/time-lapse-best-practices.html

1. Camera settings
   a. Use Tripod
   b. Manual focus
   c. Small-to-medium size jpg (otherwise the file is too big)
   d. Smallest aperture you can get away with (depends on lighting)
   e. Set shutter to take a photo every 10 secs
      i. You must experiment with this number
      ii. Make sure SD card has room
   f. Plug the camera into a wall socket, if able.



2. Software
   h. Take the photos you just took, which are in order, load all the files into the software noted above. If you switch to "GUIDED" menu you will see the default is for each slide to show for 5 sec. Change this according to your needs. When you are done, save it as an Mp4 file or similar.
   i. Quick and satisfying. Next time we will add narration and music. Contact me directly at gearheaddoc@gmail.com if you have any questions/problems with TL Photography.

p.s. Photo shown is the next project.
p.s.2 I am NOT a YouTuber.

*Not to be confused with Adobe Photoshop or Adobe Photoshop Elements

BY NANCY BOUTIN, MD

MY CURRENT OBSESSIONS

Story Structure

Sometime in the middle of high school, I drove a short story draft right into the proverbial corner with no conceivable exit short of *and then I woke up*. It had happened before, but this time I had a moment of clarity. "Somebody knows how to do this—but it isn't my English teacher." And it certainly wasn't me, despite the thousands of stories I had read by that time. Twenty years later, I met my first writing mentor. He led me down the rabbit hole of story structure. I've been obsessed ever since.

Of course, there isn't one, firmly-fixed story structure. Every writer makes a compact with the reader: what conventions will be followed, what sort of language will be used, what emotions the story will produce, which topics are fair game and which are off limits. A writer who doesn't play by the rules will lose readers. Or, as we say, "they'll throw the book against the wall."

The vast majority of fiction published in English, however, follows the same basic structure. A character in a setting with a problem sets off to solve that problem. The odds will be stacked against them and there will be a powerful antagonist—a sentient being, the environment, or the character's inner demons. The character, our protagonist, will face obstacles, learn new skills, and gain knowledge/understanding before they can overcome the antagonist. And while the character will focus on the problem at hand, the reader understands they have an inner wound holding them back from the life they deserve. The plot goal can be as big as stopping the 1st Order or as small as finding the perfect bottle of wine. What matters to the reader is that the protagonist evolves through the story.

If the character's emotional wound heals, we don't really care whether they find the treasure, avenge the insult, or even save the world. If the protagonist doesn't grow into a better, fuller version of themselves, the story is a tragedy—which can also be satisfying. Think of Michael Corleone in the *Godfather*. His goal was to distance himself from his family, or at least the world they inhabited. We want him to find suburban happiness with Kay and success in a legitimate career. Instead, he becomes his father—but possibly more ruthless.

Some say the human brain is hard-wired for story. Which, they say, explains why there are so many commonalities among myths—from around the world and across time. Stories give us a blueprint to navigate the many changes we experience in life, and the expectation that things will work out in the end. Whether or not there is brain wiring, functional MRI and blood assays prove, without a doubt, that there is brain chemistry triggered when a story "works." It produces the same neurochemical spikes as any other addictive substance—increased levels of serotonin, dopamine, oxytocin, or endorphins.

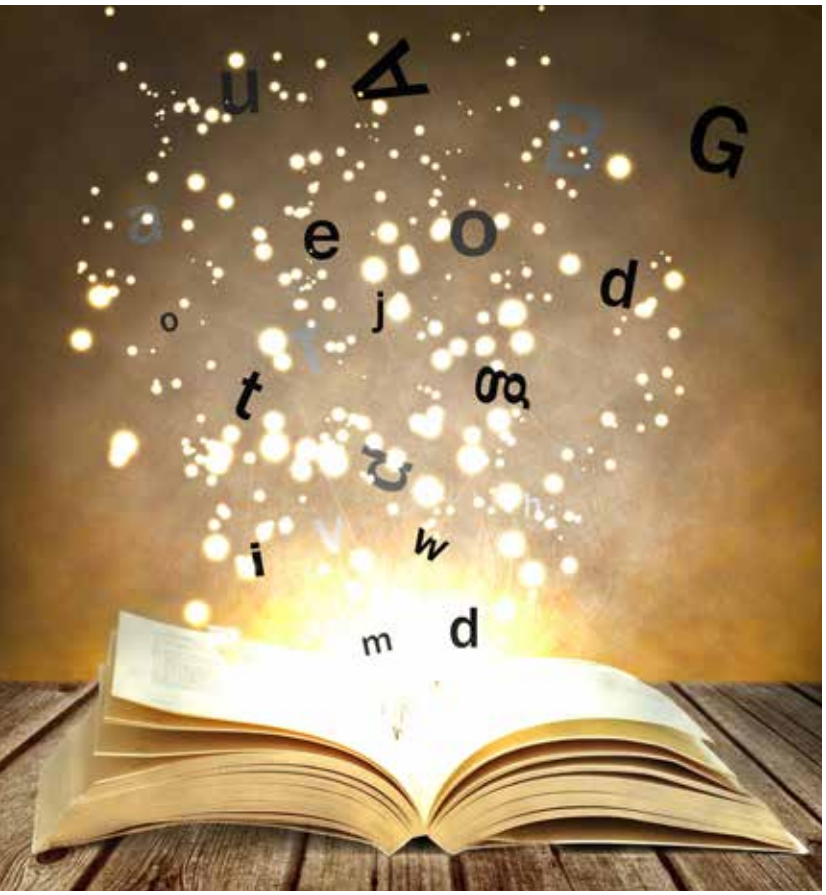
Structure, more than prose or grammar or literary devices, will determine whether or not the story engages the reader and induces the desired emotions, aka neurochemical shifts. Structure is the story's skeleton. If the bones don't connect, the story won't walk—no matter how well you dress it up.

Much of this basic structure is captured in the monomyth, better known as *The Hero's Journey*. There has been a lot of pushback since *Star Wars*, claiming the *Hero's Journey* is formulaic, but mostly by critics who don't understand it is infinitely mutable and adaptable. There is nothing proscribed. It's like a surgical scrub table with an array of prep packs, instruments, devices, and sutures available—but it's up to the team to choose which apply to the operation at hand.

To learn about the monomyth, you can go back to the source: The *Golden Bough* by James Frazier, 1890; *The Hero* by Lord Raglan, 1936; and of course, *The Hero with a Thousand Faces* by Joseph Campbell, 1948. Jung is the go-to on the archetypes you'll find interacting with the hero during their journey. I have to admit, the books can all seem pretty dense.

Chris Vogler wrote a popular treatment for screenwriting in 1992 called *The Writer's Journey*. I've only read the original edition, not subsequent updates, but it seemed to be a lot of *how to* and not enough *why*. I prefer *The Key*, written by my mentor, Jim Frey, published in 2000. While you're at it, take a look at Paul Zak's YouTubes on "Empathy, Neurochemistry, and the Dramatic Arc." His critics' points are interesting, too—there is nearly limitless opportunity to argue about story arcs, the brain, and reader response.

But be careful if you get too close to the story structure rabbit hole. Of all my obsessions, this is one of the longest lasting, and I still have a ton to learn!



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RICK PITTMAN, MD, MBA

Last Word

Reading Habits For Lifelong Learning

"Live as if you were to die tomorrow. Study as if you were to live forever."[1]

These are words I live by. At fourteen, I built an oscilloscope and used it during my second year as a mechanic's apprentice. California required vehicles to be certified by a licensed smog mechanic, and certification locations were in high demand. A mechanic wanting to pass the licensing test had to know how to use an oscilloscope—I was the first person in our shop to pass.

One day, a lightning bolt struck and told me to go to medical school. Working full time as an auto mechanic for British Motors of San Francisco, I attended night school at Solano Community College. Imagine the routine: get up, shower, go to work, come home, shower, go to school, come home, study, go to bed. Repeat. In 1974, the odds of admission to a California medical school were one in twenty-five, while chances of getting into University of Oregon Medical School were one in three. After I finished at Solano CC, I quit my job and moved to Eugene where I enrolled in The Clark Honors College at the University of Oregon.

Evelyn Wood courses were everywhere at the time, and I studied speed reading first thing. If you have never practiced speed reading, now might be the time to learn. You are not getting any younger and if you live forever, you will still have stuff to read for the rest of your life. I bet some of you already practice some form of speed reading—such as reading only the abstract.

A tachistoscope is an instrument used for exposing objects to the eye for a very brief measured period of time. Originally described by German physiologist A.W. Volkmann, it was used during WWII to train fighter pilots to quickly identify enemy planes. Experimentation by the Air Force showed that our eyes only needed 1/500th sec. exposure to identify patterns. *(A, R. 1998 "What is a Tachistoscope Science in context, 11:23-50)*

Although speed reading techniques have been refined through the years, the foundations remain the same and involves recognizing multiple words at a time in phrases as a pattern, without subvocalizing every word. Zig-zagging eye movement may help. Subvocalization cannot be eliminated—only minimized to achieve the ability to speed read. Different materials require different reading speeds.

I usually read one novel a week, in addition to technical reading. I read medicine, photography, cooking, all things automotive, quantum physics, etc. If a transmission breaks, I teach myself how to fix it. Need something welded? I learn how to weld. All things being equal, daily reading is perhaps the single most important thing I do to perpetuate my goal of lifelong learning. "It is not about the destination. It is about the journey."[2]

In 2014, I enrolled in the Healthcare MBA program at OHSU/PSU. For two years I'd had a recurring dream telling me to go back to school. I was sixty-four at the time and thought, "Maybe I'll go into administration..."

While I discovered I am not the administrator type, the MBA program shook my foundation. If ever I had doubt, the program taught me one thing: access to healthcare is (should be) a fundamental human right.

Keith White once said to me, "Rick, you continue to reinvent yourself."

And so, I will continue on my journey, and materialize again, different, but remember this: "The person who does not read has no advantage over those who cannot."[3] ...and those who can speed read shall inherit the earth.

1 (first attributed to Isidore of Seville [560-632])
2 From Cavafy
3 Attributed to multiple people

CHART NOTES - SPRING BIOS

NANCY BOUTIN, MD, MBA

Managing Editor

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

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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

The Marion-Polk County Medical Society thanks all of the medical professionals in our community for your unwavering dedication, service and sacrifice. In the last issue of ChartNotes we featured women in medicine. We received many comments from members who enjoyed reading about these important leaders. Now that the latest COVID-19 variant is waning, we can hopefully get past all this and start seeing each other in person. Marion-Polk County Medical Society has set up fun activities and events to support our members, so watch for emails and visit our website for more information. Also, if you have any ideas for features in ChartNotes, contact Nancy Boutin at nancyboutin@me.com or Harvey Gail at exec@mpmedsociety.org. Be Well!

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