



**Division of Family Medicine**  
**Center for Education in Family & Community Medicine**  
**Stanford University School of Medicine**

# Newsletter



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**Issue 2, May 2010**

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**Sean David, MD, DPhil, Appointed to Family Medicine Young Leaders Advisory Group**



As it did 30 years ago, the American Board of Family Medicine (ABFM) recently invited a new set of future leaders in family medicine to launch a dynamic working group to guide the future success of the discipline at yet another time of major change in our health care system. The 5 members selected for the ABFM Young Leaders Advisory Group includes [Sean P. David, M.D., D.Phil.](#), Clinical Associate Professor of Family Medicine at Stanford University. The group met at the headquarters of the ABFM on March 22<sup>nd</sup> and 23<sup>rd</sup> 2010 in Lexington, KY for its initial summit that first reviewed all of the articles in the [supplement to the JABFM March- April 2010 special anniversary issue](#) on the foundations of the discipline and debated the lessons learned and future goals of the ABFM.

The group was also charged with a scholarly review of the first reports calling for the formation of a primary care discipline from the late 1960s (Willard Report, Millis Report, Folsom Report) and based on the present challenges in the health system, to meet for a second summit in June 2010 to agree upon action steps to promote family medicine's role as leader in the reform of the health system. The group will also set priorities for the new era in areas such as the integration of public health and medicine, the patient centered medical home and personalized medicine. The Young Leaders Advisory Group has the potential to have an important impact on family medicine's leadership in the new health care system and to advance the discipline as one that will succeed with distinction in the 21<sup>st</sup> century.

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**Eva Weinlander, MD, Certified in Mind-Body Medicine**

[Eva Weinlander](#), MD, Clinical Associate Professor of Family Medicine, recently received her Certification in Mind-Body Medicine from the [Dr. James Gordon's Center for Mind Body Medicine](#) in Washington DC. "Mind-body medicine" is an important emerging field exploring the interconnections among human capacities such as thought, emotion, belief, attitudes, and physical health. It views physical, mental, and emotional well-being as all aspects of a unitary vision of health. Mind-body medicine provides a model of "self care" becoming an essential cornerstone of optimum "medical care" for ourselves and our patients. The certification program prepares participants to lead Mind-Body Skills Groups with diverse communities, integrate mind-body medicine into their institution, and develop unique applications for clinical practice and educational programs



Dr. Weinlander was subsequently invited to present at UCSF's Cardiology for the Practitioner 2010 Symposium, a talk entitled "Mind Body Medicine vs. Atenolol". Along with colleague [Evaleen Jones, MD](#), Clinical Associate Professor of Family Medicine, she has also led pre-med and medical student groups, as well as physician groups, in 8 week experiential journeys designed to enhance participant's ability to discover and enhance self-awareness, self expression and stress management skills in a safe, supportive, group setting. Ultimately Dr. Weinlander would like to contribute to and expand the research of how these interventions might improve student/physician efficacy, satisfaction, patient care and health outcomes.

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### ***Hoover School 7<sup>th</sup> Graders Learn About Medical Science***



In February 2010, the Center for Education in Family and Community Medicine (CEFCM) hosted the Sixth Annual Stanford Medical School field trip for the entire seventh grade class at Hoover School in the North Fair Oaks neighborhood in Redwood City. Hoover School serves a population that is predominantly Hispanic, many of whom are English learners, in a low income, underserved community. Funded by the generous donations of supporters of family medicine, the Center was able to invite students, their parents and their teachers for a day on campus that included inspirational speakers, both medical students and faculty, talking about their journeys to becoming physicians.

Hoover students were escorted by the Pathology and the Gross Anatomy faculty and medical students for a pathology "walk around" in which they rotated through stations and learned the difference between healthy and diseased organs.

After the field trip, the 7<sup>th</sup> graders were asked to respond to the following questions, using art and words as they preferred: "What would you like to be when you grow up?" "What was your favorite organ?" The top five were displayed at the annual medical school art festival: *Medicine and the Muse*, held this past April. These winning entries are now on display at the school, a unique reminder to the school community of the connection between Hoover seventh grade and the Stanford Medical School. This activity is only possible due to the generosity of our donors. If you are interested in helping to support this field trip next year, please contact Dr. Nancy Morioka-Douglas at [nmd@stanford.edu](mailto:nmd@stanford.edu)

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### ***Stanford PA Graduates in Haiti Medical Relief - Mark Caplin's Experience***



On January 13, 2010 I deployed to Haiti with [DMAT CA-6](#), the federal Disaster Medical Assistance Team, consisting of Physicians, PAs, NP, Nurses, paramedics, pharmacists, mental health workers, and a respiratory therapist, based in Mountain View, CA. First we went to Atlanta, stayed overnight and were put on a charter flight to Port Au Prince, Haiti. After landing in Haiti, due to lack of transportation, we had to stay at the airport for many hours. Finally, along with our gear we were loaded into the back of dump trucks and taken to the grounds of the American Embassy, where we camped on the embassy grounds waiting for an assignment. We needed three things: a mission, transportation, and security. We waited 6 days before all three came together. We were picked up by the Army's 82<sup>nd</sup> Airborne Division and taken to Petionville. The entire town had moved out of their ruined homes and taken refuge on a golf course. The Army had been supplying approx. 50,000 people with food and water and 8 Army medics were providing their medical care. We arrived and set up a tent clinic along with another DMAT team from New Jersey. Before we could open, a large transport helicopter landed and blew down our tent and injured three of our team members, so we had to start over again and could not open until the following morning.

We were divided into three divisions, Alpha, Bravo and Charlie. The Alpha division ran the clinic. These patients are divided into red, yellow or green, depending on their severity. The Bravo team, which I was a part of, was divided into four person units and started going through the crowd looking for casualties. If we found one, we either treated them right there or called for litter bearers and transported them up the hill to the clinic. We ended up pushing further and further in town, looking for injured people. The Charley teams went out into the community evaluating local resources at hospitals and clinics offering to augment staff, provide supplies or transfer patients to our facility. We also interfaced with NGOs (non-government organizations) who had arrived in Haiti to help the population. We had to be careful and watch out for each other because of the heat and risk of becoming a heat casualty.

After two days of being part of a Bravo team I was put in charge of triage. We saw 1000 patients before we were relieved by two other DMAT teams four days later. We saw minor trauma, fractures, amputations, burns, healing wounds and did some minor surgeries. Large surgical cases had to go to our International Medical Surgical Response Team in another part of town. We delivered three babies and took care of a lot of medical type problems. Most wounds could not be sutured so we let them heal by secondary intention and provided dressing changes daily and antibiotics if needed. We then started to see primary care type cases for people who had not received medical care for a long time. It was tough to come home as I felt we had just worked the "kinks" out of the system and there is still a lot to do. Before HHS resources left the country DMATs saw more than 31,300 patients, performed 167 surgeries and delivered 45 babies.

(Mark Caplin, PA-C, [sailmedic@earthlink.net](mailto:sailmedic@earthlink.net), is a 2007 graduate of the [Stanford PCAP](#)

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***Stanford PA Graduates in Haiti Medical Relief - Michael Jorgensen's Experience***

On Feb 1, 2010, I departed for Haiti to assist in the medical care of those affected by the earthquake. I had great difficulty finding an organization or teammate to go with, so I went alone. My only point of contact was St. Damiens Pediatric Hospital outside Port Au Prince, Haiti. If I could get to Santo Domingo, Dominican Republic, then they would provide ground transportation into Haiti. Port Au Princes airport was still inert. My supplies were limited to a medical bag from my military days, and personal effects. My current vocation is orthopedic trauma surgery, so I planned to be functioning in this capacity and stocked my bag accordingly.

Once I arrived in Haiti after an 11hr bus convoy (with 2 breakdowns), I arrived at the Hospital and learned that I would be assigned to the mobile teams running clinics throughout the city. I would be assigned to the Christ Roi clinic. I departed the next day in a pickup truck, into the ubiquitous, terrifying traffic of Port Au Prince. We had a driver, team leader, and translator. I had one day to orient prior to becoming team leader for the Christ Roi clinic, a small building along an alley, amidst the destruction of the quake and the subsequent "tent cities". This clinic had a local team of 2 nurses and a pharmacist who had been maintaining the clinic despite their own dire situation of family loss and homelessness. They were the true heroes. To my greatest surprise, I realized that I would be hanging up my surgical gear and putting on my trusty stethoscope, as much of what I saw was primary care. The young, old, healthy, sick, and pregnant, all suffered and came to us for not only trauma related issues, but for the ensuing epidemics that we so greatly feared would come. Tetanus, malaria, TB, pneumonia, and sepsis were common, and it was our job, along with countless other groups, to stem the flow of what would undoubtedly be just the beginning of the "second phase" of the disaster.

We had to return before nightfall, for safety concerns, and my usual evening activities were supporting the orthopedic, surgical, or emergency departments of St. Damiens. This was a fully international effort, as my mobile team was German, our surgical teams American and Italian, and numerous other nationalities. No one was excluded from "call", which consisted of being summoned at night from the rooftop where many of us slept. We were short on anesthesiologists, so I was trained to assist in this capacity. Flexibility is the name of the game in a disaster zone. Such was my life for 3 weeks. My last evening was spent assisting in the OR on a crash C-Section. The mother lived but the baby did not. In Haiti, it seemed every successful story had a "but" following it. We did our best to focus on the first part of those stories.

Volunteering in Haiti was the greatest honor for me. It was no small understatement to say that I found myself in the company of heroes, all struggling to help a culture of people whose greatest priority is family and kindness towards others. It renewed a somewhat tired reason of why I entered the medical field in the first place. When asked by people what the hardest part of being there was, I believe most of us who went would simultaneously say "leaving".

(Michael Jorgensen's, PA-C, [alohasurgery@gmail.com](mailto:alohasurgery@gmail.com), is a 2005 graduate of the [Stanford PCAP](#))

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### **[Tell Us About Yourself](#)**

Family Medicine has touched the careers of many students and residents through the years. We would love to hear about your own careers and suggestions you may have for our programs. Send information to: [joeh@stanford.edu](mailto:joeh@stanford.edu)