



WESTCHESTER PHYSICIAN

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PRESIDENT'S MESSAGE SHALLOW MEDICINE

Welcome back fellow physicians from the relative relaxation of “Summer Vacation” mode – it is once again time to refocus on our art and reignite our passions for the practice of medicine. I would like to begin my tenure as President by revisiting the reason we all initially chose to practice medicine – to help people.

As physicians, we are in the relationship business. Most professionals work hard to establish and sustain a few dozen critical business relationships over the course of a year. In contrast, as physicians we need to establish a few thousand individual relationships per year, all overlapped and patched together, to form a successful medical practice. Each relationship built on exchanges lasting only a few minutes; each covering a patient’s deepest concerns and our best efforts to assist them to find both physiological and psychological health.

According to the 2017 Medscape physician survey, the average length of a physician's office visit is just under 15 minutes. During this time, we need to obtain relevant histories, perform a physical exam, and formulate a mutually agreed upon plan of treatment. The amount and clarity of information that must be exchanged in this short time is key to success of the physician-patient relationship. Multiple times per day I walk into an exam room and begin with the open ended "How can I help today?". This interaction can go multiple ways based on how well prepared the patient and the physician are for the visit. Fighting to deftly juggle between data entry into my EHR and eye contact with the patient, I try to pick out the salient information to help me connect with the patient and efficiently formulate a personalized treatment plan for the visit. Striking a balance is the fine art which we as physicians have crafted through years of practice.

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DANEIL GOLD, MD
President-elect, WCMS

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UPCOMING EVENTS

Volunteer New York
9/11 Serve + Remember Event
Trout Stream Revitalization
Saturday, September 7, 2019
Westmoreland Sanctuary
Mount Kisco, NY

WAM ANNUAL GOLF OUTING
Thursday, October 3, 2019
Westchester Country Club
Rye, NY

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FROM THE EDITOR...**PETER J. ACKER, MD**
LETTER FROM ISRAEL

Note: This is a column from about 12 years ago.

As I write this, I am sitting in a small hotel room in Beer Sheva, a city two hours south of Tel Aviv in the Negev desert. Outside my room are the sounds of many young children chatting in Hebrew and racing up and down the corridor. The number of children, constantly underfoot, puzzled me initially until somebody explained that many of the displaced settlers from Gaza were being housed here temporarily. In contrast to the exuberant gaiety of the kids (one group almost collided with me as they careened down the hall in a baggage trolley) energized presumably by the novelty of the hotel, was the grim, tired expressions of their parents. Also of interest is that the World Chess Championship is being held this week, drawing players from all over the globe. I hear a cacophony of languages as I amble about; Russian, Chinese, various Slavic and Spanish (I rode up in an elevator with a man from Cuba). As always when abroad, I am somewhat intimidated by all the unfamiliar sights and sounds, yet my diffidence is no match for the sheer stimulating novelty and I find myself reveling in all the differences.

My trip started about five days ago on an evening flight out of Newark after a long day of patient care in the office. I settled down in my seat, glad to be out of the office and anticipating mightily my arrival in Israel where my eldest daughter is studying as part of a junior semester abroad. It was also a homecoming of sorts; I had attended medical school some 25 years ago at the Sackler School of Medicine (New York State Program) in Tel Aviv and in fact had married an Israeli. Initially, we had returned as a couple to visit Gila's mother, but as we began to have kids, it became increasingly common for my wife to go with one or more kids while I stayed behind. Before I knew it 15 years had gone by without my visiting Israel.

Dinner was served quickly as it was already 11 p.m. After eating, a pleasant lassitude settled over me and I began to attempt to get comfortable in my miniscule seat. Then an announcement: "Is there a doctor on board?" I groaned inwardly. I paused for a few seconds. Surely, I thought, on a wide-bodied jet flying to Israel, I can't be the only doctor. Apparently I was. Soon I found myself bending over a pale young man. The steward handed me a stethoscope and blood pressure cuff and I conducted a quick, very public exam. Thankfully, it looked like a case of vasovagal syncope and he recovered quickly. I got him back to his seat and returned to mine, a bit embarrassed by all the eyes upon me. A short time later the steward summoned me and I groaned again. I followed him, this time past my patient and into the first class cabin, where he bade me to make myself comfortable. Before I knew it I was ensconced in comfort. This beats medicine on the ground, I thought: no HMOs and lavish reward for service rendered.

(Continued on page 12)





Volunteers needed for 9/11: Serve and Remember Event

The Westchester Academy of Medicine is proud to sponsor Volunteer New York's 9/11: Serve and Remember event. We have reserved 25 volunteer spots for our organization to participate on Saturday, September 7. If you would like to be a part of this community volunteer effort please contact our office to reserve your space.

9/11 SERVE + REMEMBER
SATURDAY, SEPTEMBER 7TH
9:00 AM - 12:00 PM

WESTMORELAND SANCTUARY
260 CHESTNUT RIDGE ROAD
MOUNT KISCO, NY 10549

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PLEASE CONTACT JANINE MILLER AT JMILLER@WCMS.ORG OR 914-967-9100 TO REGISTER.



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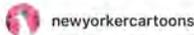
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STOP THE TRAIN

Elliot Barsh, MD



"It's got to come out, of course, but that doesn't address the deeper problem."

HI everyone.

At first glance, this cartoon is very funny, and we can enjoy the humor in it! Then when we think more about it, it brings up such an important point.

The only way to ever **hope** to address our patient's deeper problems, the **real reasons** for their suffering, the true reasons they make the time to come to the office to see us, is to **look at them!** It is true, that a big part of our day is completing all of our tasks, and writing our notes. If we spend our time facing our computers, and not our patients, we are not going to notice them. Being noticed is the most important of all human needs. We need to be noticed in order to survive, and to thrive!

It is important to figure out the medical stuff. This can be the "easy" part of the visit.

It is the stuff that has to go into our notes. We have to document the chief complaint, PMH, PSH, medications, allergies, FH, and SH. We need this information. We need to know it. We know that we have to do this before we walk into the room.

But...

What do we need to see? What do we need to hear? What else will we need to ask about? What will unfold during the visit?

What will we pick up on? What new connections will we make?

We have to turn and face one another!

We have to meet!

The only way to notice our patient is to sit with them and not with the EMR. When we sit with the EMR, we are in our own head. The only voice we can hear

is our own

telling us what to do because we need to get it done. Our minds are closed. We stop listening. We create a distance between us physically and interpersonally. When we sit and face one another, we can really notice what is happening. We open our mind and start to listen. Making eye contact connects us. We start to notice non-verbal cues, our posture, facial expressions, tone of voice, and pattern of speech. We start to respond to these cues. Our tone of voice and pattern of speech are different when we are asking questions while we type, then when we are talking face to face.

The questions may be the same, but it feels very different. Our listening is on a deeper level. We start to hear the "nuggets" that our patients mention during the conversation. These "nuggets" are the keys to the castle! They let us in to the "why" of the visit, and the real reasons for suffering. They lead to new questions and ideas, hope and possibilities!

Sitting face to face increases our empathy for each other. We will not only know what our patient is talking about (cognitive empathy), but we will begin to feel what they mean (emotional empathy), and start to feel like helping them (empathic concern). Sitting face to face is how we can both, patient and provider, get the most out of our time together.

We are both worth it.

Thanks for reading.

E

If you want to learn more about empathy you can watch this great Ted Talk by Dr. Helen Reiss

<https://youtu.be/baHrcC8B4WM>



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Westchester Academy of Medicine 2019 Golf Outing & Fundraiser

Thursday, October 3, 2019
Westchester Country Club
99 Biltmore Avenue
Rye, NY 10580



Registration, Driving Range & Halfway House Lunch—11:00 AM
Shotgun Start at 12:30 PM
Golf Format: Scramble
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6:45 PM—Buffet Dinner/Awards/Raffles

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Westchester Academy of Medicine 2019 Golf Outing & Fundraiser Thursday, October 3, 2019

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Omar Syed, MD; Peter Acker, MD; Bruce Molinelli, MD; Dan Gold, MD and Richard Shi, NYMC Medical Student

On August 22, 2019 the leadership of the Westchester County Medical Society was invited by the student MSSNY representatives at New York Medical College to participate in a panel discussion about business and health policy in medicine. The WCMS leaders in attendance were Daniel Gold, MD, President; Peter Acker, MD, President-elect; Jeffrey Jacobson, MD, Vice President; Omar Syed, MD, Immediate Past President and Bruce Molinelli, MD, Secretary. There were 95 students from New York Medical College in attendance who submitted questions to the panel prior to the event.

The discussion centered around four main topics of interest to the students, but also branched off into other relevant topics. Of the topics discussed, advantages and disadvantages to owning a private practice vs. working for a hospital or medical group; what business or policy strategies could help alleviate the burden of administrative work within the practice of medicine; suggestions for the students to gain more knowledge and insight into the business and policy sides of medicine; and how the concept of a national health insurance plan, either Medicare for all or single payer, could/would affect healthcare in the US. The physician panel was able to draw on their experiences throughout their careers to offer the students some insight into these questions. We were happy to participate in such a relevant discussion and hope to continue working closely with the medical students at NYMC in the future.

We would like to thank Richard Shi (MS2); Tiffany Wong (MS2) and Chan Woo Kim (MS2) for putting this event together. They are a great example of student leadership! We hope that more of our members will join us in the fall for the student wine tasting.



Omar Syed, MD; Peter Acker, MD; Bruce Molinelli, MD; Dan Gold, MD; Jeff Jacobson, MD & Richard Shi



Omar Syed, MD; Peter Acker, MD; Bruce Molinelli, MD; Dan Gold, MD & Richard Shi



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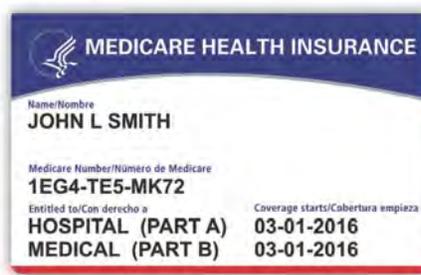


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THE BUSINESS OF MEDICINE

A GUIDE FOR PHYSICIAN ASSISTANTS

Rick Weinstein, MD, MBA
 Director Orthopedic Surgery Westchester
 Sport& Spine at White Plains Hospital Center

I have worked with physician assistants (PAs) since I was a resident. I have hired several PAs over the years, fired some, and some have moved on. I consider PAs to be an invaluable part of my extremely busy and successful practice. They help you see patients, complete medical records, return phone calls, fill and refill prescriptions, and assist in surgery. An amazing PA is priceless in our current high-volume, stressful medical environment in surgeries as well as in the office. Once you have a good PA you will question how you lived your life without one.

I have worked with nurse practitioners (NPs) as well over the years. The major difference is that NPs are trained as nurses and think like nurses. PAs are trained to think like doctors. The best PAs, similar to the best doctors, know their limits. They know what they know and more importantly they know what they don't know. A good PA knows when to get their supervising physician involved.

I consider there to be three levels of PAs based on experience and ability. Some PAs never go beyond the first level.

Different levels of PAs

Level One PA

At this lowest level the PA spends time observing and watching. He/she does what they are told and rarely initiate an activity. Some PAs and some employees are happy to just sit and wait until they are given instructions. They may be very good at following instructions but they are working robotically at the simplest level. PAs should start at this level but if they never go beyond this lowest tier, they are only minimally helpful.

An example of a level one PA is the assistant in surgery who simply holds retractors as instructed. Another example of level one is the PA in the office who obtains the history from a patient when told so by the physician and then presents the patient. They may not even formulate a diagnosis and do not develop the plan to treat the patient. These PAs demonstrate limited creativity and usefulness.

Level Two PA

At the second tier, the PA anticipates what the doctor would have them do. They learn from observing and repetition and are able to initiate activities on their own. Second level PAs will initiate seeing patients on their own, do the HPI as well as formulate a diagnosis and plan.

In surgery, second level PAs will retract but start to think like a surgeon and will adjust the retractors to better assist the doctor. They will understand what steps are involved in the surgery and be ready for the next steps in the procedure. They take the initiative to prepare what will be needed before being asked. They put themselves in the shoes of the physician and think independently.

Level Three PA

At the highest level, the PA thinks of not just what the doctor would want them to do, but think about what is best for the patient. At this level they truly start to think like the physician. They develop a differential diagnosis for the patients. They are able to think outside of their experience and extrapolate from their fund of knowledge to find new solutions they have not been exposed to previously. Third level PAs can take from what they have read or heard and apply that to patient care.

At any level, the PA has to know their limitations and be cognizant if there are risks or possible miscalculations that will put the patient at risk. Any uncertainty should be brought to the supervising physician's attention. No PA should feel unsupported as if they are flying solo. A good physician always has his/her PA's back. It is a team dynamic and the mutual respect for each other makes everyone work better and happier. Not all PAs can achieve the highest level, but with their own initiative and a doctor's teaching and support many will.



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FROM THE EDITOR...

PETER J. ACKER, MD
LETTER FROM ISRAEL

(Continued from page 2)

My first three nights were in Tel Aviv at my mother-in-law's apartment. My daughter, studying in Beer Sheva, had come up for the weekend. Enormous amounts of food were placed in front of me and, being the consummately courteous fellow that I am, I ate every bit of it. I spent a long time chatting with a friend of my mother-in-law's, a 91-year-old retired doctor. His preternatural alertness belied his age and he spoke Hebrew (his English was rudimentary) slowly and patiently so I could follow most of it.

Originally from Poland, he had begun his studies of medicine in Italy. At some point, the coming of the war made it impossible for funds to be transferred to Italy, so he returned to Poland where he continued his studies and then finally retreated to Russia ahead of the advancing Germans and studied there as well. He made his way to Palestine after the war and began to put his medical skills to work by helping establish medical care in a brand-new country. He told me of one trip he took to the United States where he toured dialysis centers in order to help set them up in Israel. Stories such as his abound here.

I had a chance to visit Sackler and talked to a couple of American students I spotted sitting in a café, medical books open, cell phones glued to their ears (cell phones here, if you can believe it, are even more popular and ubiquitous than in New York). I learned from them that the American program is going strong and that students continue to get the great education along with the rich cultural experience that I got while here so long ago (*how many years ago were you here?*, they both asked with some astonishment).

The retired doctor also commented on the large number of automobile accidents in Israel, which far exceeds the statistical number in the United States. I was not too surprised, having hung on for dear life on the cab ride from the airport. But something struck me and the word I wanted to use I had no idea how to express in Hebrew: iron-

ic. So I settled for *me'anyen*, interesting. I went on to explain in my halting Hebrew as best I could that before coming here, virtually anybody I talked to would comment on how dangerous it is in Israel. *Don't ride the buses*, I was warned. Yet, the statistics show that you are far, far more likely to die in a car accident than at the hands of a suicide bomber. Somehow, intentional violence engenders so much more fear than non-intentional. Arguably, a bus would be far safer than the small gas-efficient cars that populate the highways.

As I mentioned, cars are miniscule here. Sighting a SUV is as remarkable as running across an ostrich in Antarctica. Also, stairways in apartment buildings have timed lights: you push a button which turns on the light for the 60 seconds or so needed to navigate up the stairs to an apartment. Hot water is largely courtesy of solar heaters that bedeck most of the buildings in Israel. I can't quite escape being abashed by these observations as I mentally compare them to my large Westchester house where the showers are long, the lights are rarely off and an SUV sits in the driveway. My daughter echoes these thoughts and tells me she is not looking forward to going back to the States. A momentary fear hits me: *what if she decides to stay?* Just desserts, my mother-in-law would say, since I carried off her only child to America. That word again: ironic. I have to learn how to say it in Hebrew. Actually, I had better learn a lot more in case I need it to converse with my grandchildren! After some hyperventilation, I calm myself. Not likely to happen. And if it does? It's only a plane flight away and with any luck, shortly after take-off, I will hear the words intoned, "Is there a doctor on board?"



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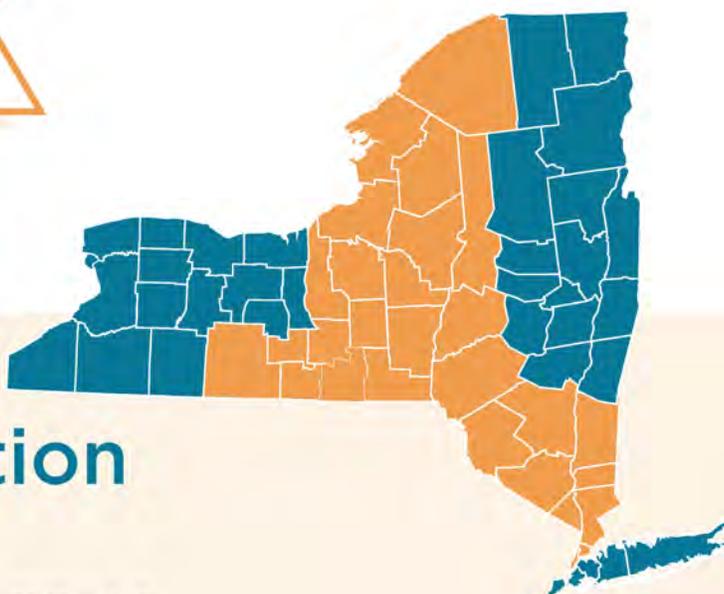
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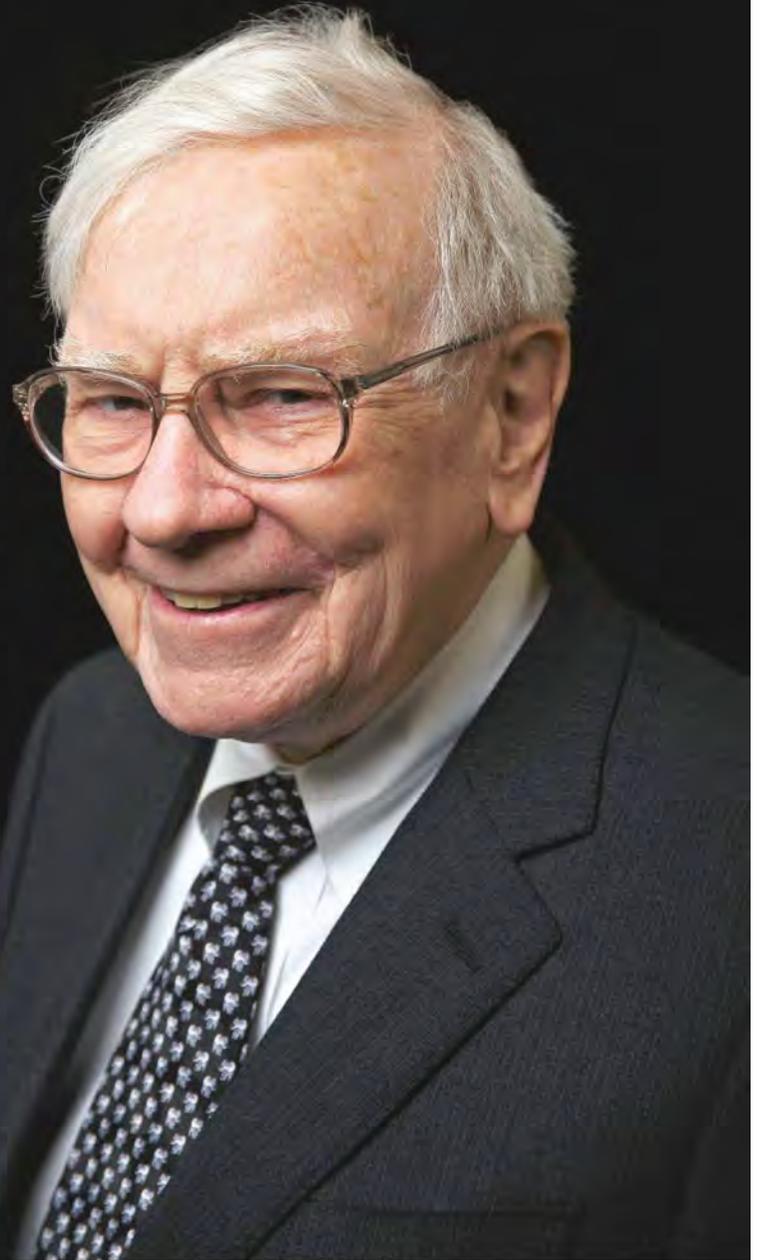
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SOME SATIRE FOR A GOOD LAUGH...

BREAKING: CPR REQUIRES PRIOR AUTHORIZATION

By Dr. 99—Originally published by Gomerblog.com

WASHINGTON, D.C. – In breaking news that will infinitely complicate the already difficult process of attempting to resuscitate a patient, cardiopulmonary resuscitation (or CPR) will now require prior authorization. The prevailing reaction to this news is best captured by a local critical care physician at George Washington University Hospital, Dr. Felicia Martin-Lowry, as she crumbled into a bumbling mess of defeat: “No... no... NOOOOOOOO!!!!” Much like prior authorization requests for medications or other services, health care professionals will only learn about the need for a prior authorization right when CPR is initiated. The insurer will block CPR from continuing and the health care professional will need to go through the lengthy prior authorization process. “We need to make sure that the health care team tried some other interventions before jumping straight into CPR,” explained a spokesperson for a major national health insurance company, who preferred to wisely comment under the condition of anonymity. “Expect us to ask questions like, did you try oxygen? did you try IV fluids? did you try an antibiotic? did you try bicarb?” The person went on to say that the checklist of questions will border on somewhere between 700 and 800 questions. Insurance companies understand that CPR can be a life-saving measure. For that reason if the insurer finds that all the appropriate steps were taken prior to the patient’s death, then they will be sure to expedite the prior authorization as an urgent request, and make the decision on whether or not to approve CPR in no less than 14 days. “Time is of the essence,” the spokesperson added, before reminding everyone that prior authorizations for CPR will only take place weekdays from 9 AM to 5 PM. In other news, Gomerblog has learned that insurers will soon require prior authorizations before physical exams and IV placement.



WATCHING CABLE NEWS RAISES BLOOD PRESSURE BETTER THAN LEVOPHED, STUDY FINDS

By Milli of Dilli—Originally published on Gomerblog.com

It is common knowledge that watching your Grandpa getting riled up night after night watching cable news opinion hosts rant and rave about their grievances of the day is bad for one’s blood pressure. However, scientists in a landmark Annals of Emergency Medicine study have shown that placing your audience into a blind rage can actually be harnessed in select patients to get beneficial results. In the study, 150 Emergency Department (ED) patients in refractory shock, defined as systolic blood pressure of less than 90mmHg after 3 liters of normal saline, were randomized to either a standard, nontitratable drip of IV Levophed versus 15 minutes of watching a cable news opinion show such as Hannity, Rachel Maddow, or Tucker Carlson on maximum volume. At 15 minutes, the patient’s blood pressure was checked and recorded. The study authors found that just 15 minutes of watching Cable News opinion shows increased systolic blood pressure by an average of 35mmHg vs 20mmHg in the Levophed arm. “Change out that dose of Levophed for a dose of Sean Hannity,” summarized study lead author, Dr. Justin Raged, “and you have yourself a stable patient”! Dr. Raged went on to explain that one of the most shocking findings of the study was that the effect was bipartisan, whether or not the patient was Republican, Democrat, or apolitical. The rage to turn off the TV for those of the opposite or neutral persuasion was actually as strong as the fury incurred among those who agreed with the host. “In fact,” continued Dr. Raged, “the effect of these shows was so strong that they somehow even penetrated the blood pressure control mechanisms of intubated and sedated patients.” Hospitals and insurance companies are excited about the potential of this intervention, also dubbed “Hannity Therapy” by its authors. Once placed on vasopressors such as Levophed, patients would need to be admitted to an ICU setting. Facing increasing costs and scarcity of ICU bed availability, Dr Raged suggested that hospitals look at blasting cable news channels directly into rooms of hypotensive ED patients in the hopes that then they can be downgraded to an easier to find floor bed as their blood pressure recovers. Further studies will explore utilizing Hannity therapy as an outpatient in the hopes of sending patients in shock home from the ED, then have them lay in bed all day watching Fox News 24/7 as they recover.



NEW YORK MEDICAL COLLEGE NAMES JERRY L. NADLER, M.D., MACP, FAHA, FACE, DEAN OF THE SCHOOL OF MEDICINE



DR. NADLER, EXPERT IN THE PATHOGENESIS OF DIABETES, PREVIOUSLY SERVED AS VICE DEAN OF RESEARCH AND CHAIR OF INTERNAL MEDICINE AT EASTERN VIRGINIA MEDICAL SCHOOL

Valhalla, N.Y. – Jerry L. Nadler, M.D., MACP, FAHA, FACE, has been named dean of the School of Medicine at New York Medical College (NYMC) in Valhalla, N.Y. Dr. Nadler comes to NYMC from Eastern Virginia Medical School (EVMS) where he spent ten years as professor and chair of Internal Medicine, the Harry H. Mansbach Endowed Chair in Internal Medicine and vice dean of research. A renowned expert in diabetes, Dr. Nadler previously served as director of the Strelitz Diabetes Center at EVMS and was a member of a Special Advisory Committee on Type 1 diabetes with the director of the National Institutes of Health. He assumes his role as dean in March 2019.

“I am very excited and honored to become dean of the New York Medical College School of Medicine to serve the students, residents and faculty. I look forward to partnering with NYMC leadership to advance the mission of the College,” said Dr. Nadler. “I am impressed by the advances led by the dedicated faculty and leaders and look forward to continuing the School of Medicine’s commitment to developing the highest quality medical professionals devoted to serving their community.”

As a leading voice in his field, Dr. Nadler has been a standing member of the American Diabetes Association, American Heart Association, and National Institutes of Health (NIH) grant review committees. He has

more than 200 peer-reviewed publications in major scientific journals in the field. He also has been an invited speaker at the American Diabetes Association, Australian Diabetes Association, World Diabetes Congress and International Meetings of the European Association of Diabetes. In 2011, he won the Dean’s Outstanding Faculty Award at EVMS and in 2013, he was appointed by the Governor’s office of the Commonwealth of Virginia to sit on the Planning and Oversight Committee of the new Virginia Biosciences Health Research Corporation. He was elected a member of the American Society of Clinical Investigation based on excellence in research accomplishments.

Nadler’s research focuses on understanding the cardiovascular complications of diabetes and obesity. He has helped develop new therapies to prevent inflammatory damage to pancreatic islets and stop the complications of diabetes. He holds 11 patents, has been involved in biotechnology start-up companies and is currently studying new medications that can halt the inflammatory damage to pancreatic islets and reduce atherosclerosis.

“After an intensive faculty-driven search process, Dr. Nadler was selected for the position from a deeply qualified collection of candidates,” said Edward C. Halperin, M.D., M.A., chancellor and chief executive officer. “His dedication to research, innovation, and education are unparalleled. We are excited to welcome him and his wife to NYMC.”

Previously, Dr. Nadler served as Chief of Endocrinology and Metabolism at the University of Virginia, Co-Director of the Diabetes and Hormone Center of Excellence and Associate Director of the school’s NIH-funded Diabetes Endocrinology Research Center.

Nadler received his medical degree from the University of Miami, followed by post-graduate training at the University of Southern California.

New York Medical College

Founded in 1860, NYMC is one of the oldest and largest health sciences colleges in the country with more than 1,400 students, 1,300 residents and clinical fellows, nearly 3,000 faculty members, and 19,000 living alumni. The College, which joined the Touro College and University System in 2011, is located in Westchester County, New York, and offers degrees from the School of Medicine, the Graduate School of Basic Medical Sciences, the School of Health Sciences and Practice, a school of dental medicine and a school of nursing. NYMC provides a wide variety of clinical training opportunities for students, residents, and practitioners.

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PRESIDENT’S MESSAGE
SHALLOW MEDICINE

(Continued from page 1)

Of late, our task of building a meaningful relationship with our patients faces mounting obstacles. Interfering in our interactions are expanding insurance/government regulations, EHR documentation requirements, incomplete sources of information and increasing productivity demands. While we are focused on the technical aspects of the practice of medicine, each of these may contribute to the derailment of our relationships. It is important to recognize these obstacles to care and attenuate their negative effect on our interactions with patients. These factors tend to push us towards the trap of practicing a "shallow form of medicine" where we may never reach the critical junction to develop a meaningful and trusting doctor-patient relationship.

Every day, our patients look to us as physicians to provide a wise, compassionate and balanced ear to assist them through their medical concerns. However, these interactions are also a two-way street. As much as we give to our patient, we should never take for granted the most precious gift we obtain from our patients – our relationships with them.



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Board Meeting Dates 2019-2020:

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- October 10**
- November 14**
- December 12**
- January 9**
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- March 12**
- April 2**
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NEW YORK MEDICAL COLLEGE NAMES MARINA KAUFMAN HOLZ, PH.D., DEAN OF THE GRADUATE SCHOOL OF BASIC MEDICAL SCIENCES

Dr. Holz will replace retiring dean, Francis L. Belloni, Ph.D.; Dana G. Mordue, Ph.D. will serve as interim dean



"I am excited to work collaboratively with the exceptional faculty and talented students of NYMC to further their career and educational goals," said Dr. Holz.

Valhalla, N.Y., July 9, 2018 – Marina Kaufman Holz, Ph.D., has been appointed dean of the Graduate School of Basic Medical Sciences at New York Medical College (NYMC) in Valhalla, N.Y. Dr. Holz comes to NYMC from Stern College of Yeshiva University where she served as the Doris and Dr. Ira Kukin Chair in Biology, chair of the Division of Natural Sciences and Mathematics, and holder of a joint appointment in the Department of Molecular Pharmacology of the Albert Einstein College of Medicine. She received her B.Sc. in microbiology and immunology with Great Distinction from McGill University and completed her Ph.D. in cell and developmental biology at Harvard Medical School.

Her appointment comes at the end of an extensive, international search led by the Faculty Search Committee. "We are delighted that Dr. Holz will be joining the College as dean of the Graduate School of Basic Medical Sciences. She will bring a fresh vision together with strong leadership skills. In addition, her excellent basic and translational research in breast cancer cell biology offers new opportunities for our students and adds to the research mission of the College," said Joseph D. Etlinger, Ph.D., professor and chairman of the Department of Cell Biology and Anatomy.

"I am deeply honored to have been selected as the

next dean of the Graduate School of Basic Medical Sciences. I am excited to work collaboratively with the exceptional faculty and talented students of NYMC to further their career and educational goals," said Dr. Holz. "NYMC is known for its culture of diversity and inclusion, and I am looking forward to advancing its mission of excellence in scientific research, translational medicine and community engagement."

Bringing to NYMC her passion and leadership in biomedical research and education, Dr. Holz leads an NIH-funded laboratory studying the mechanisms of signaling by hormones and growth factors in breast cancer and lymphangiomyomatosis (LAM)—a rare lung disease. Her work spans basic science and clinical applications, and has been published in leading journals. The Holz lab has been previously funded by grants from the American Cancer Society (ACS), LAM Foundation, Wendy Will Case Cancer Fund, American Association for Cancer Research (AACR), Mindlin Foundation, National Cancer Center, and Atol Foundation. Dr. Holz also serves as a peer reviewer for multiple journals and participates in grant review study sections for the NIH, Department of Defense, ACS, LAM Foundation, and many international funding agencies.

She is a dedicated mentor to students and laboratory scientists, with many of Dr. Holz's trainees going on to successful health professional and biomedical research careers. Dr. Holz has served as a mentor and coach in several diversity initiatives organized by the National Research Mentoring Network, the American Society for Biochemistry and Molecular Biology, and the American Society for Cell Biology.

Dr. Holz assumes her new role on September 1, succeeding Francis L. Belloni, Ph.D., who is retiring as dean of the Graduate School of Basic Medical Sciences after having served since 1997, but will remain on faculty in the Department of Physiology at NYMC. Dana G. Mordue, Ph.D., associate professor of microbiology and immunology, will serve as interim dean from July 1 until the arrival of Dr. Holz.

"Dean Belloni has been a member of the NYMC community since he joined our faculty in 1981. During his two-decade tenure as dean of the Graduate School of Basic Medical Sciences, Dr. Belloni has helped shape generations of researchers, teachers, innovators and leaders to ask questions, think critically, and become life-long learners. As we welcome Dr. Holz, we also want to thank and congratulate Dean Belloni for his significant contributions to our school," said Edward C. Halperin, M.D., M.A., chancellor and chief executive officer.

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