Wow! Another year has gone by for NMPRA and this last one has been quite successful. During this year a record number of more than eighty people attended our national meeting in Atlanta. The first annual Midwest regional meeting in Cleveland attracted seventy participants and students, and residents from all over the region attended the annual Northeast regional meeting in Albany. The NMPRA website is undergoing a much-needed overhaul as you read this. Even so, our online job board and fellowship guide have still managed to remain quite busy. Finally, NMPRA continued to develop our relationships with the AAP Med-Peds section and the Med-Peds Program Director’s Association.

NMPRA also created two new grants. The travel grant funds residents to travel to various parts of the country to stir-up interest in Med-Peds among medical students, just as I traveled to Philadelphia and Atlanta to recruit students earlier this year. The advocacy grant was won by Dr. Joshua Dower from West Virginia, who will soon begin a project that looks into end of life issues. Dr. Dower will also present his early work on this project in October at our annual national meeting in San Francisco.

What lies ahead? As always, NMPRA is committed to introducing Med-Peds to medical students throughout the country along with advocating for and supporting residents. In the near future you will be receiving information about our national meeting in conjunction with the AAP meeting in San Francisco on October 27, 2007. At the end of the month you will receive nomination instructions for National and Regional Awards honoring outstanding Med-Peds residents. Also in the upcoming year our hope is to have every Med-Peds residency program in the country join NMPRA and support med-peds residents on a national level. With 100% membership we will be able to provide more grants, awards, and programming.

What can you do to help?

- Encourage your residency program to become a member of NMPRA.

- Join the AAP Med-Peds section. Most residents do not realize that while your program may pay your AAP dues, you actually have to join each AAP section separately.

- Start or lead a Med-Peds student interest group at your nearest medical school.

- Think about taking a more active role in NMPRA. Elections for the NMPRA board are held every May, though we are always looking for new faces to participate in the organization on many levels. If you are interested please contact NMPRA.

Please let us know of any questions, activities, or needs that you and your program may have. We hope that 2007-08 continues the success of this current year and we thank you, as always for your support.
The 2007 NMPRA Northeast Chapter Meeting held at Albany Medical Center on Saturday April 28, 2007 drew medical students and residents from across the region. The focus of the meeting was “Healthy Living: Interventions for the Primary Care Provider.” After a light breakfast and opening remarks, participants selected either the primary care or subspecialty track sessions for the morning lectures. I chose the primary care track and was treated to lively discussions ranging from the state of obesity to the role that primary care physicians can have in providing cosmetic medical services, a topic that I knew very little about. For the second half of the morning, some participants chose to attend either a panel discussion on fellowships and residency. With the end of my fourth year of residency looming near, I opted instead for a moving talk by a local nephrologist about his experience providing medical care far beyond nephrology in Iraq. Just before the lunch break I learned how to compare the benefits of regular exercise to physical fitness. The afternoon started with a poster competition. I was impressed by the effort put into both the basic science research and clinical vignette posters. Winners were announced later that afternoon. All participants joined together for the last series of lectures, including a discussion of sports medicine, a timely presentation for all of us graduates on contract negotiation, and an update on the future of pediatrics. Finally, Dr. Ken Remy, NMPRA President, reviewed upcoming NMPRA events and goals. This well-planned event was clearly a success. On the plate for next year? Attendance by every program in the Northeast!
Money Matters: Making It Big As A Resident?!?!

Emery H Chang, MD
NMPRA Travel Advisor, past Treasurer

Finally! A paycheck. After many years as a student, only seeing the occasional student loan, having a regular paycheck still amazes me. Although we aren’t paid well, particularly on a per-hour basis, our salaries are not too bad when you compare them to many of our patients’ annual incomes. It’s also the first time that we are not taking on tremendous amounts of student debt and it’s our first chance a time to start accumulating wealth for the future. I was lucky in my residency and did very well financially, with some planning and some luck. In four years, I set aside over $13,000 into a retirement account, made a sum of money on my house and even paid off some of my higher interest student loans. The best thing was that I didn’t have to live like a complete miser and still had a great quality of life. So how did I do it?

Here are a few tips:

Moonlighting. I made the effort to moonlight at least once a month adding an extra $500-1000 in my pockets. With this, I had the rule that half of the extra money could be for fun but the other half would be set aside for loan repayment or savings.

ROTH. Much of the savings were put into a Roth IRA. This is an after-tax retirement account in which we can contribute up to $4,000 for 2007. These funds can be invested in mutual funds, stocks, bonds or savings accounts and are tax-free when you withdraw from the account. The funds can be withdrawn early for many circumstances without penalty including a first-time home purchase, illness, and more. Due to high attending physician incomes, most people cannot contribute to Roth IRAs after residency, so this is your chance!

Student Loans. I looked at the interest rates of my many student loans. I had a number of private foundation loans that had high interest rates, which I made a priority to pay an extra $25-100 per month automatically. I never noticed the extra few bucks were gone. I also consolidated my federal loans and locked them into a very low interest rate instead of adjusting annually.

Buy A House. Early on, I decided that I was going to buy a house in New Orleans given that housing costs were low and affordable. I also realized that after a 4-year residency, if I had paid a monthly $800 rent, I’d be out close to $40,000. I figured that even if I sold the house at the same price that I bought it for, I would still be ahead. Plus, I’d likely pay less in income taxes because mortgage interest is deductible. Since I was going to itemize my mortgage interest, I could now also deduct all my business expenses such as medical books & equipment, USMLE exam & license fees, and even commuting between hospitals and clinics. When I was ready to sell, I was lucky and the housing value had almost doubled as well. There are also special physician loans that have good terms, low to no down-payment and no private mortgage insurance (PMI) which make buying much more affordable.

Wasted Money. Finally, I watched my expenses while maximizing my lifestyle. I cut out anything that I didn’t really need such as expensive daily coffees (a daily $4 latte becomes $1,500 annually), made sure I paid my credit cards in full so I avoided expensive interest payments, and paid my bills on-time to avoid late fees.

Vacation! I love to travel and tried to make the best of my vacation time. I used credit cards for most of my purchases, so I earned hotel or airline points. My favorite is the Starwood American Express for the chain including the W, Westin, Sheraton and Le Meriden hotels. After a while, I was able to go to Europe twice and stayed for many nights in fancy hotels for free. Just make sure you pay off your bill each month, otherwise you’ll fall into the interest trap and this will cost you a lot more money.

So in the end, this did take some extra planning from the beginning but really didn’t really take much time at all. I loved having my own house and doing three major projects on it. I left the country each year on a big trip. I paid off almost $15,000 in student loans and saved lots into my Roth IRA. Finally, as I entered my fellowship, I had a large savings account from the sale of my house. Now if only I can do this again during my time in California....
On March 16th, I was packing for a long-awaited cruise leaving the next day. My father had purchased the cruise for my husband and I. He had just taken his first cruise 5 days prior and loved it, so he was excited when I spoke to him that morning. He had also received good news from my brother, whom I forced to call my parents at 7am, as I could no longer hold the secret that he was planning to propose that night. It was a good day, but it soon changed with a phone call.

Over the phone, my mom told me to sit down, which was never a good opening phrase from her. I thought, oh no, something happened to my soon-to-be 92 year old grandfather. He had a good life, I thought briefly to myself, and braced myself for the news. “Your father has had a stroke,” my mom said in the most calm, unnerving voice.

I stood for a minute, not believing what I had heard. “He what?” I said. Time stopped still. I stood in my kitchen, waiting for the walls to collapse. I wanted to run as far away, as fast as I could, but all I could do was fall to the floor, and start sobbing. “I have to go,” I replied. “Just give me a minute to collect myself.”

I called back after the disbelief had started to settle. “I need your help to decide if he should get TPA…..” My mom blurted out in between gasps of holding back tears. The conversation continued, much of what is still a blur, and ended with, “and I need you to call your brother.”

My father was a runner, running that morning of his stroke. My parents had moved close to 2,000 miles and a 4 hour plane ride one way away from both kids to retire in the West. He had returned to running, shedding about 50 pounds. His cholesterol was low (an LDL of 95 to be exact) and his blood pressure was perfect. He continued to work, retired from teaching, now driving for a local car company that picked up people from the nearby dealerships. He loved it. That morning, on his day off, he took my grandfather to a doctor’s appointment and with what could have been a wrong turn of the neck or maybe too forceful a push on the door, a strike of lightening and a really bad joke caused my dad’s carotid artery to dissect. It left him, at the age of 58, with a massive left sided MCA stroke.

I caught the first plane out to see him immediately as his case was severe and there was significant risk of herniation. I found it hard to be only a daughter and not a doctor, and found myself talking to my mom later that night about code status. “I approach it as, ‘What would his quality of life be after resuscitation, banging on his chest, CPR, helping him breathe?’” I said to my mom matter-of-factly. While we had agreed on a DNR status as that is what my father would want, I could not help but think that we couldn’t just let him go. He is my only dad.

I… wanted to scream at the doctors, “Can’t you fix him? Can’t you! That is what you are isn’t it, a doctor? Just fix him!!”

Doctors aren’t miracle workers, they are just doctors. Well what I wanted now, like all those other families, was a miracle worker.

And then I thought of all the families I had met while on service, whose loved ones were hanging on by a thread with all their comorbidities and illness and were still a Full Code. I would often come back from a family meeting thinking, “How can he/she still be a Full Code?” Well, now I got it. They were Full Code because those families didn’t want to loose their loved one earlier than they thought was fair. And they surely didn’t want to be the ones to feel like they had made the ultimate decision by saying “do not resuscitate.” Those families, just like I felt, wanted to scream at the doctors, “Can’t you fix him? Can’t you!”

That is what you are aren’t it, a doctor? Just fix him!!” This was the daughter in me that showed through, stronger than the doctor in me, when talking to the neurologist. With each deep breath of frustration, I was pulled back to reality, reminded of the times I was so surprised by the families and patients that just didn’t get it. Doctors aren’t miracle workers, they are just doctors. Well what I wanted now, like all those other families, was a miracle worker.

I hope it doesn’t take tragedy in our personal lives to realize that even the most empathetic of us become jaded and lack empathy. It happens when you get a “flog”, the stroke patient who is in again for aspiration pneumonia, the elderly clinic patient with pain that just won’t go away, or the family who is demanding, constantly questioning, or time consuming. This is because tragedy, no matter how acute or remote, severe or minor, has occurred to these patients and families. I am now more aware of this, because now my fa-
ther is that patient and I am that family.

My father continues to recover. I don’t know what the future holds, and neither do the neurologists or the rehabilitation specialists. We can look at the MRI and see what part of his brain was affected, see the limp in his walk, hear the change in his voice. This is the tangible science aspect of medicine. What we also know is that his motivation and determination can pierce through any obstacle in his way. This is the art of medicine, what doctors can’t put a percentage, number, or label on. My dad’s determination can better determine his prognosis more than any MRI, CAT scan, or laboratory value.

Congratulations to our New Board Members for 2007-2008. Read their bios and future goals for NMPRA in the upcoming Perspective!

Look for Information regarding the 2007 National NMPRA meeting in San Francisco, October 27th, along with nominations for our Regional and National Awards and National Case Presentations in the Next Perspective!
Above and Left: Ken Remy, NMPRA President 2006-2007, with medical students from Atlanta during a recruiting event for Med-Peds residency.

Left: Members and supporters of NMPRA.
Not a NMPRA member?
To join go to http://www.medpeds.org/Membership/Membership_New.htm

The Med-Peds Perspective

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