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The Five C's

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Thank you Dr. Byerley, and thank you Class of 2014 for giving me the opportunity to talk with you all one last time. Let me begin by saying that while I have a deep sense of gratitude and appreciation for the education that I obtained at one of the state of North Carolina's fine institutions of higher learning, as I stand here in Memorial Hall, near the very epicenter of the University of North Carolina at Chapel Hill Campus, I cannot help but reflect on the fact that I have been here at UNC since before the vast majority of the class of 2014 was born. In other words, Class of 2014, for almost all of you, I have been here in Chapel Hill during all of your years on planet earth. I think this qualifies me as a Tarheel! As you know, I am a pathologist, and one thing pathologists really love are lists. But even full-fledged physicians have difficulty remembering lists of diagnoses, so we use devices to make it easier. For example, some members of the class of 2014 will remember the 5 T's for the differential diagnoses of a mediastinal mass; thyroid, thymoma; terrible lymphoma,



tortuous vessels, and teratomas. Well, I want to talk with you about “the 5 C’s” that I think will be important for the physician of the future.

I want you to know that I appreciate that having the ability to summarize my comments by using 5 words beginning with C, will in no way increase the likelihood that you are going to remember a word I say, because as Hal Wilde, an experienced former college president once said, “For a senior to remember what was said at graduation is very much like someone remembering what the sermon was about on their wedding day, you know, your mind is on other things.”

The first, and I think most important, word is “care”. One of the most wonderful things about UNC SOM students is how deeply you care.

Recently, your class reminded me of how much you care. Maybe some members of the audience are familiar with the Community Care in North Carolina (CCNC). This is an award winning program that provides high quality, but low cost health care, to approximately three quarters of a million North Carolinians in 23 counties, and is estimated to have saved the state of North Carolina over 1 billion dollars in health care costs. Okay, so to say that health care financing in America has become a partisan issue might be an understatement, but this program has actually been supported by republican and democratic politicians over its 25 years of existence. Recently, the future of this program was threatened by the debate over Medicaid funding. Two of our senior students, while on the interview trail, decided this was not good, and they took it upon themselves to draft a letter to the Governor, advocating for continued support of this program. It’s one thing for two students in North Carolina to write to the Governor, but they realized they could send a stronger message if they got other students behind them. So, they ended up getting their letter signed by over 300 medical students from all 5 NC medical schools. The two members of the class of 2014 who spearheaded this effort were among the individuals who

met with the NC Department of Health and Human Services and the Medicaid Reform Advisory Board to discuss the future of CCNC. This situation is still under review, but if the program is saved in its current form, I believe these students will have played an important role. And I am thrilled to say that the two seniors who pioneered this effort, and have shown how much they care about healthcare in North Carolina, are actually remaining in North Carolina for their residency, where they can continue to advocate for and serve the citizens of our state.

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The 2nd “C” is for “connecting.” You can care about populations or individual patients, but when you connect, you are connecting with an individual and you are acknowledging your shared humanity. Connecting makes the experience more meaningful for the patient and more gratifying for the practitioner. I was reminded about the ability to connect recently when I was speaking with one of the members of the class of 2014 about her patients in Malawi. In talking with her, and seeing her passion and commitment, it became clear to me that she had really connected with her patients. She was talking about patients in Malawi, but could just as well have been talking about patients in Hillsborough. My conversation with her reminded me of maybe the most amazing experiences that I have had as a student affairs dean. A few years ago, I had the opportunity to see our students in action in student-created programs in Honduras and Mexico. Almost 20% of the class of 2014 worked in either our program in Honduras or in Mexico. Students in these programs work in really challenging conditions, sometimes without electricity or running water. In one of the clinics in Honduras, students used headlamps to do pelvic exams. That was pretty remarkable, but the most remarkable thing about this experience was witnessing the ability of our students to connect with their patients. And although my Spanish is not very good, it did not need to be, because I could tell by the facial expressions and body language of the students and patients that they were connecting. These

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students were connecting with patients in what was for most of them a second, or even, for a few students, a third language.

I don't know about you, but when I hear of some of the sad things that are going on in the world today, I am almost in despair regarding the future of human civilization. In too many areas of the world people are killing each other because of differences in ethnicity, or religion, or even different sects within the same religion. Call me a sentimentalist and call me naïve, but sometimes when I hear of the sad things that are going on in the world I think of the many students in the class of 2014 who have shown a commitment to caring for people very different from themselves, and it makes me feel just a little bit better about the future of the world. For I believe deeply in the oneness of humanity, and I believe we live on a small planet. It has been gratifying to see so many of our students show by their actions that they share this belief.

It is not enough to care about patients and be able to connect with them, so the third "C" is for "competence." We have really worked on this with you. We have made you take quizzes, exams, shelf tests, OSCEs, CPX exams, Steps 1, 2CK and CS (the students know well what all these things are), all because we need to assure the public that you are competent. And maybe you remember being a first year student, who is memorizing (oops, I meant learning) the Krebs cycle for the umpteenth time in your life so that you can pass your Monday exam. At that time, you might have been thinking, now exactly how is this going help me save lives? The students will remember their off weekends, when there was no Monday exam, and their on weekends when there was a Monday exam. But now, class of 2014, it is show time. Going forward, when you have an "on" weekend, it will not mean you have a Monday exam, it will mean that you are on call.

The 4th "C" is for "character." There are many aspects to good character, but I want to highlight two: trust and respect. To be effective, your patients have to trust you, and just as importantly, your colleagues have to trust you. And speaking of colleagues, you have to respect them—all of them. It is important to remember that there are a lot

of really smart, caring, committed, professional healthcare workers who do not have MD degrees. I think many of us are familiar with medical errors where, had someone listened to the nurse, or had the nurse felt respected and empowered to talk, a bad outcome could have been avoided. It goes without saying that trust and respect are important for your patients, but I believe that if patients are going to get the best and safest care, it is also paramount for healthcare teams.

The 5th "C" is for "cutting edge", as in cutting edge technology. During your careers, you are going to see some really almost miraculous advances in technology, and

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you should always be thinking, "How can I use this technology to improve the outcomes of my patients." It is likely that the smart phone may become the profession's most important medical device. Already there are wireless sensors that can send data to smart phones for conditions like diabetes and congestive heart failure. Many of you have already seen the huge impact of small portable ultrasound devices on the practice of medicine. Well, a group here at UNC has actually developed an ultrasound device that can predict strokes and heart attack. Just think of the impact this could have on your patients. 3D

printers are being used to make custom artificial bones and some believe in the future they will be used to create custom organs. One thing we know is that innovations based on computer technology have a tendency to become less expensive over time, so the good news is that we might, as a society, actually be able to afford some of these innovations. I remember when a top notch desktop computer cost \$4000. I myself have paid as much as \$2000 for a computer. And, I hesitate to say this, but now that the SOM has done away with our laptop requirement (some students will appreciate this) almost no one pays \$2000 for a computer anymore.

When I think about technology, I think about a patient I had as a senior medical student. My patient was only 34 years old, at the prime of his life, but he had, what was at the time, a terminal disease. My patient had a type of leukemia called Chronic Myeloid Leukemia. This is not a common disease, but it is a very important disease. In 1960, this was the first human cancer to be associated with

a specific genetic abnormality, the Philadelphia chromosome. Now we know that virtually all cancers are caused by problems with patients' genes. In 1973, it was discovered that the Philadelphia chromosome was formed by a combination of bits of chromosome 9 and 22 leading to the formation of a hybrid *rouge* protein. In the 90s it occurred to an oncologist that maybe we could come up with a magic bullet drug that could knock out this rogue protein. This drug was introduced to the world in 2001. The drug was so effective that we had to set up a new test using what was, at the time, cutting edge technology: PCR (students will remember this from biochemistry and research experiences), which would give us the ability to detect one leukemic cell in hundreds of thousands of normal cells. Recently, I was looking at the blood of a 19-year-old man with this same type of leukemia, and his blood was completely normal. Because of technology, he has a chronic disease, but not a terminal disease.

As I look out at the class of 2014, I can only marvel at the remarkable improvements in healthcare you will participate in during the course of your careers. And let me add, because so many of you have already been productive researchers and scholars, I believe that many of you will be the ones developing these improvements!

So let me wrap up by asking, really why do I think the 5 Cs are important? They are important because what you do matters. It matters to people's lives. I have always known this intellectually, but recently I was reminded of this emotionally.

I injured myself in a freak accident and broke my knee cap, or what the students know as the patella, and had to undergo a surgical repair. An entire team of healthcare workers provided me with care, an emergency medicine doctor, orthopaedic surgeons, anesthesiologists, physical therapists, and many very dedicated nurses. It is worth noting that several members of my healthcare team were former students. So the statement, "we want you to be good because someday you may be taking care of us," for me, is no longer an abstraction. This was my first time undergoing general anesthesia, and as anyone knows who has been through this, when you are lying on the operation room table, looking up at the ceiling at those huge lights, and someone puts an oxygen mask on your face and asks you to breath deeply, it is comforting to have complete trust in the surgeon, anesthesiologist, and nurses who are caring for you. It is good to know that they are not only going to put you to sleep, but wake you up, and in the interim fix what is broken. So while right now I am finding just merely

walking challenging, because my doctors were caring, able to connect with me, competent, had good character, and used technology, I am looking forward to being able to run and practice yoga again in the not too distant future. Thank you for being a wonderful audience and congratulations to the Class of 2014!