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How Do We Deal with These Turbulent Times in Our Nation?

Joseph B. Trainer Health & Wellness Center

By Jodi DeMunter, MD | Medical Director

The presidential election has created difficulty and divisiveness. The OHSU community is grappling with the hard work of processing the current political climate. Evidence of this work can be seen in many places on campus: the OHSU Stand Together initiative, Dr. John Hunter’s recent Dean’s Message, and the countless conversations that occur during breaks from classes and studying. Students visiting JBT Health & Wellness Center (JBT) this week may have even seen the small piece of paper taped by anonymous authors above our entry sign that read, “You belong here. Your life matters.” These are but a few of the many responses that JBT staff have seen and heard following this week’s events.

How do we, as a community of learners, cope when national issues become incredibly emotional? School is stressful enough even without the additional layer of political uncertainty and sense of upheaval. Living, learning, and working in a community of inclusion is important to our sense of emotional wellbeing and safety. While we don’t have control over the greater world around us, we do have the power to learn to care for ourselves during stressful times. Buddhist teachings suggest “to straighten the crooked, you must first do a harder thing- straighten yourself.” Here are some suggestions that don’t solve the bigger problems, but can help you find a sense of calm in the storm of life.

Take time for introspection. Acknowledging our emotions, sharing our feelings and thoughts in safe places can be affirming and healing. The noise of the media and social media can be deafening and can drown out the space we need to process our emotions. Mindful meditation can help create reflective space as well. A few well regarded phone apps to practice this include Buddhify2, Breathe2Relax, and Insight Timer.

Strive for restful sleep. This is a tough one while in graduate school. Live without coffee? Shut off computers, phones, and tablets an hour before bedtime? Although it is challenging to follow these recommendations, try to maintain a regular sleep schedule, practice avoiding caffeine after lunch, limit alcohol use, jot down thoughts or lists a couple hours before bedtime to get them on paper and out of your head, and plan to turn off electronics at least 30 minutes before trying to fall asleep. Research suggests that sleep plays a necessary role in memory processing and the formation of adaptive immune responses to disease. Being well rested can help you face the emotions of the day, keeping you centered, more balanced and more at ease.

When your schedule feels packed and time is limited, move your body a bit. Studies suggest that even 15 to 30 minutes of moderate to low intensity exercise three times a week can improve symptoms of anxiety and depression and can improve physiological reactivity to stress. Practice self-compassion with your goals and return to them even if they fall by the wayside for a time.

Times have been trying for many, and intentionally practicing self-care is hard. Luckily we can develop resilience. Our providers at JBT encourage you to lean on trusted loved ones and friends to help stay connected. JBT is also a place for support when you are struggling and need to be heard and seen. We offer individual counseling and/or referrals for community support as well as acupuncture to help manage stress, anxiety, and depressive feelings. If you are interested in having JBT providers facilitate a safe space for you and your colleagues, let us know. We are here for you. Contact us at 503-494-8665 or visit JBT in the basement of Baird Hall. Ω
Keeping You Safe at OHSU
Using Technology and Mobile Apps

OHSU Department of Public Safety

By Suzy Tannenbaum | Administrative Lieutenant

Over the last several months, your OHSU Department of Public Safety has been looking into having more of a technological safety presence on campus. We have wanted to find a system that enhances our ability to get more information out to our community in a timely manner. We want to be able to connect with our staff, students, and visitors while providing new and innovated ways to keep our community safe. One of the ideas that would help us do all of these things is through a mobile application through our smart phones.

While there are many different offerings in the mobile application space that range from off the shelf product that provides a few specialized links to a customized application that provides everything that anyone could ever dream of, we need to narrow down your needs and our options. To help us do this, we have created a survey monkey that we invite you to take. It has a few simple questions and will assist us in figuring what you would envision as a viable possibility.

While taking the survey, we ask you to think about what safety needs you have that a mobile application could assist with? Would regular messages from your Department of Public Safety be beneficial to you or would you rather have an application that you control the information that you receive? Would you enable the GPS on your phone to allow for a virtual companion track you to ensure you get safety to your car or home? Would safety maps of the campus and locations of blue emergency phones be beneficial to you? Would an automatic one push button that connects you to Public Safety Dispatch or 911, depending on your location on campus or off, be valuable to you? Are there other features that you can think of or have heard of that you would like to see on this mobile application? Please take our survey now:

https://www.surveymonkey.com/r/GYK7WFB

From your input, we will continue to move forward in providing new and innovated safety measures!

Your OHSU Department of Public Safety is here to ensure your peace of mind in a safe and secure environment. We are committed to serving our community with integrity, empathy, and respect. For questions or additional information about this topic or any other safety topics, please feel free to contact Lt. Suzy Tannenbaum at 503-494-7381 or isham@ohsu.edu.

(Credit: http://www.gsa.gov/)
March Wellness: Be Well During the Holidays

March Wellness & Fitness Center
By Erich Knipschild | Membership Manager

If this recent Presidential election has you moving a little slower or has you jumping for joy, keep this in mind. The winter and holiday season is upon us! With that brings joy, gifts, laughter, friends and family, maybe some snow, as well as quizzes, tests, finals and stress. Also, the weather outside may be a little frightful but at March Wellness & Fitness Center it is soooooo delightful.

Your student membership includes access to our diverse array of programs which includes; 100 group fitness classes a week, 3 saline pools and over 100 pieces of strength training and cardiovascular equipment. Also, be sure to try out our newest pieces of equipment, some of which you may never have heard of or tried before.

March Wellness & Fitness Center offers health and fitness programs, based in science, that are designed to strengthen and nurture all aspects of your daily life – no matter what your state of health or stage of life – in a safe, supportive and motivating environment.

Our emphasis is on helping you live a full and engaging life. March Wellness & Fitness Center can support you in achieving wellness goals whether they include improving flexibility, training for a marathon, or recovery from a nagging injury. We believe that all of us can change for the better and that change can happen at any time in your life.

March Wellness & Fitness Center is a place for students to remember and review with one of our educated staff the importance of physical activity for health and even find ways to fit exercise into study breaks. Our “ask the trainer” hours are a perfect time to get a brief, no cost, one on one with our personal trainers to learn more about reaching your goals or finding simple movement and breathing exercises to reduce some to the stress that you may currently be dealing with.

Of course, if booking a massage to relieve some of that tension is more your style, we now offer the ability to book an appointment at your own convenience through Schedulicity (visit our home page marchwellness.com or https://www.schedulicity.com/scheduling/OMWMV8 for more information).

We hope that you will take advantage of all the benefits and amenities that March Wellness & Fitness Center has to offer and we look forward to seeing you soon. For more information on March Wellness, as well as the Group exercise schedule, Pool Schedule and Ask the Trainer Hours please visit: http://www.ohsu.edu/xd/about/services/march-wellness/schedules/index.cfm

As a reminder, students may add one significant other to their membership. The one-time initiation fee is $120 and the monthly dues are only $50. A voided check is required to process the monthly EFT deduction. Proof of shared residence (driver's license, utility bill, checking account) must be provided to qualify.

Winter Travel Tips

OHSU Transportation and Parking
By John Landolfe, PhD | Transportation Operations Coordinator

OHSU is a unique commute any time of year. But when the winter comes, the Pacific Northwest presents its own challenges. Here’s a few tips for a more comfortable winter commute.

Biking and running
www.ohsu.edu/bike

CLSB has hot showers, clean towels, day use lockers, and badge access bike parking for $15 a quarter. CHH has free badge access bike parking. For either
Data science is being touted as one of the most popular jobs right now, and there is an increased demand for data science skills in many fields of biomedical medical research. The Library has been making efforts to increase data and information literacy at OHSU, especially with the pending major re-structure of the graduate programs.

These are taking form as gatherings to discuss, work on, and hopefully ease some issues related to all things data. Below are descriptions of specific projects and efforts we have been working on.

Library Events

Grad program workshops and seminars around research data management best practices and information about tools and techniques are taking place across campus (so far PMCB, CANB-CDB, and GPHN), and coming to a grad program near you.

These are designed to be as hands on as possible so that you leave with something applicable, be it tips for managing your files to find them faster; strategies and tools for impactful communication of your results (composition and displaying data); and how to design rigorous research proposals and experiments. If there’s an immediate need in your department for a topic that the library can facilitate educating by groups, reach out!

The OHSU Library aims to roll out a few events by spring of 2017 that we intend to be recurring - pending feedback and interest from students, faculty, and staff. The Library also partners with groups on campus (such as DMICE for Data Jamborees) and off campus (Software and Data Carpentry) to make as many resources available at OHSU as possible.

So, while not all activities take place in the Library, we can more often than not, point you to experts.

(Continued on page 6)
who are always happy to help!

BD2K Data Science Projects

Free open educational resources (OERs) covering topics in Biomedical Big Data Science that are now available online (dmice.ohsu.edu/bd2k). The modules are still under development, but we are currently seeking feedback on the available modules. This project is one of several projects from DMICE and the Library to develop and provide education in biomedical informatics and data science. The other projects include:

1. Update of the ONC Health IT Curriculum that includes focused training of 1000+ incumbent health IT and healthcare professionals in healthcare data analytics.
2. Development of data science skills courses (see ohsu.edu/bd2k for more information). Planning is underway for a future course to be offered in the winter term.

We hope that all of these materials are useful for OHSU students and look forward to feedback enabling their improvement.

For more information about Research Data Management at the OHSU Library, contact Letisha Wyatt (wyattl@ohsu.edu). For more information about the OERs, contact Nicole Vasilevsky (vasilevs@ohsu.edu).

Fall and Winter Conference Presentations – Intellectual Property Protection

Technology Transfer & Business Development

By Trish Pruis, PhD | Alliance Manager

Planning to submit an abstract for a conference this fall or winter? Have an internal patent team review your information prior to submission! OHSU’s Department of Technology Transfer and Business Development (TTBD) can help you protect the intellectual property related to your scientific work. This is particularly important, if you are considering licensing or otherwise commercializing your work. Reach out to TTBD’s Senior Patent Associate, Jeff Jackson, with any questions and next steps:

jacksjef@ohsu.edu.
Capital Improvements at the Student Center

OHSU Student Center

By Karen Seresun | Assistant Vice Provost for Student Life

OHSU is investing in improvements at the Student Center to increase system efficiencies and reduce the Center’s carbon footprint. Last June, a capital project was completed at the Student Center that included replacing the natatorium’s dehumidification system, which controls humidity and helps convert condensation to energy to heat the pool and hot tub. In addition to improving air quality and decreasing mold, mildew and corrosion, the new dehumidifier’s energy recovery process has helped to reduce operating costs at the Student Center.

This year, the Student Center has been awarded $250,000 by the University’s Capital Allocation Committee to fund upgrades to the swimming pool and hot tub mechanical systems. The project includes upgrading the filtration and sanitation systems as well as cleaning and repairing the surface plaster in both the pool and hot tub. If funding permits, the project will also include adding UV to the sanitation system and carbon dioxide to the pH control system. Both of these additions will help to reduce chemical costs, lower the production of chemical by-products, and help improve air quality in the natatorium.

Planning for the project is currently underway. The start date of the project has not been determined, but will be posted at the center and on the Student Portal once finalized. Due to the scope of the project, it’s anticipated that it will require closing the facility for 4-to-6 weeks. A project manager from Facilities will oversee the project, and is committed to completing as much of the project during off-hours and on weekends to help minimize the disruption to students and other normal Student Center functions.

In advance, we apologize for the inconvenience and appreciate your patience as we move forward with the project. In the long run it will improve operations, reduce the Center’s carbon footprint, and make a better experience for students.

Anyone interested in learning more about the project, feel free to contact Karen Seresun (Assistant Vice Provost for Student Life) at seresunk@ohsu.edu.

(Credit: http://www.ohsu.edu/)
Results from 2016 JBT Health & Wellness Center Survey

Joseph B. Trainer Health & Wellness Center

Thank you to everyone who participated in the 2016 Joseph B. Trainer Health & Wellness survey. We appreciate the very important feedback we received. We have reviewed the results and would like to share the most pertinent findings. We are also happy to provide the full set of data to anyone who requests it.

A total of 594 students responded to the survey.

- This is 18% of the total student body. 87% of all respondents had visited JBT in the past.
- 30% of all respondents had been seen for a behavioral health appointment at least once.
- 40% of survey respondents told us that access to our services was not a problem. However, some students have a difficult time accessing our services. The biggest barriers include school schedule (44%), our location (34%), and our hours of operation (29%).
- Most students had incomplete or inaccurate information about JBT and the services we provide.
  - The majority of students (66%) did not know that primary care is open until 7pm on Tuesdays. The majority of students would like to see us add an additional evening clinic (73%) even if that means starting clinic a bit later than 8am that day.
  - The same majority (66%) did not realize that JBT providers do not work in other OHSU clinics and cannot be in a position to grade or evaluate students.
  - 64% were not aware that JBT has a special firewall around our Epic records which means that only staff in JBT can see the contents of student encounters and appointments in our primary care and behavioral health clinic.
  - Most students (70%) were not aware that most services available at JBT carry no charge and that students are not subject to a co-pay or deductible regardless of the insurance they carry (even Kaiser or Providence insurance). Many were unaware that they could come to JBT if they did not have the student health insurance.
  - Most students were satisfied with the Student Health Insurance Plan (SHIP). Fifty-three percent of respondents were enrolled in the Pacificsource SHIP and 78% were satisfied with the level of service. The large majority of respondents felt that communication was clear around issues related to waiving out of the SHIP. However, 27% of students did not realize that even if they waived the Student Health Insurance they are still eligible to use JBT services and that most services at JBT still carry no charge.

Some students identified experiencing food insecurity.

- 15% (82 students) said they ate poorly because they didn’t have money to afford balanced meals.
- 10% (55 students) cut the size of meals or skipped meals because there wasn’t enough money for food.
- 8% (41 students) ate less than they felt they should because there wasn’t enough money for food.

The JBT Wellness offerings most requested include Massage (70%), Nutrition counseling (36%), Acupuncture (35%), Refuel at Noon (25%) and online scheduling (59%).

The JBT group talks that were most requested (in order of popularity) include mindfulness, imposter syndrome, healthy eating and creating a positive relationship with food/body, communicating effectively, sleep hygiene, and self-compassion.
OHSU Global Offers Overseas Elective Rotations

OHSU Global

By Andy Harris, MD | Director, Professionals Training in Global Health

OHSU Global hopes that you will enhance your education with an elective overseas rotation. OHSU has robust programs in SE Asia (Thailand, Laos and Myanmar), but options for academic credit are also available in other regions of the world.

Information on student financial aid grants may be found on the OHSU Global website: https://www.ohsu.edu/xd/research/centers-institutes/ohsu-global/education-travel-preparation/index.cfm

In 2016 14 OHSU students won overseas grants totaling $17,000. The students included 8 nursing students, 5 medical students (2 in joint MD/MPH programs), and one PhD student in epidemiology.

An overseas timeline and checklist, outlining the various necessary steps to take an overseas rotation, is available at the same website listed above.

On January 3, 2017, a new, streamlined approval process for all student overseas rotations will be launched. Keep your eye out for the Student International Travel Form, which will be available on the Student Portal.

Pre-Travel Online Training before taking an overseas rotation is recommended, but not required at this time. These pertinent videos review a wide variety of topics and are each about one hour in length. To view a list of these recordings, click on the above OHSU Global website.

Here are two other helpful links:

- A link to the announcement of funding: https://student.ohsu.edu/school/school-of-medicine/medicine/news/international-global-overseas-elective

If you have questions, please contact OHSUGlobal@ohsu.edu or email Dr. Andy Harris at harriwil@ohsu.edu.
What It Was Like Hosting Election Night at OHSU

By Monique Hedmann | MS1

On Tuesday, November 8th, I worked with the amazing staff at the OHSU Student Center with support from the All-Hill Council to host the first Election Results Watch Party ever put together on campus for OHSU students. Over 75 students representing all of the OHSU schools came out to watch the results roll in. The space was decorated from floor to ceiling in red, white, and blue. Balloons and streamers helped to set the festive mood as students enjoyed pizza, libations, and the excited chatter of speculation.

As a serious music enthusiast, I took great care in putting together the ultimate Americana playlist for the event: Bruce Springsteen, James Brown, Creedence Clearwater Revival, Whitney Houston’s version of the Star Spangled Banner (the best ever, IMHO)... it was like the Midnight Ride of Paul Revere as told by Apple Music. I even dusted off my old HRC costume from the weekend prior and posed with my fellow patriots in front of a makeshift photo booth complete with an American flag background, top hats with stars and stripes, feather boas, and other silly picture accoutrements. A chuckle-inspiring “Pin the Toupee on the Donald” game also hung in the background.

It became clear early on that the party was a successful one. However, the mood shifted greatly as the night wore on. Laughter and cheer gradually faded into disbelief and despair. Tears slowly began to flow. Towards the end, people started retreating to watch the results at home in the comfort of loved ones. I took out my own frustrations on the broom that I used to sweep up the Media Center at the conclusion of the event that, towards the end, did not truly qualify as a party.

I hosted the event because I felt that it was very important for OHSU students to have a place to come together and watch history being made, for better or for worse. Although it appears that the majority of the OHSU student community favored the Democratic candidate, there are many others who favored the Republican victor. It is important that those voices are not only heard and acknowledged, but that they are respectfully engaged in constructive dialogue.

As the future healers of this nation and beyond, it behooves us to keep a finger on the pulse of our nation’s politics and discuss them with people whose sociopolitical opinions differ from ours. Our ability to understand and appreciate the complexity of our political sphere will affect our future practice in health care and as engaged citizens. We must not only stay informed about what is happening in our country on the federal level and work to effect change; we must also find ways to stay involved in holding our local and state-level elected officials accountable for improving the lives of the citizens they represent. For the love of country, community, and self, we must continue to look forward towards a better future. Ω
The Hardest Thing
By Lillian Klug | SoM Graduate Student

This will be the hardest thing you’ve ever done.

That is what I was told on my very first day as I sat with my sixteen classmates in our graduate school orientation. Before us stood our graduate program director, Dr. Cheryl Maslen, kind, but no nonsense. This message may have seemed appropriately timed as we had just sat through multiple informational sessions about the signs of depression and mental health resources available. At the time, however, I had no concept of what Dr. Maslen meant when she said those words.

Of course, I knew that the material would be challenging; tests would no longer have the generous curves that they had in undergrad. I would be among my peers, all valedictorians, on the dean’s list, or graduated *sigma cum laude*; all were students that actually give a shit about learning enough to come back for more, at least.

Yes, I knew this wouldn’t be easy academically, but I was confident that I could manage it. If I know anything, I know how to “school”. I made it through my first classes just fine. I definitely received my first 70% on a test, which I have to admit stung a lot, but I pulled it together at kept my GPA above a 3.0 in order to avoid academic probation.

At the end of your second year students must complete an exam to qualify for PhD candidacy. This qualifying exam is basically a proposal defense. We must write a grant proposal and defend it to a panel of faculty. Here is where my first hiccup came. This, I thought, must have been what Dr. Maslen was talking about.

My qualifying exam was definitely the hardest thing I had done at that time. It is an ill-defined task, especially in my program since I was not allowed to write my proposal on any of the actual work I was doing in the lab. We were expected to go into the literature and build a research project from there. It seemed impossible. In fact, I am still not convinced it can be done.

I presented and defended to my committee a hot mess of loosely connected logical thoughts that I dug from the depths of PUBMED. And while my committee agreed that it was a hot mess, the defense of my reasoning must have been convincing because they didn’t fail me.

Academically, this was the hardest thing I had done. However, I also began to glean the real meaning of those words said during orientation in this experience as well. I took a solid 2 months away from the lab to prepare for this exam. All I did was study; reading articles and taking notes, writing draft after crappy draft of project proposals.

During all this I began to neglect my life, despite the fact that I was planning a wedding that was set to take place one month after my exam. I was so busy studying that there was minimal communication between me and my fiancé. This created stress. Stress we both felt. This stress bubble soon popped/erupted into an emotional shit storm that had my fiancé contemplating calling off the wedding. This was definitely the hardest thing we had been through in our 8 years together.

This, I realized, is not uncommon. Many of my classmates and colleagues have had relationships fall apart during graduate school, and I bet even more than I know hit the rocks like we did, but managed to come together again. Graduate school: the #1 relationship killer.

And while I knew this, I was shocked at how swiftly, quietly, and seemingly passively it had come about. This was the point where I made the choice to always put my life first and graduate school second. This choice saved our engagement and probably our marriage since. And I was happy to make it.

Even through this awful experience, however, I did not fully understand. It was three years ago now that I defended my qualifying exam and eventually became a PhD candidate. In that time, I have been in the lab, trying to build something worthy of defending as my dissertation. This was definitely hard. Where to even start?

My PI did not have a project waiting to go for me, or even a solid idea to start from. I did a lot of different things in the beginning--so many things. None of which bore fruit in the form of a paper or a solid base (Continued on page 12)
to jump off from. So in the end I turned to data from a screen. The experimental design seemed sound. This hit that was pulled out of the screen we did seemed like a good lead, so I went all in.

At the beginning of graduate school, of course, I wasn’t yet a trained scientist, but I trusted my scientific logic. I gained confidence as I progressed through my program—there was the bumpy qualifying exam experience, but I made it through that and I actually wrote two grants that were funded after that. I felt I was a pretty good scientist. I scrutinized all my data as to not miss a detail that could lead me astray.

Through all of this, I have asked for help when in doubt. Along with my primary mentor, I have a co-mentor, who, despite being probably the busiest professor on campus, made time to meet with me almost monthly. He, like my primary mentor, thought my data was solid and that I should keep going—“this is promising”. Okay, I thought. I suppose this is just how science goes, right? So I kept going. I did more experiments. I got more data—more confusing and contradictory data.

WTF?! *This* is how science goes? This sucks! Why does my experiment, which I have done a million times before, not repeat anymore? Why, WHY, would a company sell a product that doesn’t actually do the thing that it is supposed to do; or it does the thing, like immunoprecipitate your protein of interest, but in the process it also sticks to every other protein in the cell making it seem like you have cool data, but really your reagent just sucks and you wouldn’t know it until you did that one control that you don’t think you should have to do because this reagent should be trustworthy because you bought it from a company for hundreds of dollars!

*This* is science? This is my science anyways. This project, that I chose for myself, for the record, has dragged me through hell and back and back to hell again for an extended stay and then somewhere else that is completely unrecognizable.

Now I stand at my bench, surrounded by lab notebooks, printed out graphs, and scraps of paper scribbled with super important experimental notes. I know my data better than anyone. Even my PI hasn’t seen every experiment I have done. I know the why and how of every experiment. I know which experiments have worked
urgeons are like professional athletes. They commit years to rigorous training, and spend hours preparing for a specific case, and then before they know it, it’s game day. All that pre-game prep is all well and good, but it’s what happens on game day that actually counts. Every patient and case is different. Surgeons are prepared for the unknown in a very high stakes environment because they are trained to be problem solvers and be clutch in a crisis. They use their knowledge and their technical skill to fix complications, even if it’s the first time they’ve seen that particular problem. Their ability to operate when facing the unknown does not mean they are comfortable – it means they are competent and confident.

As medical students on a surgery rotation, we have been told that a large part of our attendings’ and residents’ analysis of us is their assessment of our decisiveness. We are seeing things for the very first time, and they are looking for us to apply our
knowledge to an unknown situation and confidently make an educated choice. When you first experienced this, it felt uncomfortable, right?

Maybe it still does, and there is a reason for that! Making an educated guess feels like we are unprepared, probably because we spend the first two years being told exactly what to study for on an exam, and then suddenly find ourselves on clerkships where any question is fair game at any time.

It’s hard to prepare for this, and if we don’t know the answer, it feels awful. But like with all things in surgery, there is a reason why our teachers put us in this position.

Beyond teaching us the information we need to be competent doctors, they are also training us to be comfortable with being uncomfortable. It feels bad in the moment, but that will feel nothing like how it will feel when we are trying to control bleeding for the first time on our own.

These situations require us to remain calm and decisive in the moment. If you ever feel like a “deer caught in the headlights” with a question on rounds, imagine how you will feel when a patient’s life is in your hands and you have minutes to assess the situation and fix the problem! It is imperative to get used to this feeling.

Luckily, as you move through your rotation and gain exposure, you start to feel more comfortable. It means you’re gaining confidence. But we should be wary of that too! Feeling comfortable means we have learned something – past tense. It does not mean we are actively learning.

Instead, we should aim to consistently push ourselves outside of our comfort zone. If we can learn to handle and even thrive in this discomfort, we will get more out of every day we have left as students, we will train ourselves to be more competent residents, and eventually, we will be better prepared for the real game day – when we are in charge of an OR.

There is another element to feeling uncomfortable during our medical school education – when we get feedback. Hearing that we were wrong, or maybe even worse – “just okay” – is hard to swallow. It is natural to feel upset... it’s because you care and are used to being successful.

But here is the thing – you shouldn’t feel upset for getting negative feedback. You should be grateful because someone has taken an interest in your education and wants to help you become a better physician.

A helpful way to look at this is to imagine that you are teaching a child how to draw an anatomical heart. Can you imagine a situation where you would have nothing constructive to offer them to help them do a better job? No. The only circumstance in which you would not provide some kind of advice or feedback, would be if you were not invested in their education.

In The Last Lecture, Randy Pausch said, “A coach yells at the kid he thinks can improve, but the coach will not yell at the kid who he/she knows won’t.” If you are not getting negative feedback as a student on
your surgery rotation, ask for it. If your resident is correcting you and testing you, then they are doing you a service because they are pushing you to be better.

They care about your education, and more importantly, they care about the patients you will eventually be in charge of caring for.

Yes, it will feel uncomfortable and in that moment, you will not like it. But rather than let it get you down, pay close attention to their message and use it to help you be a better doctor. We have a very, very short time before the responsibility becomes our own. Capitalize on the wisdom and experience of everyone around you, as much as you can, and be wary of only receiving positive feedback. Although it highlights the things you are doing well, it doesn’t always help you improve.

There are moments during medical school that will give us a taste of what it’s like to be a resident. A meaningful example from my personal experience was on my sub-internship when I got to first assist on the same operation twice in a row.

The first time through, my attending instructed me with every step—where to place the ports, what instruments to ask for, etc. The second time through, he asked me where I wanted to place the ports, and if he gave me any instruction at all, it was because I forgot to ask for an instrument or because I made a decision that he disagreed with. He gave me the illusion of autonomy, which was exceptionally fun and challenging.

However, the real gift he gave me was the opportunity to learn just how mindful I needed to be during the first operation, to be able to operate without prompting during the second operation. What a valuable lesson to learn so early in my education! When I wasn’t mindful enough and required prompting, I felt disappointed in myself.

I was grateful for that lesson though— to feel what it’s like to not know what to do, to have to rely on my attending for answers— I didn’t like it, and the next time I get the chance to do the same procedure twice, I will remember that experience and capitalize on what I took from it. In fact, I will be able to get more out of every opportunity I am given in the future because of what I learned.

The real key is that, although it’s a more tactile and active learning experience to first assist, you don’t have to wait for those moments to test your surgical decision making. Every time you watch an operation, ask yourself what you would do next and then see what your fellow does.

Listen to the feedback your attending gives to the fellow with each step and use it to correct your own thinking. Pay attention to every detail— how much tissue do they take per bite, what plane of tissue are they dissecting, what surrounding structures are they being careful to avoid?

Learn from their successes and mistakes. THAT is being mindful. Go to the simulation lab with one of your residents to practice your laparoscopy/thoracoscopy skills. These habits will give you the best chance to capitalize on every opportunity you get in the OR— your attendings will be more willing to give you chances because you’ll be more efficient, and you will be able to focus on the finer details of the operation earlier in your training.

An attending whom I deeply admire for his purposeful and thoughtful operative skills once told me that he was given the feedback during a case as an R2 that “he wasn’t listening, and he wasn’t learning.” His attending had watched him do the same case a few times, and did not see enough progression.

He said that feedback stuck with him throughout the rest of his training as a general surgery and cardiothoracic resident. He never wanted to give that impression again, and thus, he became extremely mindful in order to improve with each opportunity.

Being uncomfortable and receiving negative feedback during our training— these are commonalities we share with the surgeons we respect the most. Take comfort in that fact, but don’t take so much comfort that you become complacent and stop pushing.

Don’t let the worry that your resident thinks you’re doing a poor job distract you from the opportunity to improve. Instead, demonstrate that you heard their message by making the changes that were suggested to you.

Most importantly, think beyond your rotation grade because that is not the reason you should be
busting your tail to do well. The real reason is that at the end of medical school, you will become a surgical intern, and then one day a chief, and then a fellow, and then finally, a cardiothoracic surgeon.

The safety net will be gone from beneath you because you will have become the safety net – for your fellows, residents, and most importantly, for your patients. Yes, your partners will help you in a crisis, but ultimately, the buck will stop with you. You will own your complications. The weight of that responsibility is so heavy that in order to enjoy this job... to truly love it... you have to be great at it.

So take every moment in your education that forces you into the unknown and welcome it with open arms. Savor the feeling of being uncomfortable and let it sink in. Be mindful of what goes wrong and why, and imprint the lessons you learn into your brain forever. Realize that medical school is actually a safe place to be bold, to make yourself vulnerable, to ask important questions. Hold yourself to a standard that goes beyond impressing the attendings on your team or scoring well on your rotation of the moment. See the bigger picture.

This is how we earn the right to have this job. This is how we become ready for game day. Ω

What does my day-to-day job in a hospital teach me?

By Sucharita Mitra Chatterje | OHSU Division of Management Student

As I turned the last page of my text book “Your brain at work” by David Rock, I settled into my litany of thoughts of how my daily work at a hospital impacts my decisions. The book discusses how we can efficiently train our pre-frontal cortex in the brain to achieve maximum efficiency at work. I asked myself “How different would my career choices have been if I were not working in a hospital system like OHSU?” OHSU is academic health care system which has a hospital, a dedicated children’s hospital, research institutes, medical school, nursing school and dentistry school and a joint public health school (with Portland State University). It is a complex system which embodies different disciplines of health care.

My career at OHSU started with working in the research lab. While working as a researcher, I always sensed the huge gap of information exchange between the researchers and patients. Even if the field of medicine has been progressing rapidly, the patients are still not up-to-date with the ongoing research. I wanted to fill that gap. As I work in a hospital, I come across patients all the time and my mind always asks, “Do these people know about the latest cool technology in medicine? Would a better knowledge of the changing medicine make them hopeful for a cure? Will that experience be positive?” These activities provoked the biological seat of my brain, the pre-frontal cortex and I took the decision that I wanted to pursue a career where I could communicate about the latest findings of medicine to the community.

I enrolled in the MBA program at OHSU and am currently working on how to make patient lives better. Delving deep, I think working in a hospital trains our pre-frontal cortex better and as all good things come in small packages, training the pre-frontal cortex is primary to achieving self control, developing compassion, better problem-solving and developing empathy.

How does a conscious mind define a job? It is a means by which one imparts the acquired education to the benefit of society and in the process stabilizes a source of income for the daily requirements. How does the sub-conscious mind perceive it? Do we ever realize how much our job changes us from within? Working in a hospital definitely does. It teaches one the art of loving life and appreciating the beauty associated with it. It teaches us empathy. It makes us less complacent.

A research study conducted by Dr. Tania Singer at Max Planck Institute in Germany shows that the innate nature of human beings is being egocentric but there is a part in the human brain that autocorrects this characteristic. This part of the brain is called right supramarginal gyrus, a part of the cerebral cortex.
which plays a role in counteracting the egocentric nature of human being by deviating it from a tendency for self-centered perceptions of another’s pain, suffering or discomfort. This region of the brain segregates our perceptions from others.

In the study, disruption of neurons in this area of the brain showed the participants to be no longer projecting their own feelings onto others. Since empathy is an acquired skill and the neural circuitry a malleable palette, we can train our brains to be more empathetic. Working in a hospital gives us that opportunity. Our day-to-day life is dealing with patients, patient samples, patient reports and in the process we somehow become a part of their roller coaster ride of joy, sorrow and anticipation.

In the whole process, we learn to appreciate our own lives much more. We realize the fact that life is a gift. We learn to complain less about what we do not have and value what we have been blessed with. It teaches us that a regular, day-to-day uneventful life is actually a blessing as you still get to dress up for your office, work, go home and cook and spend time with your family. We learn to not take things for granted and savor every fruit of labor than devaluing it as a passing thought.

We can utilize this experience of working in a hospital as a platform for building skills of compassion, empathy, meditation and attaining peace within. Research studies show that practicing these skills can change the way our brain perceives pain and suffering. When functional magnetic resonance imaging (fMRI) was conducted on people who had undergone compassion training, physical changes in the brain structure were noticed.

Our daily job gives us a chance to become better human beings and we all can identify these opportunities and learn to be more thankful and appreciative of what has been bestowed upon us. We learn to look beyond and reason out compassionately the crankiness of a child, annoying habits of a spouse, unfamiliarity-with-latest-technology of an old parent, irritating habits of a neighbor or colleague and thus we acquire the art of loving and compassion.

Let us use our daily job to train our subconscious mind to gain peace and stability within ourselves. Ω

THE WHITE BRIDGE

They walked across the white bridge to the tower by the waterfront;
Lantern in her hand they climbed the spiral staircase;
Through the trees they saw the light forever changed by this night.

- Michael Heskett, SoM Graduate Student
Articles appearing in this News section were originally published online by The Lund Report, a non-profit news organization. They were chosen by me to provide some broad information about developments in Oregon healthcare, with an interest toward those that might impact OHSU students. I encourage you to visit The Lund Report online (http://www.thelundreport.org/) and read more of their excellent in-depth reporting.

Additionally, I have included information about The Lund Report below. If you have any ideas for stories or opinions that you want The Lund Report to consider for publication, please contact its editor-in-chief, Diane Lund-Muzikant, at diane@thelundreport.org.

- David Edwards, Editor-in-Chief, The Pulse

**The Lund Report** brings our healthcare system into focus by going beneath the surface. Our goal is to educate you -- the consumer -- about this complex system, giving you the facts, analysis and action tools to make a difference.

We’re unlike any news source you’ve seen before -- the first independent Web news site in Oregon dedicated to educating you about the inner workings of the healthcare industry. You can count on us to be timely, provocative, and offer new perspectives. We’re passionate about what we do and are beholden to no one. Even though we do accept funding from the healthcare industry, The Lund Report is not influenced by its financial contributors, no matter who they are, and we have not and never will deviate from reporting the truth about the healthcare industry.

Our news coverage focuses on the major issues confronting our healthcare system – rising costs, unequal access and the lack of standardization to measure quality. With an emphasis on Oregon, this online publication does occasionally include articles about national reform efforts.

Inside The Lund Report you can hear from people willing to challenge the status quo – while having an opportunity to share your own perspective by submitting guest commentaries.

We’re a news source, not a blog. We value and invite your comments and story suggestions. Don’t hesitate to contact us at info@thelundreport.org. We’d love to hear from you. Thanks for coming aboard!
What might TrumpCare look like?

By Pamplin Media Group

Oregon has plenty to lose when it comes to President-elect Donald Trump’s vow to change the nation’s health care system.

His surprise victory threatens state officials’ hope of plugging a looming budget hole with $1.25 billion in federal health care reform payments, and his vow to immediately repeal Obamacare creates uncertainty for more than 470,000 Oregonians who received coverage or subsidies under the law.

However, Trump already has signaled a willingness to reconsider aspects of the federal Patient Protection and Affordable Care Act, and observers believe nobody’s coverage is in immediate danger. Any changes could take until 2018 to filter down.

Here’s what Oregonians should know as Trump prepares to take office in January.

**Oregon Health Plan**

About 1 million Oregonians are enrolled in the state’s version of Medicaid, the government low-income health care program.

Of those, 378,607 adults qualified under Obamacare’s expansion of Medicaid, which in Oregon boosted the maximum income to qualify from 100 percent of the federal poverty level to 133 percent. Instead of having to earn $20,160 or less to qualify, a family of three could make a little more than $26,800 under the new cap.

But while Trump has vowed to repeal and replace Obamacare, it’s unclear how that might affect Medicaid expansion.

Jeff Heatherington, CEO of Portland-based Family Care, one of 16 organizations around the state providing for Oregon Health Plan members, echoes other health care officials in saying it’s unlikely Republicans will strip millions of Americans of their health care.

“I think it would be a crazy disaster,” he says. “Hospitals and the pharmaceutical companies would argue against doing that because they’re making too much money.”

Trump has proposed turning Medicaid into a program that gives states block grants rather than placing restrictions on the spending. Republicans in Congress, meanwhile, have long sought to add conditions to the program such as premiums or work requirements.

Oregon could be shielded from changes under an application for a five-year waiver from standard Medicaid rules. President Barack Obama could approve the plan before leaving office.

Gov. Kate Brown’s office released the following statement: “There will be a lot of speculation in the next couple of months, but we have to work with the facts we have, which is that Oregon has a successful coordinated care model that is improving the quality of care while holding down costs.”

**State budget hole**

Oregon faces a nearly $1.4 billion budget hole over the next two years.

The state’s waiver application includes a request for $1.2 billion over the next five years from the federal government, which could help plug that hole. A similar request by Gov. John Kitzhaber in 2012 yielded $1.9 billion.

But even if the state’s Medicaid waiver request is approved by Obama, any funding that goes with it could be cut off by the Trump administration at any time, officials say. “I think that could be at risk,” said Health Share of Oregon CEO Janet Meyer.

Any resulting budget pressures could affect how the state administers the Oregon Health Plan.

**Obamacare private insurance**

More than 220,000 Oregonians not covered by employers or Medicare buy their own insurance policies in a market that has undergone a radical makeover under the Patient Protection and Affordable Care Act.

Obamacare bans insurers from discriminating

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against people with pre-existing medical conditions and levies a tax penalty against many of those who don’t have health coverage, while offering subsidies to those with incomes of 400 percent of federal poverty level or less.

About 130,000 Oregonians signed up through the federal website HealthCare.Gov, and of those 95,000 qualified tax credits to offset their premiums, averaging $250 a month.

Premiums for the 130,000 Oregonians who don’t receive subsidies have skyrocketed, however.

Since winning the election, Trump has said he favors preserving Obamacare’s guarantee that sick people can’t be denied coverage — triggering speculation that the changes to Obamacare may not be as widespread as advocates of the law feared.

What might the future hold? “We can’t answer that right now — it’s too early to tell what changes may be made,” said Lisa Morawski, a state spokeswoman.

Morawski says people should keep enrolling for 2017 private health insurance. Those who do are guaranteed no changes in terms for the coming year.

Medicare

More than 750,000 Oregonians receive benefits under Medicare, the health insurance program for people 65 and older.

Trump has vowed to preserve and modernize Medicare, but congressional Republican leaders want to and turn it over to private insurers. Ω

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Repealing The Affordable Care Act Could Be More Complicated Than It Looks

By Julie Rovner; Kaiser Health News

After six controversial years, the Affordable Care Act, aka Obamacare, may be on the way out, thanks to the GOP sweep of the presidency and both houses of Congress Tuesday.

“There’s no question Obamacare is dead,” said insurance industry consultant Robert Laszewski. “The only question is whether it will be cremated or buried.”

Senate Majority Leader Mitch McConnell (R-Ky.) confirmed Wednesday that repealing the law is something that’s “pretty high on our agenda.”

But promising to make the law go away, as President-elect Donald Trump did repeatedly, and actually figuring out how to do it, are two very different things.

“Washington is much more complicated once you’re here than it appears to be from the outside,” said William Pierce, a consultant who served in both the George W. Bush Department of Health and Human Services and on Capitol Hill for Republicans.

For example, a full repeal of the health law would require 60 votes in the Senate to overcome a filibuster. Given the small GOP majority in the Senate, “they would have to convince six or eight Democrats to come with them to repeal. That seems highly unlikely,” Pierce said.

Republicans could — and likely would — be able to use a budget procedure to repeal broad swaths of the law. The “budget reconciliation” process would let Republicans pass a bill with only a majority vote and not allow opponents to use a filibuster to stop movement on the bill.

But that budget process has its own set of byzantine rules, including one that requires that any changes made under reconciliation directly affect the federal budget: in other words, the measure must either cost or save money. That means “they can only repeal parts” of the law, said Pierce.
Republicans have a ready-made plan if they want to use it. The budget bill they passed late last year would have repealed the expansions of Medicaid and subsidies that help low- and middle-income families purchase health insurance on the law’s marketplaces, among other things. President Barack Obama vetoed the measure early this year.

That bill also included, as Vice President-Elect Mike Pence promised in a speech last week in Pennsylvania, “a transition period for those receiving subsidies to ensure that Americans don’t face disruption or hardship in their coverage.” The bill passed by the GOP Congress at the end of 2015 set that date at Dec. 31, 2017.

Delaying the repeal date could work in Republicans’ favor, said Laszewski. “Then they’ll turn to the Democrats and say, ‘Work with us to replace it or be responsible for the explosion,’” he said.

But Tim Westmoreland, a former House Democratic staffer who teaches at Georgetown Law School, said that strategy won’t work. “I don’t think people will see the Democrats as responsible if it all blows up,” he said.

Meanwhile, Republicans have only the broadest outlines of what could replace the law. Trump’s campaign website has bullet-point proposals to allow health insurance sales across state lines and to expand health savings accounts — which allow consumers to save money, tax-free, that can be used only for health care expenses. House Republicans last summer offered up a slightly more detailed outline that includes creating “high-risk pools” for people with preexisting health conditions and turning the Medicaid program back to state control through a block-grant program.

Yet even Democrats are convinced that Obama’s signature accomplishment is on the chopping block. “A lot of people say, ‘Oh, they can’t really mean it. They wouldn’t really take health insurance away from 20 million people’” who have gained it under the law, John McDonough, a former Democratic Senate staffer, said at a Harvard School of Public Health Symposium last week. “How many times do [Republicans] have to say it before we take them seriously?”

One possibility, according to William Hoagland, a former GOP Senate budget expert now at the Bipartisan Policy Center, a Washington-based think tank, is that Republicans could use the budget process to combine tax reform with health policy changes. “And a reconciliation bill that includes reforms in Obamacare and tax reform starts to become a negotiable package” that could attract both Republicans and potentially some Democrats, who are also interested in remaking tax policy.

But if Congress does pass the GOP’s “repeal” be-

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before the “replace,” it needs to make sure that insurers will continue to offer coverage during the transition.

“Are [Republicans] going to invite insurers in and listen?” said Rodney Whitlock, a former House and Senate Republican health staffer. If there is no acceptable transition plan, “insurers can say the same thing to the Republicans that they’ve been saying to Democrats,” said Whitlock, which is that they are leaving the market.

That’s something that concerns insurance consultant Laszewski, who says that already there are more sick than healthy people signing up for individual coverage under the law. With probable repeal on the horizon, he said, that’s likely to get even worse. “A lot of [healthy] people will say, ‘Why sign up now? I’m going to wait until they fix it.’”

And if that happens, he said, there might not be any insurers offering coverage for the transition. Ω

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Obamacare ‘Replacement’ Might Look Familiar

By Jay Hancock and Shefali Luthra; Kaiser Health News

The Affordable Care Act transformed the medical system, expanding coverage to millions, injecting billions in tax revenue, changing insurance rules and launching ambitious experiments in quality and efficiency.

Less of that might disappear under President-elect Donald Trump’s pledge to “repeal and replace Obamacare” than many believe, say policy analysts. Republicans promising change might not quickly admit it, but in some respects Obamacare’s replacement may look something like the original.

“It gets into a questions of semantics,” said Mark Rouck, an insurance analyst for Fitch Ratings. “Are they really repealing the act if they replace it with new legislation that has some of the same characteristics?”

Problems that helped give rise to the health law — rising costs, an aging population, mediocre medical results — haven’t gone away. The ACA pushed insurers, hospitals and employers to launch their own reimbursement reforms, which are largely unaffected by who runs Washington.

Even fierce health-law opponents may pause at the political risk of taking benefits from millions who gained coverage since its implementation. Subsidies for the middle class to buy insurance may remain — even if they’re not the Obamacare tax credits applied through online marketplaces, said Joseph Antos, a health economist at the American Enterprise Institute.

“The idea that they’re just going to wipe that money away is pretty unlikely,” he said. “They don’t want to be in a position of saying they’re just kicking millions of people out in the street.”

Others disagree.

“I think they go away,” said Ana Gupte, a health care analyst for Leerink Partners. “The subsidies ... are at risk” along with the ACA’s requirement that everybody have health coverage, she said.

Topping the list of ACA provisions likely to survive under Trump is the requirement that employers cover workers’ children up to the age of 26, analysts said. The measure is widely popular and not especially expensive.

A health law crafted by Republicans might also retain the ACA’s protections for people with preexisting illness seeking coverage, said Glenn Melnick, a health economist at the University of Southern California.

That could include relaxing the ACA’s limit on how

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much insurers can charge and allowing them to adjust premiums based on an individual’s health, he said. However, that might put the price of insurance out of reach for many.

The health law’s payment reforms might also survive in some form. The ACA prompted hundreds of experiments to control costs by rewarding doctors for efficiency and fixing payments for episodes of care or treating entire populations.

“Part of what I would expect to hear from [the new administration] is we want more value out of the entire system,” said Daniel Steingart, a hospital analyst at Moody’s Investors Service. “All of that jibes pretty closely” with ACA payment experiments by the Department of Health and Human Services, he said. “I can foresee a scenario where they gradually expand all those programs.”

Republicans have criticized HHS’s innovation lab, which presides over accountable care organizations and many other payment tests. But they may find it more appealing under their own supervision, said Rodney Whitlock, a strategist and former top Republican health advisor in the Senate.

“You can really want to curtail it — until maybe you’re in charge,” he said. “Then maybe you would like it.”

In any case private insurance companies, employers and hospitals are likely to continue their own payment reforms, analysts said.

“Private industry is really taking that and running with it,” said Gupte. To be sure, health policy and financing are likely to look substantially different in a Trump administration, experts said.

The ACA’s biggest coverage expansion came through the Medicaid program for the poor and disabled, which added more than 15 million people. Trump has suggested giving states fixed federal grants for Medicaid, which could lead to a substantial reduction in coverage or benefits.

Even partial cuts in Medicaid funding and subsidies for private plans would hurt hospitals, which have benefited from the health law’s revenue infusion.

“If you’re running a health system and you now have more insured people through a Medicaid expansion or exchange customers — if even a portion of those go away, that might be your [profit] margin for the year,” said Benjamin Isgur, who heads the Health Research Institute at PwC, a consultancy.

On the other hand, hospitals and insurers represent a powerful lobby seeking to maintain something that looks like the status quo.

“There’s a bigger role [hospitals] can play, a much more cost-effective role we can play if we have a long-term strategy” as part of a consistent health reform program, said Bill Ryan, a spokesman for the Einstein Healthcare Network, a Philadelphia-based hospital system. “And stopping and starting seems to be a crazy way to do this.”

Other aspects of health care will probably stay the same in the near future no matter what Congress does, analysts said.

Health costs continue to grow faster than the economy’s ability to pay for them. Partly as a result, high deductibles — what patients pay before insurance kicks in — have become widespread in employer and individual plans alike. Neither have much to do with the health law, said Don Berwick, who was acting Medicare administrator early in the Obama administration.

Republicans “managed to make the public think Obamacare was causing all the trouble. That is absolutely wrong,” he said. “They could repeal it tomorrow and still have a broken delivery system and costs would continue to go up.”

Now Republicans face the same challenge, said Mark McClellan, who ran Medicare in the George W. Bush administration.

“It’ll be a different path, but the urgency of finding ways to transform health care — to give care that’s more personalized in prevention and less costly and more accessible, especially to people of limited means — the pressure to do that is not going to go away,” he said. “It’s going to increase.”

KHN Senior Correspondents Julie Appleby and Jordan Rau contributed to this story. Ω

(This article was originally published on The Lund Report: https://www.thelundreport.org/content/obamacare-%E2%80%99replacement%E2%80%99-might-look-familiar)