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WINTER 2008/09

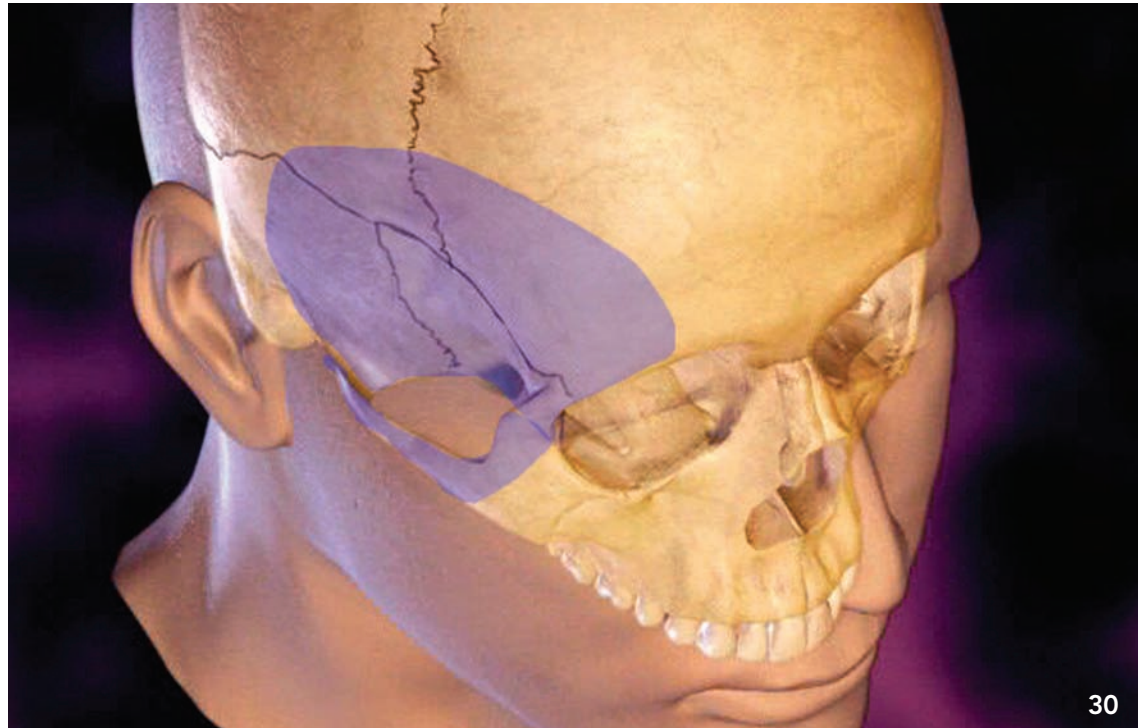


Into the Wild

Adventures in
wilderness medicine

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FEATURES

22 THE GREAT OUTDOORS

BETH SAULNIER

Weill Cornell may be based in one of the world's biggest cities, but it's emerging as a leader in wilderness and environmental medicine—thanks, in part, to outdoor-education expertise from the Ithaca campus. Twice a year, faculty take students out of the city—and their personal comfort zones—to practice medicine stripped down to the basics.

30 BRAIN POWER

ANDREA CRAWFORD

With its three-dimensional images and high-tech computing power, the Microneurosurgery Skull Base Laboratory looks like something out of science fiction. But this futuristic facility is helping save lives today, giving scientists a once-unimaginable look inside the human body—and even making previously inoperable tumors accessible to surgeons.

34 TREATMENT FOR TEENS

BETH SAULNIER

They're too young to see an internist—and too old for a pediatrician's office decorated with Bob the Builder and Elmo. Today, more teens are getting medical care tailored to their unique needs, as adolescent medicine specialists help patients navigate the transition to adulthood. "We try to understand the whole kid," one doctor says, "how all of the psychosocial and academic pieces impact their health."

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Todd Miner

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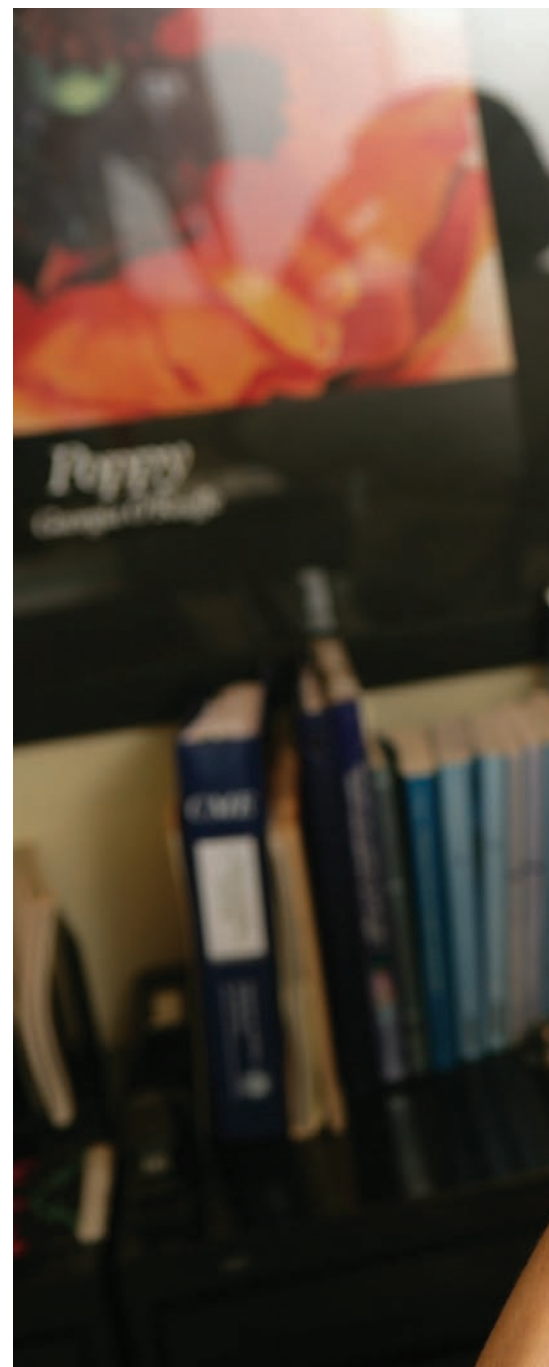
Treatment for Teens

By Beth Saulnier

From the moment you walk into Ann Engelland's medical practice, it's clear this is no ordinary pediatrician's waiting room. There are no Tinkertoys, no *Ranger Rick* magazines, no Barney videos, no eye-popping primary colors. Instead there are cool shades of mauve and brown, a wall-sized map of the world, a magnetic poetry set. (Today's masterpiece: "Surgeon General's study reveals chocolate will always worship live fish.") A Georgia O'Keeffe print hangs behind the reception desk; the tables bear copies of *People* and *National Geographic*.

The environment is designed to make Engelland's patients feel comfortable—no easy job, since she treats a population that's notoriously fickle and prone to dramas large and small. Engelland, MD '81, is a specialist in the growing field of adolescent medicine; her patients range in age from ten to twenty-seven. "Adolescence, as we all know, is a complicated time," says Engelland, a fifty-four-year-old brunette with fashionable, oval-framed eyeglasses and a warm, no-nonsense demeanor. "It's that differentiation from your family; it's managing the physical issues of puberty and body changes. As adolescent medicine physicians, we try to understand the whole kid, how all of the psychosocial and academic pieces impact their health."

Engelland's practice is located in a white clapboard building on a main road in suburban Mamaroneck, New York, across the street from the local high school; the other half of the space happens to be occupied by an astrologer. ("What can I say?" she says with a laugh. "It adds color.") In designing the décor, she purposely steered clear of the latest teen fads—be they "Hannah Montana" or *High School Musical*—opting for something more neutral and grown-up. "I absolutely had in mind a place that did not feel like the pediatrician's office," says Engelland, who was profiled in a *New York Times* piece last spring headlined "Understanding the Temporary Insanity of Adolescence." "It was going to be a different experience."



Bridging the gap between pediatrician and internist, adolescent medicine specialists help patients navigate the transition from child to adult



Adult atmosphere: Ann Engelland, MD '81, sees patients in an office decorated with Georgia O'Keefe prints and Japanese lanterns.



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According to the CDC, about half of high school students report ever being sexually active, with about 15 percent having had more than four partners.

themselves that are complex and challenging enough that they warrant specialists to care for them," says Lisa Ipp, MD '96. An assistant professor of pediatrics who graduated from the Ithaca campus in 1992, Ipp founded Weill Cornell's adolescent medicine program after joining the faculty in 2002; it includes outpatient care, resident training, and medical student education in the form of lectures, clerkships, and electives. Ipp says she was first drawn to the field of adolescent medicine during her pediatrics clerkship at Weill Cornell. "I was able to interact with some teenagers and found that I enjoyed the rapport I could establish with them," she says. "I liked taking their histories, developing relationships with them, and addressing the medical issues of that age group."

In addition to pediatrics, adolescent medicine doctors may come to the specialty through residencies in internal medicine or family practice. Like practitioners in those fields, they deal with a wide range of conditions. "They run the gamut from chronic medical issues—if they've been ill as young children, those continue—to sexually transmitted infections and pregnancy," Ipp says. "From a psychosocial point of view, eating disorders are common in this age group, as are mood issues like depression and anxiety." For Ipp, one of the attractions of the specialty is the ability to have an impact at key moments in a patient's life. "I think the frustration of adult medicine may be that patients get to their doctors a bit late in the game," she says. "We have an opportunity to intervene at a pivotal point where, if we can get through to our patients, we can make huge strides, change harmful behaviors, and help them in a lifelong fashion."

Ipp's colleague Jane Chang, an assistant professor of pediatrics, says that recent statistics from the Centers for Disease Control (CDC) indicate that one in four adolescent females in the U.S. has at least one sexually transmitted infection—a figure she calls "staggering." She also notes that according to the Youth Risk Behavior Surveillance System, a national survey conducted every other year by the CDC, about half of high school students report ever being sexually active, with about 15 percent having had more than four partners. Such figures, she says, underscore the need for specialized care for adolescents. "Several studies have shown that many teenagers who go in for medical care aren't asked about these risk-taking behaviors," she says. "We see that as a missed opportunity. The leading causes of death for adolescents are all from preventable causes: motor vehicle accidents, homicide, and suicide."

Chang got a taste for adolescent medicine as an undergraduate at Brown, when she did a research project with a physician mentor who was the director of a teen/tot clinic. "I was impressed with the way she helped mothers as young as fourteen years old," says Chang. "She was never condescending—she talked to them with such respect. Teenagers really responded to her." She recalls that during her fellowship in adolescent medicine at Montefiore Medical Center in the Bronx, she and her colleagues "made it clear that we wanted a teen-friendly space, where patients aren't sitting on little chairs with toddlers running around them."

Lee Perlman is the father of two of Engelland's patients, a twenty-one-year-old daughter and a seventeen-year-old son; he's also a veteran medical administrator, executive vice president of the Greater New York Hospital Association. Now fifty, he still has vivid memories of how uncomfortable he was as a teenage boy waiting to see his pediatrician in the same room with mothers holding infants in their laps. "I'm so happy that my kids are not in that waiting room," Perlman says. "The notion that you would go to the same doctor from the moment you're born to the moment you leave for college is weird—it doesn't make sense." He compares being treated by an adolescent medicine doctor to seeing other specialists, like an oncologist or surgeon. "Adolescent medicine says that the life cycle between an infant and an eighteen- or twenty-one-year-old is really many different life cycles," he says. "The same type of physical environment and specialization doesn't lend itself to dealing with infants and eighteen-year-olds. They're different species."

A subspecialty certified by the American Board of Pediatrics since 1994, adolescent medicine was founded in response to the growing understanding that its patient population is distinct from that of general pediatrics or internal medicine. "Adolescents have medical and psychosocial issues unto



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Creating an atmosphere where teens feel comfortable opening up to health-care providers is a central part of the adolescent medicine ethos. When Engelland sees a new patient, she explains the law in New York State: minors are entitled to confidential medical care, independent of their parents, with respect to sexual health, drugs and alcohol, and physical or sexual abuse. (If a minor's life is in danger, however, the doctor is mandated by law to break confidentiality.) "Most parents know that when they come here, the teen is the patient and not the mother, as is often the case in a pediatric office," says Engelland, whose patient base of 700 is more than 75 percent female. "I tell them, 'If you need to know something from your daughter, you need to ask her. If you can't have that conversation I can help broker it, but the information cannot come from me to the parent.' So it can be tricky."

Jean Partridge, an attorney who lives in White Plains, is the mother of two of Engelland's patients, both teenagers. She lauds Engelland's office as having a "much bigger comfort zone" for adolescents than the typical pediatric practice. "Teenagers are going through the roughest time of their lives, socially and physically—and to have someone who understands that makes it a lot easier," she says. "Her way of speaking to teens gets them to say things they wouldn't normally say to their parents or to a pediatrician they've known since they were babies, especially about sexual issues. As a parent, that's comforting." Partridge's seventeen-year-old daughter, Danielle Solinski, has been seeing Engelland for four years. She says the

No Elmo zone: Engelland's Mamaroneck waiting room is whimsical yet sedate.



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'As society becomes more complicated and these kids have more pressure on them, there is no question that adolescent medicine is going to become more necessary and popular.'

atmosphere in Engelland's office—she calls it “cozy”—made it easier to undergo treatment for an eating disorder, anorexia nervosa. “She generally talks to me on my own without my parents there, so I can explain myself,” says Solinski. “It gives you the sense that you’re responsible for yourself and your body, versus how you would feel in the pediatrician’s office where your parents are present.”

Jake Perlman, Lee Perlman’s son, is a senior at Horace Mann in the Bronx; he’s seen Engelland throughout middle and high school. Like Solinski, he appreciates the calming mood at Engelland’s practice, with its grown-up magazines and stacks of pamphlets devoted to adolescent issues. “There are definitely some things that are awkward to talk about with a pediatrician,” he says. “Like, I have an acne problem. I hate my skin, but it’s a lot easier to talk about it with her because I’m obviously not her only patient that has this problem. When she asks you a question, you get the sense that there is nothing she hasn’t heard before, so it would be hard to surprise her.”

As Lee Perlman puts it, Engelland “doesn’t treat the illness, she treats the person.” Both he and his son stress that for a teenager, emotional and psychological issues can be as pressing as physical ones. “When you consider all the things that impact physical well-being, it’s important to understand the stressful environment these kids are operating in,” he says. “She’s dealing with the broader context of what it means to be an adolescent in the suburbs, and that is a lot more than having a stomachache or the flu. They have the pressure of getting good grades, getting into college, living in an environment where there are high expectations. As society becomes more complicated and these kids have more pressure on them, there is no question that adolescent medicine is going to become more necessary and popular.”

Getting to know her patients well is one of the great pleasures of Engelland’s job. She regularly communicates with them via e-mail—though she draws the line at text-messaging, and she makes it clear that she generally only checks e-mail during office hours. Last summer, she even treated a patient who was on a youth service trip to an isolated island in Central America, giving her a home remedy to treat a yeast infection with a vinegar bath; the girl had no access to a pharmacy, but she had an Internet connection. “Kids tell incredible stories about how they got where they are,” she says. “Medically it’s interesting, socially it’s interesting, psychologically it’s fascinating. So for me the challenge every day is to get the story so I can make a difference—and what’s better than to go to work feeling like you’re going to make a difference in someone’s life?”

But that gratification has a flip side: ask Engelland about her greatest source of job frustration, and it's how such contributions are undervalued by the medical insurance system. "I feel like I make a difference every day—but you don't get compensated for making a difference. You do if you fix someone's broken bone, but you don't get reimbursed for having a conversation that could make a difference in a kid's life." Such realities can make it hard to draw young doctors to the field. Although Chang says she and Ipp love to share their passion for adolescent medicine with medical students, she notes that doing a three-year fellowship on top of a residency—without the financial incentives that other subspecialties offer—can be a tough sell. "It's rewarding, but it's not necessarily the most popular field," Chang says, "I see this group as a population in need. They're not little kids, but they're certainly not adults yet. They need people who will answer their questions and be adult role models for them. It's so rewarding when you make that connection with a teenager. It's amazing that if you talk to them in the right way, they'll open up to you."

Although many people assume that adolescents can be evasive or dishonest with their doctors, the physicians say that's rarely the case. "I've found time and time again that adolescents are a more forthright group than they are thought to be," Ipp says. "If they're asked the history questions in a fashion where they feel safe, they actually offer a lot of information about themselves." One of Engelland's sidelines is teaching patient interview techniques to students at Albert Einstein College of Medicine. She emphasizes the importance of making a connection with a patient, forming a solid basis of trust. "What I always say is that if I lay the groundwork—which includes the minute the patient walks in the front door and sees that it looks different from the pediatrician's office, sitting down with the mother and the kid and discussing the rules of confidentiality, building a skillful interview so I get to the more sensitive stuff later on, or just listening to them—when you do all that, I've found they tell the truth. Or, almost always, I can tell if they're not telling the truth. That doesn't mean I know what the truth is. But I can tell if they're lying—body language says a lot. And I can tell if they aren't ready to open up about a particular subject, and you just have to leave them alone."

Engelland did a general pediatric residency at Columbia followed by a fellowship in adolescent medicine at Montefiore. But on top of her medical training is vast front-line experience in raising adolescents. She has four biological children—and ten years ago, she and her husband became guardians to the three children of a friend who had passed away following his wife's death from breast cancer. "So I ended up with seven kids," she says. "I had to stop working for four years to get everybody organized."

Engelland's brood now ranges in age from fifteen to twenty-seven—and she cheerfully admits that her day job makes her a formidable parent. "Sometimes they say, 'How do you know that?' and I say, 'I just *know*,'" says Engelland, whose role as district physician for the Mamaroneck schools makes her even more teen-savvy. "I know where the kids go to drink and smoke. I have my finger on the pulse of what it means to be a teenager in this community, so my kids think I have eyes in the back of my head." ●



Lisa Ipp, MD '96, and Jane Chang, MD

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