

“To study the phenomena of disease without books is to sail an uncharted sea, while to study books without patients is not to go to sea at all.”

- Sir William Osler

Hi Everyone

Those amongst us who are clinician-investigators face particular challenges during our careers. Perhaps the most challenging one is striking the right balance between our clinical responsibilities and our scientific pursuits. My personal observation over the years is that the more successful clinician-investigator, despite the imperative of limited time and the inevitable multi-tasking, puts the clinical first when it needs to be done. This week's Departmental Acknowledgement goes to one such successful clinician-investigator, **Beth Foster** of our Division of Pediatric Nephrology. The Acknowledgment is prompted by a note I received two weeks ago from a community-based pediatrician, Guiseppe Ficara, which is reprinted below.

"Working in the community and referral network of the MCH, I greatly value and appreciate the support that the entire MCH staff, and in particular the subspecialists, offer us.

Today I am on-call at St. Mary's. I had a newborn patient with hypertension on Dinemapp readings, and did not have a Doppler at my disposal to confirm or deny the findings. Because the patient had another finding that could be compatible with hypertension (the reason the BP was checked to begin with), I called the nephrologist on-call, who happened to be Beth Foster today. I reviewed the case with her, asking for her input on how to proceed, and whether the patient should be referred to MCH to have a BP reading via Doppler. Beth agreed that given the clinical context and high BP readings when the baby was calm, this needed to be validated with a Doppler reading. However, she was concerned about mother and baby having to travel to the MCH. Therefore, rather than burdening the family to come to MCH, she offered to come to St Mary's with the equipment and do a consultation at St Mary's!

The clinical context is a simple one. The case was relatively straightforward, and the BP was thankfully normal in the end, with the Doppler readings. However, in my humble opinion, what merits attention is the tremendous empathy towards the family that Beth showed. Beth's actions were kind and selfless, and beyond the call of duty. It would have been fine to see the patient at MCH, but Beth insisted on going a step above for the patient. I remember Dr. Liben praising Kent Saylor for a similar thoughtful act, and I remember you once writing "pas ma job" was not in Dr. Shemie's vocabulary when he filled in last minute for Grand Rounds. Likewise, Dr. Foster took our dilemma at St Mary's and "made it her own", for the good of the patient & family.

Beth was my chief resident, and I learned many valuable lessons from her during my training. I remember her to be a very skilled clinician. On this day, though, it is her caring and compassion that stand out, and that I felt compelled to bring to your attention. This type of dedication should be the rule in our profession. Your departmental acknowledgements have taught me many things by example, and so in that spirit I feel motivated to share this nice story with you."

I very much appreciate Guiseppe taking the time to write the above note. What Beth did and Guiseppe highlighted is but one example of the many acts that go beyond the mere details that are our responsibilities that members of our community do each and every day that make a difference.

Have a great weekend everyone!

Michael