There's a Disconnect
The Importance of Traction
MERIT-ing Medical School
Celebrating Change
Taking Care of Mommy and Baby
“I was always astonished at what I thought people knew and what they actually understood.”

news affiliate. Another wants to use Twitter Chat for Johns Hopkins Bayview clinic patients: “For an hour every week, there will be a health expert in a specific field. Our patients can log on and there will be a physician talking about a specific subject like back pain, and the community can tweet their questions and comments. It will be educational, with real-time responses.” One resident wants to talk to groups about setting up advanced directives. Another would like to make posters for homeless shelters with practical advice on how to combat frostbite.

Its planners hope that MGG will be helpful for all demographic groups, not just the poor, not just minorities, not just refugees, not just the homeless. There are unhealthy people everywhere: Go to the mall, or Hershey Park, or the Inner Harbor, and you’ll see plenty of people in all walks of life who are headed for health problems because of their lifestyle.

Whether the project is a one-shot deal or something that requires more time, “We want them to approach these opportunities with critical thinking: How are you hoping this is going to affect the community? We’re not asking residents to come up with answers, but to really think about it.” MGG, he hopes, “is going to influence how we talk to our patients, what our idea of medicine is going to be from this point on. Maybe it will even influence these residents’ career choices.”

Many of the projects require little or no extra money, although Galatsatos is seeking grant support to pay for travel expenses, the cost of printing posters or pamphlets, and some small equipment purchases – a few blood pressure cuffs and scales – to take on the road.

The program is very new – it just started in July – but Galatsatos is planning to study its impact on “communication skills, empathy, humanism, advocacy, and burnout” in these doctors for years to come. “We will track participation in MGG experiences – we anticipate that most residents will not only participate in one, but will likely participate in many – and at the end of each one, we will ask them to write a one-page reflection of what they learned, felt, and can use in their future practices from this experience.” He also plans to follow residents’ career choices, and to ask community members who have participated in these experiences for feedback on how they thought it went.

The residency is a delicate time in a physician’s life, Galatsatos says, “when their identity as a physician is being molded. This is an opportunity to grow trust in the physician, and trust in Johns Hopkins Bayview,” and this is important because “for every great partnership we’ve created, there have been one or two that never worked out.” One incident he will never forget happened when Galatsatos was a resident himself. “There were three African American Baptist churches, and they told me, ‘We don’t want your help, we’re not a charity, don’t come and preach, and then just leave.’ ”

Christmas hopes that through MGG and other programs, communities in Baltimore will see that Johns Hopkins Bayview is making a long-term commitment to their health. “We hope that our neighbors as well as our residents will see that we are training a different sort of physician for the 21st century,” she says, “one with the skills and belief that genuine investment in community health is an integral part of what we do here, and central to making a lasting impact in medicine.”

Never underestimate the power of traction. Just a little bit of it can mean the difference between spinning your wheels and actually getting somewhere in your scientific career. Since 2007, extra traction for scientists studying arthritis and inflammatory disease at Johns Hopkins has been the great gift of the Dr. Ira T. Fine Discovery Fund, established by patients of the beloved Hopkins rheumatologist, Ira Fine, M.D.

The fund provides small grants, ranging from $3,000 to $15,000. These allow investigators to pursue innovative ideas that might not otherwise get funded, says Antony Rosen, M.D., Ph.D., Director of the Division of Rheumatology. “Sometimes you have a great idea, an idea that could be easily proven or refuted. But it’s going to cost money up front in order to determine if it’s a great idea that could be true, or a great idea that’s just not true.”

The grants come in one lump sum and are ideally suited to answering specific questions – setting up a new assay, for instance, or collecting tissue samples from a group of patients – and getting a relatively quick answer to the query, “Is this line of research worth pursuing?” Like old-time prospectors looking for gold, scientists often don’t know if an idea is going to pan out until they do a little digging, but many questions are expensive to answer because they involve prohibitively costly high-tech equipment. These awards are ideally suited for creative, novel ideas, says Rosen. The Fund supports between three and five grants each year – about 21 total so far – and “everything has been definitive,” one way or the other, he says. “Not all scientific ideas are right, so if you can relatively cheaply determine that it’s not worthwhile going after, more power to you.”

The awards were the brainchild of philanthropists Stephanie and Erwin Greenberg, whose donations helped establish the fund, and their success shows that “you don’t always need to throw a lot of money at something right away,” says Rosen. “Particularly for early, innovative ideas, with small amounts of money, you can really get good traction,” build up momentum, and target larger questions.

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Many young investigators in the U.S. have Career Development Awards from the National Institutes of Health. These provide salary support and laboratory start-up costs, but most young scientists are stretched pretty thin nonetheless, Rosen notes. “They don’t give you anywhere near what you need to accomplish the research, and people tend not to have enough money to do the kinds of experiments that they actually need to do.” If the investigation points to electron microscopy, genetic sequencing, or other tests involving expensive equipment, many young scientists find themselves up the proverbial creek.

Which is why “these grants are absolutely life-saving,” Rosen says. “If you need to get an assay done and it costs five thousand dollars, there is no other place to get that kind of money. It’s just not possible.”