PEARLS FROM THE PAST Ogden Surgical/Medical Society May 17, 2018

The formation of a pearl is a metaphor for the history of formal family physician training in Ogden. The McKay-Dee residency started in 1971with one second year resident (Jerry Gardner), 6 first year residents (interns), and one faculty member, namely me. To some medical and hospital staff, the residents and I were inserted like a foreign body (the parasite or tiny piece of sand) into the organization (mantle) of the hospital. My academic credentials were an insignificant trace, to put it in lab terminology. I had been a GP consultant for the University of Utah Department of Surgery since 1968, spending a few hours monthly with interns rotating through the University Hospital ER. It was the U's token recognition of the general physician. I did have 9 years experience as an FP doing a broad range of practice affiliated for three years with the two Ogden hospitals and for 6 years with S. Davis Community Hospital.

We (the residency) were actually invited, rather than inserted, by key hospital staff and personnel, to continue a tradition of general hospital training which had been supported by the Thomas D. Dee Hospital for several years. Thus began the formal family physician training program which has now continued for 46 years and next month will graduate its 273rd board qualified family physician. Many in this audience are among those graduates. These physicians are the "pearls" of the metaphor referred to above. How did this achievement happen? Let me cite two very positive characteristics of the Ogden professional community which were essential to excellent family physician training: collegiality and flexibility.

Collegiality. Many physicians from multiple specialties are necessary for well rounded and complete FP training, in addition to experience in general outpatient care accomplished by working with FP role models. The McKay-Dee residency has had that kind of support over the years. The specialist and the generalist consider themselves as colleagues in the care of patients. While learning more often occurs in that specialist to generalist sequence, it is by no means a one way street. It is that spirit of mutual appreciation which has prevailed and allowed this residency to thrive. I personally have benefited with increased knowledge and skills from consultants over my years of practice, as I am sure many of you have also. Please indulge an old doc's tale from long ago as an example. (Infant with meningitis).

Flexibility. By this term I do not mean the need for the specialist trainer to adjust to the variable schedules which the residents have because of multiple responsibilities. While that adjustment was a need-and sometimes difficult to understand, I am talking about flexibility in solving problems in the care of patients and in meeting their needs. While evidence based practice guidelines have improved the standard of care, sometimes improvisation is needed, especially when no specific therapy has been effective. Here is another old doc's tale. (Elderly German man with abdominal pain)

This improvisation was clearly the use of a sham procedure—but it worked! I don't remember the discharge diagnosis we made up, but it probably would not fit in today's coding terminology. Maybe the audit committee would now have some questions that would result in some disciplinary action.

I am grateful that I was able to practice and teach in an environment blessed with collegiality and flexibility, and I hope qualities will prevail in the future as physicians learn from each other.