

2013

Interview with Drs. de la Garza and Lento

Molly Deacutis

New York Medical College

David Gedeon

New York Medical College

Ryan Lippell

New York Medical College

Victoria Mock

New York Medical College

Follow this and additional works at: https://touro scholar.touro.edu/quill_and_scope

Recommended Citation

Deacutis, M., Gedeon, D., Lippell, R., & Mock, V. (2013). Interview with Drs. de la Garza and Lento. *Quill & Scope*, 6 (1). Retrieved from

This Interview is brought to you for free and open access by the Students at Touro Scholar. It has been accepted for inclusion in Quill & Scope by an authorized editor of Touro Scholar. . For more information, please contact touro.scholar@touro.edu.



Interview with Drs. de la Garza and Lento

Quill & Scope Editors in Chief

Quill & Scope (QS): Dr. Lento, we understand that you completed a residency in Internal Medicine and then decided to pursue an additional residency in Clinical & Anatomic Pathology. That's rather unique, no?

Dr. Patrick Lento (PL): Yes. The bruises around my neck from my wife's hands are just now fading! Actually, I've talked about this a lot with medical students. I entered medical school hoping to be an internist—either generalized or sub-specialized—in perhaps oncology, which is something I've always enjoyed. This thinking continued through medical school. But during residency I realized that I was really interested in teaching. The day-to-day workings of internal medicine were not so overwhelmingly gripping for me. On some days patient care was exciting for me; on other days it wasn't. For some people, patient care and patient contact are what drive them and they want to see patients every day. But I found that I didn't need to see a patient every day. Instead, I found that the science and the puzzle [of disease processes] were most exciting. Coupled with my love for teaching, I decided to do another residency.

It's interesting that it ended up being Pathology because that is sort of a 180-degree turn from what I had been doing. In retrospect, it was the best decision I could have made for myself. It was an exciting time; it still is!

I like to talk about this with students because it highlights the circuitous path that very commonly weaves between medical school, residency and practice. What is right today is not necessarily right tomorrow. You can change your mind. You can always develop new interests that may differ from what you originally thought you wanted to do.

QS: Did you always want to be a doctor?

PL: I can't recall ever thinking about doing something else. You think you know or want something, but it's not always for the right reasons. These things evolve

over time. For me, my mom was a nurse so I was somewhat exposed to the medical field. But my mom certainly never pushed me. I also enjoyed being with people so I thought medicine would suit me. As it turns out, I guess I sort of transformed being with patients to being with students. While it has seemingly been a 180-degree turn on the surface [Internal Medicine to Pathology], I don't really see them as that different.

Dr. Julia de la Garza (DLG): I never wanted to be anything but a doctor. When I was a 4 years old, FAO Schwartz did not make a doctor's costumes for girls, so I had to dress up as a nurse and pretend to be a doctor.

PL: That looks like a ballerina to me!

QS: Is there any particular reason?

DLG: I was just born this way, it was in my genes.

PL: Well, I wanted to be a baseball player when I was younger.

DLG: Honestly, I don't ever recall wanting to be anything but a physician. It is probably part of the Nurture-Nature balance in life. I always wanted to be a physician, my father was a surgeon, and my mother was a PhD, linguist. My father would take me on rounds with him to two or three hospitals every weekend. It's what I grew up exposed to; it was normal and natural to me.

Then at the age of seven, I wanted to learn how to knit. My mother was an expert knitter, as were both of my grandmothers and since I always said I wanted to be a surgeon, my father stated that I should learn how to knit to keep my fingers nimble for surgery. And it had to be accomplished perfectly or it was ripped out. Except for the very first item I made. It was a blue wool scarf which was cockeyed and uneven, but my father wore it.

When I was ready to go to college, I applied to the Union College seven-year med program and I was accept-

ed. My father said, “Absolutely not! You have to be a well-rounded individual in art, music and the humanities as well as the sciences as a physician. You need to be able to communicate with patients and understand their perspective. If you are unable to construct analogies and discuss a disease in human terms with a patient, then you’re not going to be a good physician.” So I agreed. What did I know at 17 years old, he had much more experience and wisdom than I did, so I went to Columbia University instead, and had a much longer and circuitous route in my goal of becoming a physician.

As I neared graduation from Columbia, I applied to medical schools but didn’t get in. I had a good GPA, but we were in a recession, and the competition was high and I was applying to only New York schools and a native New Yorker. Not my best strategy.

That Summer, 1991, I began a year of graduate work in cell and molecular biology at Columbia. During my final exam week, my father returned from the hospital after a long day of surgery, ashen grey, and had a MI in sleep and died. I was home with my mother, and I called 911 after she could not. I then proceeded to give my father CPR until EMS arrived. When EMS told me to leave the room I refused. I had always promised my father, in some crazy little pact we had, that I would be there and take care of him in the end. It was very ironic I always envisioned that he would be 85 years old in my home and with a grandchild on his knee. I never thought he would be 62, and I only 24. I took my final exams that week and dedicated them to him, and earned my highest grades ever.

That Fall I applied to 20 medical schools again, but did not get in. Since my father had passed, I thought, “I’ve got to get a job and work! Dad’s gone, there’s no income.” So I poured over the New York Times with a yellow highlighter, made phone calls and interviewed for entry level financial job on Wall Street. Many

places wanted to know as a woman how many words a minute I could type. I actually walked out of those interviews. Then at Kidder Peabody, I was asked “Are you a quant?” I replied, “Yes! I count a million cells, you count a million dollars, and we both get to a million.” The interviewer said, “You’re hired, if you can give me an answer like that.”

I was accepted into the Institutional Sales and Trading program at Kidder Peabody. Relatively early on, I realized that I lacked a financial background and enrolled in a basic economics course at Columbia. Kidder Peabody has a program, that if you received an A or B they would reimburse you 100%. That was motivation enough for me to do well at school. I returned to Columbia at night and began preparing for business school. When I mentioned the plan to a running buddy who was a physician he said, “You never talk about anything but medicine. Apply to this medical school [St. George’s].” I said, “I’m an Ivy League snob, I’m not going off shore.” But he persisted, “Come on! You never talk about anything else.” I obliged him and gave my word.

While interviewing at Harvard, Columbia and University of Pennsylvania for business schools, I received an interview from St. George’s University, School of Medicine. I was subsequently accepted to Harvard Business School and St. George’s Medical School. It was a no brainer for me, medical school here I come. At work they inquired, “You’re going to business school in *Granada, Spain*??” No, medical school in Grenada, the West Indies.” My mother was very angry and did not speak with me for a while and stated that “You’re going to pay for this on your own.” I did.

One of the unexpected advantages of going to St. George’s School of Medicine is that it is 3000 miles from New York City. I was excused from every family obligation for four years without guilt. It was the best thing for me, to be sequestered on an island, not much

“

“I count a million cells, you count a million dollars, and we both get to a million.”

— Dr. de la Garza

larger than the island of Manhattan, with nothing else to do but study medicine. I had to focus, no excuses. We called it “the rock,” completely surrounded by water and only one flight a day back to the U.S.

My parents had a quote, “Everything happens for a reason. We may not know at the time why, but it will become apparent later on.” I have never regretted my decision to go offshore to medical school. As a matter of fact it was probably one of the best decisions I ever made. I love what I do and I do not have “grass-is-greener syndrome.” I enjoyed what I did on Wall Street, it was a great experience, but I was not fulfilled by it. Medicine is what I was meant to do.

QS: Dr. Lento, you describe how you liked the sciences and teaching. Something a lot of us have wondered about is how does something like performing autopsies enter onto your radar?

PL: I know a lot of people view it as a sort of morbid thing that is gruesome. But the autopsy is the ultimate puzzle for trying to figure out what’s wrong with someone and it’s a tremendous educational tool. For me it was also a marriage of two worlds: my background in medicine and teaching.

I see autopsy as perspective. Whether it’s asking for autopsies or gathering information, it helps guide your perspective. It really helps close the chapter of that individual’s life and disease in a way that modern technologies cannot. For example, medical errors are a major concern in healthcare today. Autopsy is a great way to evaluate medical errors.

When we as pathologists do an autopsy we do it with the understanding that someone may view the body afterwards. We retain a level of respect that you would show any patient. The individual being autopsied is the patient for the pathologist. Even with an open casket funeral, you would not know an autopsy was performed. After I finished my training, I was asked to stay on as the Autopsy Director.

DLG: Autopsy, is a Greek word meaning, “to see for oneself.” To see and evaluate for oneself the human body in a very systematic manner. You read the investigator’s report or chart and formulate an impression or a set of differential diagnoses. Then you begin from head to toe, external to internal. You get a sense for socioeconomic status, epidemiology and medical history all the while documenting everything in three ways: the body and organ diagrams, photography, and the written report.

You are able to assess every aspect of a person — the obvious and subtle differences. In the end, a final report is written, a summation of the scene, evidence and the autopsy with all of its toxicology reports, labs, medical records, and legal documents. The report writing was the most difficult part for me. I wrote my first autopsy report in residency in 2000, Dr. Lento as my attending. I never had a paper returned to me with so much red ink on it before in my life. I was devastated, but did not give up. And now, not only do I write them all the time, but I guide residents on how to write them.

The autopsy also offers incredible perspective into not only the pathogenesis of a disease but the epidemiology of death. Deaths in each of the five boroughs of New York City are very different and these are very different from those in Suffolk County, Newark, New Jersey, and Miami, Florida. Death is very cultural and dependent upon your socioeconomic status. People generally die the way they want to die. We create our own destiny.

QS: What might be an anecdote for someone “dying the way he/she wants to die”?

DLG: My mother was diagnosed with pancreatic cancer in February 2010. She had a Whipple, followed by chemotherapy and then we found out that she had metastatic disease to the liver. At this point she opted for home hospice. I had accumulated extensive vacation time, and I took a leave of absence to care for her at her home in Sag Harbor. She wanted to die this way. She had witnessed her mother pass away in a nursing home, spending only an hour a day with her, then only to return home to her own family. She did not want to be alone like her mother had been, and she did not want any heroic measures after receiving what we felt was the best medical care.

It’s great that in this day and age we still have a right to die the way we want. She would not have been influenced to select home hospice had she not seen her mother’s experience. My sister, who is not in medicine, just told me two weeks ago that she thinks, “It’s the most horrible thing the way our mother died.” But my mother thought that even if she was not able to get out of bed, the people she loved were all around her and therefore she was never alone. She could hear them walking upstairs, chuckling, laughing, fighting (I’m one of five kids—there are always arguments and differences of opinions). But, she could hear life and familiar voices.

QS: Was there a particularly memorable autopsy that you performed, either as a resident or as a Medical

Examiner in NYC?

DLG: It's not one specific case, but the big picture of the variation of a disease progression and the epidemiology of diseases and death in every jurisdiction. It's simply amazing.

QS: Dr. de la Garza, you've mentioned how you entered medical school hell-bent on doing neurosurgery... how did you land in pathology?

DLG: After my father passed, I was mentored by a colleague of his who stated "You can't do surgery without understanding what happens to your specimens, therefore you need to do a pathology rotation." Given this advice I did a one month pathology rotation at Mount Sinai in New York. I loved it and was fortunate enough to be offered a spot outside the match. A foreign grad ... Mount Sinai ... was I dreaming? But seriously, I had to think about it for a few months before I arrived at my final decision as it was such a dramatic change from surgery, let alone neurosurgery. But once the decision to enter pathology was made, I knew that I would be pursuing a career in forensics and teaching. I needed to be able to get into the body and see what going on and I always had a passion for teaching and passing on the "art of medicine" as my father had.

Having said this, if anyone had ever told me I was going to be a pathologist, I would've said you're crazy! But you know, I've had a series of mentors who've guided me and exposed me to things I never thought I would've been and it has been tremendous.

QS: Who wins a game of Scrabble between you two?

PL: [laughter]

DLG: I always cheat in scrabble. [Dr. Lento laughs even more.] My husband was so good at Scrabble that I literally have to go to the bathroom and open the dictionary. He had the Scrabble dictionary memorized. Who wins Scrabble between us? I don't know. We'd probably have really good terms though. When I

play with my sister and she'll make one rule, "no medical terms!"

I would probably win at Pictionary, hands down.

QS: Let's talk a little bit about the M2 Pathology course. What parts of the course do you most enjoy?

PL: For me it's small groups. In the future I would like to have more small group sessions. A big challenge is to try to create an environment among the faculty where there's a little more uniformity. It will never be perfect, but I want the students to feel excited and enthusiastic about what we're doing, and part of that has to come from the faculty. In other words, we have to exude enthusiasm, and show why it's exciting. I think this will help students better learn and understand the material.

Also, I'm less interested in whether you get it right or wrong. I mean, I want students to get the answer right, but I think that unless they try to do it, it's so passive that it's a very lackluster experience overall. And it can be fun! Learning should be fun! It shouldn't all be "ugh, not again" or "not this long" or "not this person again."

DLG: For me it's the fall and the Fundamentals of Pathology. Have you seen *The Sound of Music*? When Julie Andrews sings, "When you know the notes to sing: do re mi fa sol la ti do"? These are the fundamentals that we teach in the fall. If we don't teach the fundamentals well, then you never learn how to properly use your voice in music or critically create a differential diagnosis in medicine. This is how I look at the course. I am fully aware that you're going to pass on your notes, the books, and your recommendations. I just have one request: pass on to the first years to trust us. If we ask you minutiae, it's not to torture you, it's to give you the fundamentals of "do re mi fa sol la ti do" so you can, in an educated and critical manner in Systemic Pathology, use the fundamentals to understand a disease process, make a differential diagnosis, and care for a patient in the future. I do not want you to order a test because that is what you see others do. I want you to order a test because you are expecting the results to be aberrant.

“

*“My parents had a quote,
‘Everything happens for a reason. We may not know at the time why, but it will become apparent later on.’”*

— Dr. de la Garza

QS: Is there anything you wish you knew before you took on the job as directors of the course?

PL: I wish I knew that a job like this was available. I never thought I would leave where I was. I had been there for so long, was very successful, and sort of felt like I was one of the baseball players, for lack of a better analogy, from the 50s and 60s, that played for the same team forever. Mickey Mantle was a Yankee, and I always thought I was going to be a Mt. Sinai person. But this opportunity became available and I took it as an exciting challenge. I actually wish I had done it beforehand because I really have enjoyed the experience. It's given me a different perspective on education and encouraged me to step outside the box especially to teach something that in the past I would not have done.

DLG: When I completed my fellowship and landed my dream job as a medical examiner in New York City, I honestly never thought I would leave. But then my mother passed, and my life focus changed. I believe in the expression that "everything happens for a reason." You may not know at the time, why, but it'll come to you. And so I made it up here to NYMC, and it has been very challenging and very rewarding.

In the past almost two years, New York Medical College has pushed my comfort zone on so many different levels: personally, professionally and commuting-wise. It has been a tremendous experience for me, to come and teach. Collectively, the students and faculty have pushed the envelope on so many levels and pushed me so far out of my comfort zone, it has been great. In the past two years I've done things I never thought I would have.

QS: We're wondering if you could tell us about one of the most rewarding days in your career so far.

PL: I think that in medicine there's no *single* rewarding day. Actually the most rewarding day is getting into medical school. After that it just continues to build on itself, so you recognize that today was great, but the next day, or the next week, there's going to be something else. You're always learning regardless of what level you are.

DLG: Getting through the GI perspectives, the second time around was very rewarding. The most uncomfortable part of the job for me is the large lecture hall format. Two hundred students staring at me, transcribing my every word and capturing it on Camtasia is daunting and overwhelming for me. I much prefer the modules or problem solving. The second time around was an opportunity for me to critically review

my first lecture and make needed improvements to content and my lecture style. The second time around was far superior, and a tremendous hurdle to get beyond.

QS: Well, there are never 200, unfortunately.

DLG: No, I know there are fewer in my lectures than when Dr. Lento lectures and he gets applause...

PL: That's because I start it. And people just don't know what to do!

DLG: A rewarding day for me occurred when I least expected it. I was a 3rd year medical student in England and it was Christmas Eve. This little old lady came to the ER after suffering a stroke. I did the history and spent time with her, trying to do what I could possibly do as a 3rd year medical student. I went home that night and I literally said to myself, "I have no life and I need to get one. It's Christmas Eve, my family is home in the U.S.A. having dinner and I'm in the ER."

Two weeks later a letter arrived for me in the ER from that woman. It was the nicest, most beautiful letter thanking me, it was completely unsolicited, I never expected anything, I wept when I read it. All I had done was spend time with her, being professional, courteous and as helpful as a 3rd year medical student could be. This was a great day.

PL: For me it's a little different. Two examples come to mind. One thing that I find personally rewarding and that sort of drives me are the students who come to my office who obviously are, you know, top of the class students, because they seem to get it. They just read the text or literature and they understand it the minute they read it. I'm amazed by that. The rewarding part is that I can have a conversation and I even learn from them. It's amazing. I mean, I learn from all my students, different things, right? That's one end of the spectrum. The other end is the student who is having some trouble and comes to me saying, "I don't understand something." I spend time with the student and when I see the student either understands the concept by the end of the conversation or I see the student develops a different sense of excitement, or he/she does well on another exam. To me, that's very rewarding.

QS: What were you guys like when you were our age and in medical school?

DLG: I was just as energetic, intense and passionate about medicine. I was always this inquisitive.

PL: I had more hair... But a lot of things haven't

changed. When I was interviewing for medical school, I remember asking a similar question. He was an old-timer, and he said something that I never forgot. He said medicine “is a lot like taking the train. You get on the train at this station, and you reach the next station, and some people get on, and others get off. And that’s what happens to our knowledge base. Certain things become obsolete, and you forget about them, and then you have to assimilate the new information.” For me that was an important way of capturing what we mean when we talk about lifelong learning. And I never forgot it and I always hoped that, when I reached the station, I can let more people on and get rid of the old information.

QS: What were some of the things you did to keep yourself grounded, outside of medicine, as a student?

DLG: As a student, I went for a run, swam, roller bladed. I needed to blow off steam and release endorphins. Then on the complete opposite spectrum, there is knitting which is my yoga.

PL: You have to have something. Hopefully you have more than one thing, but you have to have at least something. And it doesn’t matter what it is. When I was a resident I played ice hockey, actually with one of my attendings. Once a week we would play, and it’s good to have something intense, that takes your mind off of everything, even if it’s just for an hour. Now it’s my wife and kids. Doing things with them is probably the one thing that I look forward to the most.

DLG: For me I guess it was athletics and knitting. I was a big swimmer, I danced classical ballet for 14 years, so music, running, swimming, biking. I used to cycle a lot. I love rollerblading. I used to pretend I was Eric Heiden [*Olympic speed skater*] and race down Fifth Avenue.

Knitting is my yoga. If I sit in a lecture, I can’t sit still with my boundless energy. Knitting allows me to keep my hands busy so I can listen and process what’s going on. More recently, it’s my nieces. My oldest niece says, “Aunt Julia, I’ve got a lot of love to give.” And I say, “OK, Alex.” [*In her niece’s voice*] “When are you coming ohva?” She’s got such a heavy New York/Long Island accent. And then the other one goes, “I love you too, Aunt Julia! Don’t forget me!”

QS: You’re both New Yorkers. What’s your favorite food or pizza in New York?

DLG: Koronet, by Columbia University on Broadway.

PL: I like to go to a place called Piper’s Kilt for hamburgers.

QS: If you had to offer us advice now, in 5 years and in 10 years, what would it be?

PL: The only advice I would say is that you should choose to do something that you enjoy. I think that if you do that, it will never be a job. It will always be something you enjoy doing. You should try to be the best that you can be in whatever that thing happens to be. It may not necessarily be as a physician. There are students who go to medical school who go into the pharmaceutical industry or do things that are not classically associated with having an MD. And that’s okay. As long as you use the education you’ve gotten, you enjoy what you’re doing, and you strive to be the best that you can be. That doesn’t mean that you’re going to be the best. I look at my own experience in medicine, and then in pathology—well I should say I look back on it—as an important lesson for myself. I hope that students will try to do the same, because I know there are a lot of pressures out there: money and loans and you name it. And sometimes that puts you on the wrong path.

DLG: With respect to a career in medicine: Do as many different rotations in as many possible specialties as you can. See the full spectrum of hospitals: large academic centers, small, rural community centers and the VA hospitals. See as much as you can expose yourself as much as possible, in order to make an educated decision about what will work for you in residency. It is called the match for a reason. Don’t have “what-ifs” and grass-is-greener syndrome. The world is your oyster right now. Take that little pearl: spit on it, polish it and throw sand in it. Make it brighter and bigger. You never know—you may just get a Mikimoto.

In general, I would say maintain an open mind. You can be opinionated and voice your opinion, but use it to provoke a debate and a discussion. Don’t be afraid to discuss or debate an issue. One needs to discuss patients in order to provide the best treatment. Realize that maybe you don’t know everything out there. It is courageous when you guys catch us saying something incorrectly and stop us. And we respond “Okay, good. Now let’s discuss it.” It is important for physicians to be open about to critically evaluate themselves and colleagues. It is through these experiences and opportunities that we become better physicians and people. Through these discussions we better appreciate the differences in medicine and the world, it knocks down prejudices allowing us to become less judgmental in our daily practice of medicine and our personal life.

QS: Since you first entered the medicine what is a

change of which you're not particularly fond?

DLG: I think the ease and access to which everybody can get on the Internet is a challenge and concerning as a physician. Medicine is the "last apprenticeship", and much of it learning and understanding the subtleties and the differences in each of us, the grey scale. This can be very difficult to explain to an ill patient. "But my friend is taking this pill!" Or "had the test performed!" We, as the American culture, are so demanding that if the patient doesn't get this pill or that test, is he/she going to sue me? This aspect of medicine concerns me.

PL: I agree that the time crunch is a huge change for physicians. As a patient I know what it's like to have a problem, go to the doctor's office, and the physician spends five minutes with you. You're out the door and feel like the doctor didn't listen to you. On the flip side, I know what it's like to have been that physician under a significant time crunch, or even money crunch, and there's not enough support staff. It's unfortunate when you look at all the money that's being perhaps spent on things that may not necessarily require that much money and yet medicine today may be getting short-changed. It's a major topic for debate.

"Medicine is a lot like taking the train..."

— Dr. Lento

QS: You guys have spent a lot of time around the bodies doing autopsies. What do you think about the cultural obsession with zombies and vampires? Where do you stand on that?

PL: I never watched any of those television shows, so I have no idea. The only thing I will say is this: it's an interesting enticement, perhaps, for things like pathology, because I think that—not for medical students necessarily—but for kids in high school, maybe college, there has been an increased interest in pathology. Since CSI came out, in who knows how many cities now, it serves as a potential attractant for pathology.

DLG: When I leave the medical examiner's office and I go home, I pet my cat. My house is very Zen and tranquil, believe it or not. I go from 5th gear at work to reverse. I pet the cat, knit, read Harry Potter or watch Nickelodeon. Aside from the person who committed the act of what I've seen, nobody else needs to see it or know it. There are things that you just don't have to talk about.

PL: I have to [watch Nickelodeon] because I have kids.

The problem with things like pathology is not that different from some other fields, where the exposure is very low. People don't choose to be pathologists because they're limited by the biases we talked about before with the movies and TV and all that stuff. There's the exposure issue. Nobody knows what a pathologist does. Most people say, "Oh, I had a teacher, and he was good (or terrible)." And it's very limited. That's a shame. When I see that, and I see more people being interested potentially I think it's great. However, we don't necessarily need that as much anymore because the amazing things that are medicine today are a lot of pathology things: genetic, molecular biology, you name it. All that stuff really has a home in pathology. There are more and more students today interested in pathology. It's very difficult, in fact, to get a position in many programs because of the interest.

DLG: In the history of medicine, the pathologist has been the doctor's doctor. I'm not asking you to be a pathologist, but don't forget that there is that department there. If you're stuck and have a question, your pathologists will more

than gladly help you out and try to figure it out.

PL: [Pathologists are] the invisible team player.

DLG: [Pathologists are a] huge reference, as if you went to the library. Just use your pathologist.

QS: Where might we find you on any random weekend this summer?

DLG: I will be in Sag Harbor, gardening or swimming. You will probably hear me laughing with my nieces in the water, as they try to climb on top of me as I try to swim across the cove.

PL: For me, it's either hanging out with my kids watching TV, or walking the Rockefeller Preserve with them. Also, I'll be enjoying the sunshine—when and if it ever comes back.

DLG: Perhaps roller blading

PL: Oh my goodness! Well now that there aren't so many rocks on that road since they finished that construction...

QS: If you could pick one person, living, not living, to have lunch with right now:

DLG: My mother, my father, my maternal grandmother (for whom I'm named after her) and Dr. Zachrau.

QS: No historical figures?

DLG: Dr. Zachrau is historical!

PL: He's not going to like that!

DLG: They advised me when I needed advice. They scolded me when I needed scolding. They encouraged me when I didn't want to do things that they knew were good for me. I miss my mother more than anything in the world. She was my *best friend* and my mother, and she was my role model and confidant—someone I could always go to; I would do anything to have a conversation with her again.

My mother was the first person to say, "I don't need to wait for you to do it, I'll show you how to do it. Let's rotate the world." It was long standing joke in my house that I would rotate the house 17 degrees, North by Northeast on any given day and that was usually just by lunch." My mother was always this energetic, creative, and brilliant. She was a phenomenal mother, friend, mentor, and role model. I miss her camaraderie.

I enjoy having lunch with Dr. Zachrau. It would probably go on for hours between my list of questions for him and his in depth and well thought out responses. His depth and breadth of knowledge and life is immense. He has been an incredible mentor guiding me through this very new experience at NYMC.

PL: I'd just like to have a decent lunch once in a while!

DLG: I cook! I've brought lunch!

PL: Yes, she does.

DLG: When I'm writing exam questions or preparing a lecture on Sundays, I cook. I begin early in the morning and slow-cook all day. On Sunday evening I watch *60 Minutes*, which is something I love to do. Since I'm alone, colleagues reap the benefits. When I bring in food, we actually pause for a moment and enjoy a meal together with old school manners. It's quite nice to get everybody to stop and sit for 30 minutes. It's like your dinner table: we don't start until everyone is seated and don't leave until everyone is finished. And if someone is on the phone we tell them to hang up.

There used to be doctors' dining rooms in hospitals where doctors could come together at lunch and discuss cases in private. It fell out of favor. Honestly, I really enjoy when we have lunch together on Friday afternoons. Drs. Argani, Fallon, and Zachrau are there and we chat about things, believe it or not, I usually listen and learn about medicine from people who have accomplished more than me. A meal and food brings people together. It's nice in its simplicity.

QS: Is there anything you'd like to add?

PL: I know that medical school is difficult and can sometimes be painful. My hope is—and I've heard from some students that second year is the worst—this will change over time and students won't look at it as so much of a chore. My vision is to help transform second year so that students see it as a challenge and approach it with enthusiasm and even a little fun. Our ultimate goal is for you to learn as much as you possibly can. I think that there are different ways to do that. I happen to feel that learning doesn't have to be boring. It can be fun. Perhaps with a little bit of fun, we'll be able to open up someone's eyes to different and exciting possibilities!