I love her. I like to go outside and rollerblade with her. I love when she comes over to see me. I also go bowling with her. I like when she makes me a name tag, like Dr. Greene’s on ER. I like to watch doctors on TV and talk about them with Lauren. I miss her and can’t wait for her to come home from Malawi.

Twelve-year-old Sam Ford’s response when asked what he thought of Pitt med student Lauren Weintraub, MD ’01
After a medical emergency, 10-year-old Sam Ford was put on a new medication. Almost immediately, his mother, Debbie Ford, started noticing changes in her son, who has a genetic syndrome that causes developmental disabilities and other problems.

The boy started eating more and gaining weight, putting on a pound a week. He was no longer interested in running on the home treadmill, which he used to love. He began crying over little things that had never before bothered him. For the first time in his life, he got into fights on the school bus and was in danger of being kicked off. [Family members’ names have been changed in this story.]

The changes were so disturbing that Debbie Ford expressed her concerns at her son’s next doctor’s appointment. The physician spoke to her only, while the boy, full of energy, ran around the room.
Are you not aware that your son is disabled? the physician asked. You’re not being realistic. Your son is very handicapped.

On the drive home, Debbie Ford began to wonder if the doctor was right. Maybe she was unrealistic about her son’s capabilities. Maybe the changes in his behavior were unavoidable. During the ride, the boy was unusually quiet. Then he asked about the doctor’s comments: Why did he say those mean things about me?

Lauren Weintraub, who graduates from the University of Pittsburgh School of Medicine this spring, was not in the doctor’s office that day. She soon, however, heard the story from Debbie Ford. She had been visiting the young Ford, who is now 12, and his family since she started medical school. She got to know him through Pitt’s Area of Concentration (AOC) in disabilities medicine. The boy is her “community mentor.”

Weintraub will tell you, she’ll be a better doctor for knowing him.

In the AOC program, students choose to go above and beyond the regular medical school curriculum. They gain in-depth exposure to one of six fields. Weintraub chose the disabilities medicine component; she might have instead selected women’s health, geriatric medicine, underserved populations, medical humanities, or bioinformatics.

“The idea is for the AOCs to cover specific topics in greater depth than they are covered in the curriculum,” says John Mahoney, director of the Office of Medical Education. Students take on a research project, one or more rotations focusing on the special interest, and other activities, which vary depending on the AOC. Most of the AOCs, for example, incorporate some type of community involvement, like the community mentorship, which is part of the disabilities medicine program. Students in the medical humanities AOC take two graduate-level Arts and Sciences courses and attend a national bioethics and humanities conference.

Besides Sam Ford—who calls Weintraub his best friend and has asked her to marry him—Weintraub’s favorite part of the program may be the journal article reviews, which are part of most AOCs. During these sessions, students critically discuss articles from the medical literature with faculty members.

“Our journal club is something that I really love,” Weintraub says. “It’s a time when all of us who have this interest get together and talk about what we feel should be done.”

Many of the AOCs also ask students to keep their own journals as a way of reflecting on their clinical experiences.

One might wonder why a med student would take on any of this—adding an AOC to an infamously demanding school load. According to Weintraub, it has not been a burden. In fact, she never questioned whether she would pursue the AOC.

“I was just so excited that there were other people who had this similar interest,” she says. During her first two years of science course work, the AOC helped Weintraub, who enjoys interacting with patients, focus on why she came to Pitt:

“It made all four years of my medical school a wonderful experience, because I was always able to keep myself motivated towards that time when I would have patient care responsibilities.”

Weintraub also appreciated the chance to differentiate herself—all medical students at Pitt take the same classes for the first three years, choosing electives only in the fourth year.

“The AOC is a way to show a side of yourself very early on,” she says.

Such is the spirit of the program.

Each AOC was created in response to student or faculty interest. School administrators want to build AOC programs that center on a theme yet cut across disciplines.

Last fall, Mahoney, working with Joan Harvey and Steven Kanter of the dean’s office, helped design an exhibit about AOCs for the annual Association of American Medical Colleges conference. The program was received as novel—and with an enthusiasm that leads him to believe it will soon be imitated elsewhere.

When he was 16, Brad Dicianno, MD ’01, started working at a summer camp for children with muscular dystrophy. He went back every summer until he started medical school four years ago, at the age of 22.

“We got kids who were in wheelchairs to ride horses, to go canoeing, to go fishing,” he says. “It was such a magical experience for me. It was just a little world in and of itself. Our motto was, ‘Anything is possible.’ And anything the kids wanted to do, we would try our best to find a way to do it. To me, it just seemed like the real world should be like that.

“Life for people with disabilities isn’t really like that, and I want it to be.”

Now Dicianno spends a lot of time with Pitt physicians who are working, in their own ways, to make the world the kind of place he envisions.
Like Weintraub, Dicianno is completing the disabilities medicine AOC. And like all AOC students, he has paired with a professor who works in his area of interest. In the regular curriculum, medical students spend a month learning from a particular faculty member before moving on to new courses, new rotations—new professors. Dicianno has met regularly throughout medical school with Michael Boninger, an associate professor of physical medicine and rehabilitation, and has had contact with other professors who share his interest in disabilities medicine.

“Being involved in this AOC gives you a whole set of people who can give you insight into what their jobs are like and give you guidance,” Dicianno says. Boninger, as his primary faculty mentor, gave Dicianno advice about electives and residency programs and helped him set up a week-long shadowing experience. Boninger also encouraged him to participate in a national student research competition. Dicianno won first place—twice. “When I decided that I wanted to go into physical medicine, knowing Dr. Boninger so well made things a million times easier for me,” he says.

Dicianno now plans to be a clinician, researcher—and teacher. “Academics are a good way to change the world,” he says. “So many physicians are lacking in their knowledge in this area [disabilities]. I’d like to be involved in changing that.

“The AOC helps you find out who you are and what you want to do with your life.”

Much to his mother’s relief, Sam Ford lost weight and his usual personality returned after a new physician prescribed a different medication. Later, when Lauren Weintraub asked him what he thought about the other medication he had taken, he recognized the pharmaceutical name immediately, and said, “Oh, I don’t like that stuff.”

“He was aware of what was going on,” Weintraub says. “He is very sensitive to the way that he is treated by physicians.”

Physicians, Weintraub points out, don’t go home with patients after they leave the hospital or clinic. They never know what the patients think or say as they are driving home after a visit to the doctor. They don’t observe—day to day—the impact of an illness.

Yet that information is revealing, says Heidi Feldman, who directs the disabilities medicine AOC. “One of my philosophies is to try to get medical folks collaborating with human beings who have the condition,” says Feldman. “By dint of being a person with a disability or a family member, you are a teacher, because you can teach about your story.”

Hence Weintraub entered into a relationship she’ll never forget—though she has not yet accepted the boy’s marriage proposal. “I’ve been to religious services with his family a couple of times,” she says. “I’ve been to the doctor’s office with him. I’ve gone with him to his softball league for kids with developmental disabilities.” Even Weintraub’s parents
As Brad Dicianno, MD '01, got to know his faculty mentor Michael Boninger, he decided that academic medicine was the best way to make his mark.

have met Ford. She’s gotten together with the boy, on average, once a month during her four years in school. That average includes a semester during which she spent several weeks completing a clerkship in Malawi.

Learning about the boy’s experiences led Weintraub to reflect on how she wants to practice medicine. “It requires some extra effort on the part of the physician to give people with disabilities the care they deserve. I’ve seen that firsthand. And that extra bit of effort makes so much difference,” she says. That extra effort may mean, as it did in Sam Ford’s case, altering a standard course of treatment. The reactions he had to the medication are not known side effects of the drug. But children with disabilities that affect brain development often have unusual reactions to medications.

“The AOC has really taught me a lot about how to approach every patient as an individual, whether one has a disability or not. Every person has individual needs,” says Weintraub.

“Spending time with [Sam Ford] in his home and in the community, I’ve learned a lot about him that I realize I never could have learned in a doctor’s office,” says Weintraub, who will begin a pediatric residency in July. “This is probably the only opportunity I’ll have to really learn about a child like that.”

She has learned, for example, how people often underestimate Ford’s abilities. If someone asks him what he saw after he returns from a trip to the mall, he gets flustered and can’t answer. But weeks later, he may start talking about the mall. His mother says that Ford has to come up with the memories on his own; he might not be able to articulate an answer on the spot. Yet, on a given day, he might start describing events that happened years earlier, like a family trip to Disney World, in minute detail. The unininitiated assume that when Ford doesn’t answer a question, it’s because he doesn’t know or can’t remember the answer. “The truth is, he remembers better than any of us ever will,” Weintraub says. “I’ve been amazed by his memory. He’s such a fascinating person.

“He has really taught me a lot about how there’s more than just our traditional way of learning and how we really pigeonhole people’s intelligence.”

Released from the hospital with nowhere to live: This was a problem shared by many of those who found themselves staying at the Orr Compassionate Care Center in the East Liberty section of Pittsburgh. Every week, a half-dozen or so residents of the center would gather for a self-help group. The two- or three-hour meetings were planned and led by Elizabeth Cuevas (MD ’01), in conjunction with Sister Pat Mahoney of the center. “The residents would start discussing how they were abused as children, how their drug and alcohol problems affected their lives,” says Cuevas. “They would talk about their incarcerations, their stays in mental facilities, the times they were sleeping on the streets.” Hearing their stories was a privilege, says Cuevas. “It opened my eyes that there’s so much more going on in a person other than a medical problem,” she says. Cuevas led the groups as part of the medical school’s Area of Concentration in underserved populations. —DH