THE REST OF YOUR LIFE

The Inspiring Journey of a Multiple Amputee

When Dr. Kellie Lim was an 8-year-old growing up in suburban Detroit, she acquired a case of bacterial meningitis so severe that one physician put her chances of survival at 15%.

The infection claimed both of her legs about 6 inches below her knees, her right hand and forearm, and three fingertips on her left hand. Her hospital stay lasted 4 months.

"The whole experience was pretty terrifying," said Dr. Lim, who graduated from the University of California, Los Angeles, in May of 2007 and is now in a pediatric residency program at the university. "I was in dreamlike states for the first couple of weeks because I was so ill, so it's very hard to decipher what was going on and what was happening to me physically."

During her hospital stay, the team of physicians who cared for her gave her "weekend passes" to go home and acclimate to life as an amputee. Those visits, "were fun because I was stuck in the hospital for such a long time not seeing my familiar surroundings," recalled Dr. Lim, who learned to use her left hand for primary tasks despite being right handed. "But it also was a lot of stress on my family. My mother was blind and she was the main person who was going to take care of me, so it was a huge challenge for her, too."

She was fitted with prosthetic legs and used a wheelchair sporadically throughout middle school, high school, and college, but she has not used one in about 5 years. That's just as well, she said. Since she does not use a prosthetic arm, she would be unable to propel a manual wheelchair and would be relegated to a bulkier motorized version.

These days she gets around fine on her prosthetic legs and uses a special turning knob on the steering wheel when she drives her car. She also learned to draw blood and administer injections with one hand. "I haven't found that I've needed too much in terms of physical accommodations," said Dr. Lim, who is now 27 years old.

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Advice Dr. Kellie Lim gives to physically challenged physicians is that success comes down to conviction—believing in yourself and the goals you set.

She credits her bout with meningitis for inspiring her to become a pediatrician. Physicians "saved my life," she said. Her family supported her efforts to attain that goal, especially her mother, Sandy, who passed away 4 years ago. "My mother was an inspiration," she said. "She had a disability and she was able to have a fulfilling life. My family gave me a lot of support. That led me to do whatever I wanted—to fall flat on my face if I wanted; to succeed and make my own decisions; and to live my life through my own decisions."

Dr. Lim describes her pediatric residency program as "challenging and complicated" but is confident she made the right career choice. "It's rewarding in that when you ask patients questions, they actually answer them [even if the questions are] very personal," she commented. "I'm a stranger and yet they're able to tell me a lot of things in a straightforward way. That's a different aspect about being a physician that I didn't think about when I applied to medical school."

There are awkward moments, such as when young patients ask, "Why don't you have fingers?" After all, Dr. Lim said, the visit is supposed to be about the patient and his or her concern, not about the physician. "I do acknowledge their question," she said. "I say, 'yes. I don't have fingers. That's a great observation.' "

Then she gets down to business. "You have to put up that divide between being professional and being personal with the patient," she said. "That's a very important thing to keep in mind, to practice that every day."

Dr. Lim's adviser in the residency program, Dr. Virginia M. Barrow, said that Dr. Lim is gifted in engaging young patients. "They really like her and move past [her physical challenges] pretty readily," she said. "She is a very warm person. I think kids in particular pick up on that. She quickly puts her patients at ease, which is an important skill for any resident."

Dr. Barrow also praised Dr. Lim's work ethic. "She sets a very high standard for herself in her patient care, her attention to patients and the families, and her attention to detail in her note-writing," she said.

When Dr. Lim reflects on her accomplishments to date, she credits her success to gritty determination. "If I want something I usually get it," she said, noting that she hopes to specialize in pediatric allergy and immunology after residency. "But I also know that if something I want is not reasonable, I can recognize that and accept that. There are challenges to being a physician, but overall it really fits my personality. I'm not doing it to prove it to anyone or anything like that."

She considers herself "very career oriented because there are specific goals that I can actually see," she said. "I have the ability to affect change now and prepare for it and see it as a concrete goal that will happen at a certain time. That's comforting to me." When Dr. Lim finds spare time she spends it at home with her boyfriend or with a good book of fiction. She also swims. "Medicine has overtaken my life and I need a break from it when I'm at home," she said. "I read a lot and see my friends as often as I can."

She doesn't sugarcoat the advice she gives to physically challenged physicians. The way she sees it, success comes down to conviction—believing in yourself and in the goals you set. "Always be aware that failure can happen, but that's not necessarily a reflection on you," she emphasized. "Your life is not a vacuum. It's a combination of events that are beyond your control." ■

By Doug Brunk, San Diego Bureau

E-MAIL US YOUR STORIES

No one remembers which nature lover first said: "Take nothing but pictures, leave nothing but footprints" when in the wild, but it clearly was not a hunter-gatherer. Please tell us about the hunting or fishing traditions in your family. Send an e-mail to d.brunk@elsevier.com.

Hospitals Tackle Joint Commission's New Patient Safety Goal

BY MARY ELLEN SCHNEIDER
New York Bureau

The Joint Commission's new 2008 patient safety goal of requiring a process to respond quickly to a deteriorating patient is being mistakenly interpreted at some hospitals as a mandate for "rapid response teams" or "medical emergency teams."

Further, at some organizations that already have rapid response teams, staff have expressed concerns they will need to redo their established systems.

Dr. Peter Angood, vice president and chief patient safety officer for the Joint Commission, said such presumptions are incorrect.

Hospitals are simply being asked to select a "suitable method" that allows staff members to directly request assistance from a specially trained individual or individuals when a patient's condition appears to be worsening, he said. The key is to focus on early recognition of a deteriorating patient and mobilization of resources and to document the success or failure of the system that is in place.

"This is not a goal that states there needs to be a rapid response team," Dr. Angood said.

Many institutions in the United States have implemented rapid response teams, and the data on their efficiency is generally good, but not every study has been positive, Dr. Angood said. As a result, officials at the Joint Commission wanted to move forward with a more basic approach with the goal of avoiding variation in response from day to day and from shift to shift.

Regardless of how hospitals choose to implement the Joint Commission goal, hospitalists are likely to play a significant role in accomplishing it, said Dr. Franklin Michota, director of academic affairs for the department of hospital medicine at the Cleveland Clinic.

Organizations that already have hospitalist programs in place are leaning toward the use of rapid response teams or medical emergency teams, because hospitalists can function as members of the team. Some hospitals without an adequate number of staff to have a team in place around the clock are considering starting hospitalist programs. Another strategy would be to form teams that do not include physicians, he said.

The Joint Commission requirement will not be without cost, Dr. Michota said, especially for those organizations that need to add staff. If no professional staff was there at 2 a.m. before, the hospital now needs to take on the cost of salary and benefits for more employees, he said.

When hospitalists aren't a part of a response team, they are likely to be central to developing the response plan, said Dr. Robert Wachter, chief of the division of hospital medicine at the University of California, San Francisco. And perhaps the biggest role for the hospitalist is in providing the around-the-clock coverage that could negate the need to call the formal response team as often, he said.

While the Joint Commission requirement might seem like a greater challenge for small hospitals, Brock Slabach, senior vice president for member services at the National Rural Health Association, disagrees. In many cases, smaller organizations can meet the Joint Commission's requirements in easier fashion than large, urban facilities can, because they are more nimble and can work faster with less bureaucracy.

Rapid response teams, for example, can be tailored to a hospital's resources by using staff from the emergency department to respond to a call, he said.

A number of hospitals have already made a commitment to establishing some type of rapid response teams. Establishing these teams is one of the strategies advocated as part of the Institute for Healthcare Improvement's 5 Million Lives Campaign, a national patient safety campaign designed to reduce harm in U.S. hospitals.

Of the 3,800 hospitals enrolled in the 5 Million Lives Campaign as of January, about 2,700 have committed to using rapid response teams, according to IHI. ■