thanks to the food and education she and her grandchildren receive from the program.

In the Bronx, residents of the grandparent apartment building are able to escape the rats, drugs, and violence they’d otherwise have to face in low-income Bronx housing. The affordable apartment complex offers after-school homework programs and exercise classes, grandmother discussion groups, good security, and—something that none of the occupants seem to take for granted—a functional, clean elevator. Above all, the complex allows grandmothers to avoid putting their grandchildren in “the system,” their phrase for foster care.

Footage: When the two groups come together in Tanzania, the documentary captures some candid footage: Tanzanian women laughing at the Americans because they can’t weave African mats; American and Tanzanian children playing together despite the language barrier; and both groups in their finest clothing at a dinner at the U.S. ambassador’s residence in Dar es Salaam.

The filmmakers and Waddell had planned to bring some of the Tanzanian grandmothers and grandchildren to New York, but they decided that “didn’t make sense,” that any remaining funds could be put to better use by the Tanzanian program.

In the end, Waddell hopes the film will “raise interest in” and facilitate replication of these grandmother programs, both throughout this country and in other countries as well.”

Rebecca Glover

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CLINICAL OBSERVATION

In this section, we highlight the human side of clinical academic medicine, putting a few questions to a physician at DMS-DHMC.

Nancy Cochran, M.D.
Associate Professor of Medicine

Cochran, a primary-care internist and geriatrician, teaches communication skills; does clinical research on shared decision-making; and directs DMS’s On Doctoring course. She has been at DMS since 1986.

What made you decide to become a physician?
My father was a neonatologist and a tremendous role model. I also had a great-aunt who was a general practitioner and a fabulous role model. It was something I really wanted to do from a young age. A lot of what interested me was the doctor-patient relationship and the power a clinician has to positively influence patients.

What do you like most about your job?
I love seeing patients, having long-term relationships with them, helping them, motivating them to tackle problem behaviors—whether it’s smoking, alcohol, obesity, etc. I also love mentoring and teaching medical students—I interact a lot with first- and second-year students. I also really enjoy the decision-making clinical research that I do. Every day is different. I’m someone who gets bored easily, so I’ve built a lot of variety into my week.

What is your most memorable accomplishment?
It’s hard to point at any one thing. I just came back from teaching communication skills to the Mayo leaders who teach communication skills to their faculty. When I heard who I was going to be presenting to, I was quite nervous; I thought, “Wow, I’m not going to have anything to teach them.” In fact, I had a lot to teach them. It was really exciting.

What advice would you offer someone going into your field?
I would encourage them to think long and hard about how they are going to achieve balance in their life, because that’s one of the biggest struggles in medicine. They need to really examine their ability to set limits and not be totally obsessive—to take care of themselves, their family life, their personal needs. The way I achieved that was by working half-time while my kids were small. I still don’t quite work full-time. I would also encourage them to think about primary care; it’s a very satisfying field.

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What was your first paying job?
I was a camp counselor for an integrated camp in high school, in Massachusetts. It was a tough job back then, in the ’60s.

What historical event would you most like to have been present at in person?
I think the 1920 suffrage movement’s success in achieving women’s right to vote. It was about time—75 years of effort.

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