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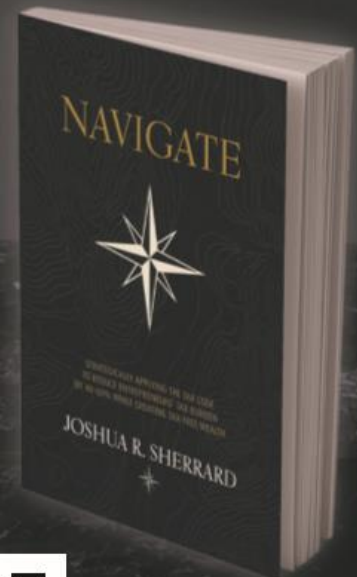
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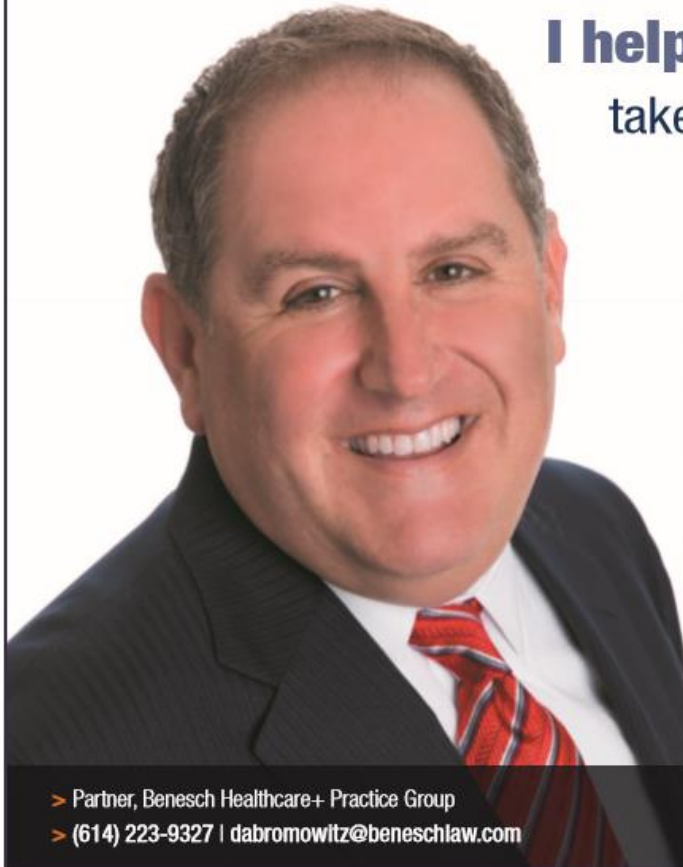
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How Direct Primary Care Saved My Career and My Life

Andrea Wadley, MD

In late 2017, I was standing in the hallway between two different departments in a hospital where I was rounding on a particularly busy day. As a hospitalist, I was very familiar with this facility and where to go in order to find a moment of peace away from the hustle and bustle of my workday.

As I held the stack of rounding sheets in my hand, I had a fleeting thought: "I now understand why so many doctors kill themselves." And it scared me.

Preceding this moment were the typical stresses of being a physician: a stacked work schedule, colleagues in bitter disagreements with each other, and pleas for staffing help to administration that fell on deaf ears.

Thankfully, instead of following through on my thoughts, I started researching ways to redirect my career before burnout pushed me completely out of medicine.

What is direct primary care?

As a primary care physician, I revisited my desires of why I became a pediatrician. My hope was to one day be known as a child's pediatrician and experience the joy of caring for that child throughout their younger years.

While researching my next steps, I came across a forum of physicians on Facebook practicing under the direct primary care model.

Direct primary care, or DPC for short, is a retainer-based membership model that allows the doctor to have a predictable income while affording the patient direct access to their doctor. Or in my case, their child's doctor. A direct primary care (DPC) membership is akin to a gym membership, where you are charged a monthly fee and use it when needed. I am not only a DPC doctor but a patient as well.

The best part for me is that it forgoes the long-standing insurance-based fee-for-service model. We all know that the current health care system has become a source of stress for both patients and doctors alike.

Benefits of DPC for this pediatrician

As I continued down the path of research, I found that this model worked well for family medicine physicians as they are able to see a wider age group of patients. This type of care appeals to not only families but also self-insured employers.

But would it work for a pediatrician?

Countless colleagues, friends, and family tried to convince me it would not. Nevertheless, I held firm to my decision to follow this path. After much blood, sweat, and tears, I have a thriving pediatric direct primary care practice. In fact, next month my patients and I will be celebrating the 5-year anniversary of the practice.

Reduced stress

Starting a direct primary care practice is not the easier path, but my overall stress has greatly reduced. Taking great care of patients in a more personalized manner fits my personality better than answering to insurance



companies. Providing high-quality care to a smaller patient load reduces my stress as well. When I lay my head on my pillow at night, I can rest easy knowing that I gave my patients the medical care they deserve.

Improved balance between work and life

While true life/work balance is a fallacy, life as a direct primary care pediatrician has felt more in balance for my priorities. While sometimes work gets more of my attention than family and vice versa, I am better able to be present for the person in front of me at the moment. Since I am in control of my schedule, I am able to block time for important family events or see a patient in a way that is convenient for them.

Increased job satisfaction

Nothing beats the job satisfaction of being a direct primary care pediatrician. Whether it is saving a kid from a trip to the ER by stitching up her chin on her living room couch or receiving videos of kids pretending to be Dr. Wadley, I love my job. Since my patient panel size is not thousands of patients, I really get to know kids and families well. Providing personalized service and spending time with patients also contributes greatly to my job satisfaction.

Benefits of direct primary care for patients

About a year ago, I was diagnosed with a chronic illness that has greatly changed my outlook on the medical system. While I try to navigate through referrals and med refill drama, I can always count on my DPC family doctor to fill in the gaps that my busy specialist's office just cannot.

More personalized care

My family and I have been a direct primary care practice member for the last five years. Frequently, when discussing plans and budgets with my husband, he reminds me that having a DPC doctor for our family is non-negotiable. "Please don't make me go back to the regular way of medicine," he says with some frequency. Our doctor knows us well, and there aren't many layers between her and us. We are grateful for this type of continuity of care and personal relationship.

Shorter wait times

With smaller panel sizes, DPC doctors are able to get patients seen and taken care of quickly. I will often get a same-day or next-day appointment with my primary care physician. As a direct primary care pediatrician, I can also give parents an almost immediate answer if they text me a picture of a rash or something else that is worrying them about their child. This type of comprehensive care with short wait times is very difficult in our health insurance-based primary care practice model.

Greater access to the doctor

While greater access may be off-putting to some physicians, it really is the cornerstone of the DPC relationship, and medicine in general. Patient experience is improved in this service model due to the ability to text your primary care doctor a simple question or discuss a concern easily over the phone. As a part of the primary care membership, patients can obtain routine care, find answers to their questions, and overall have an improved doctor-patient relationship.

How DPC can save your career and your life

While there are many critics of the direct primary care model, more and more doctors are choosing this way of practicing medicine. Without the administrative demands of the third-party billing model, doctors are able to jump off the hamster wheel and find the joy of practicing medicine again. Direct primary care may not save all of the health care system, but it sure saved me. If you are ready to jump in the water and give it a try, there is a community of happy DPC doctors ready to take you by the hand and help you find your new path.

Andrea Wadley is a pediatrician.

Apple Vision Pro Hands-On: Far Better Than I Was Ready For

Scott Stein, CNET.com

I experienced incredible fidelity, surprising video quality and a really smooth interface. Apple's first mixed-reality headset nails those, but lots of questions remain.



I was in a movie theater last December watching *Avatar: The Way of Water* in 3D, and I said to myself: "Wow, this is an immersive film I'd love to watch in next-gen VR." That's exactly what I experienced in Apple's Vision Pro headset, and yeah, it's amazing.

On Monday, I tried out the Vision Pro in a series of carefully picked demos during WWDC at Apple's Cupertino, California, headquarters. I've been using cutting-edge VR devices for years, and I found all sorts of augmented reality memories bubbling up in my brain. Apple's compact — but still not small — headset reminds me of an Apple-designed Meta Quest Pro. The fit of the back strap was comfy yet stretchy, with a dial to adjust the rear fit and a top strap for stability. The headset's sleek design, and even its glowing front faceplate, also gave me an instant Ready Player One vibe.

I couldn't wear my glasses during the demo, though, and neither will you. Apple's headset does not support glasses, instead relying on Zeiss custom inserts to correct wearers' vision. Apple did manage, through a setup process, to easily find lenses that fit my vision well enough so that everything seemed crystal clear, which is not an easy task. Also, we adjusted the fit and tuned spatial audio for my head using an iPhone, a system that will be finessed when the headset is released in 2024.

From there, I did my demos seated, mostly, and found myself surprised from the start. The passthrough video camera quality of this headset is good — really, really good. Not as good as my own vision, but good enough that I could see the room well, see people in it with me, see my watch notifications easily on my wrist. The only headset that's done this previously was the extremely impressive but PC-connected Varjo XR-3, and Apple's display and cameras feel even better.

Apple's floating grid of apps appears when I press the top digital crown, which autocenters the home screen to wherever I'm looking. I set up eye tracking, which worked like on many other VR headsets I've used: I looked at glowing dots as musical notes played, and got a chime when it all worked.



A list of apps as they would appear inside of the Apple Vision Pro headset.

From there, the interface was surprisingly fluid. Looking at icons or interface options slightly enlarges them, or changes how bold they appear. Tapping with my fingers while looking at something opens an app.

I've used tons of hand-tracking technology on headsets like the [HoloLens 2](#) and the [Meta Quest 2](#) and [Pro](#), and usually there's a lot of hand motion required. Here, I could be really lazy. I pinched to open icons even while my hand was resting in my lap, and it worked.

Scrolling involves pinching and pulling with my fingers; again, pretty easy to do. I resized windows by moving my hand to throw a window across the room or pin it closer to me. I opened multiple apps at once, including Safari, Messages and Photos. It was easy enough to scroll around, although sometimes my eye tracking needed a bit of extra concentration to pull off.

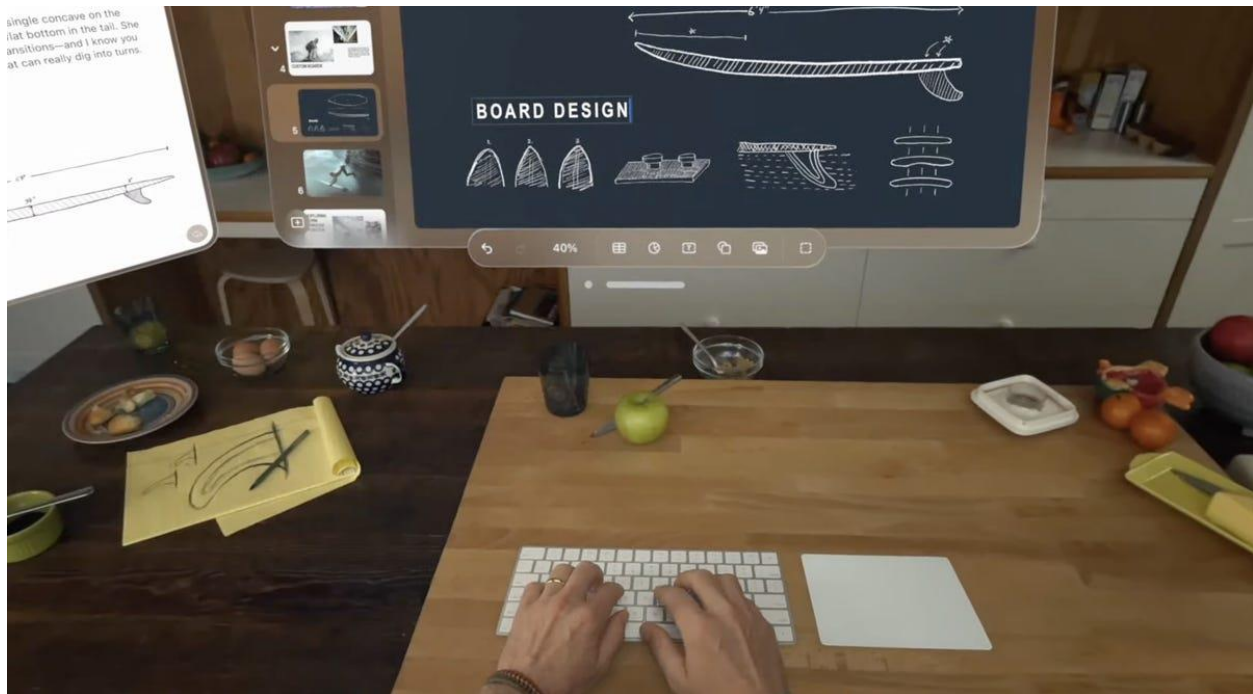
Apple's headset uses eye tracking constantly in its interface, something Meta's Quest Pro and even the [PlayStation VR 2](#) don't do. That might be part of the reason for the external battery pack. The emphasis on [eye tracking](#) as a major part of the interface felt transformative, in a way I expected might be the case for VR and AR years ago. What I don't know is how it will feel in longer sessions.

I don't know how the Vision Pro will work with keyboards and trackpads, since I didn't get to demo the headset that way. It works with Apple's Magic Keyboard and Magic Trackpad, and Macs, but not with iPhone and iPad or Watch touchscreens — not now, at least.

Dialing in reality

I scrolled through some photos in Apple's preset photo album, plus a few 3D photos and video clips shot with the Vision Pro's 3D camera. All the images looked really crisp, and a panoramic photo that spread around me looked almost like it was a window on a landscape that extended just beyond the room I was in.

Apple has volumetric 3D landscapes on the Vision Pro that are immersive backgrounds like 3D wallpaper, but looking at one really shows off how nice that Micro OLED display looks. A lake looked like it was rolling up to a rocky shore that ended right where the real coffee table was in front of me.



Raising my hands to my face, I saw how the headset separates my hands from VR, a trick that's already in Apple's ARKit. It's a little rough around the edges but good enough. Similarly, there's a wild new trick where anyone else in the room can ghost into view if you look at them, a fuzzy halo with their real passthrough video image slowly materializing. It's meant to help create meaningful contact with people while wearing the headset. I wondered how you could turn that off or tune it to be less present, but it's a very new idea in mixed reality.

Apple's digital crown, a small dial borrowed from the Apple Watch, handles reality blend. I could turn the dial to slowly extend the 3D panorama until it surrounded me everywhere, or dial it back so it just emerged a little bit like a 3D window.

Mixed reality in Apple's headset looks so casually impressive that I almost didn't appreciate how great it was. Again, I've seen mixed reality in VR headsets before (Varjo XR-3, Quest Pro), and I've understood its capabilities. Apple's execution of mixed reality felt much more immersive, rich and effortless on most fronts, with a field of view that felt expansive and rich. I can't to see more experiences in it.

Cinematic fidelity that wowed me

The cinema demo was what really shocked me, though. I played a 3D clip of Avatar: The Way of Water in-headset, on a screen in various viewing modes including a cinema. Apple's mixed-reality passthrough can also dim the rest of the world down a bit, in a way similar to how the Magic Leap 2 does with its AR. But the scenes of Way of Water sent little chills through me. It was vivid. This felt like a movie experience. I don't feel that way in other VR headsets.



Avatar: The Way of Water looked great in the Vision Pro.

Apple also demonstrated its Immersive Video format that's coming as an extension to Apple TV Plus. It's a 180-degree video format, similar to what I've seen before in concept, but with really strong resolution and video quality. A splash demo reel of Alicia Keys singing, Apple Sports events, documentary footage and more reeled off in front of me, a teaser of what's to come. One-eighty-degree video never appears quite as crisp to me as big-screen film content, but the sports clips I saw made me wonder how good virtual Jets games could be in the future. Things have come a long way.

Would I pay \$3,499 for a head-worn cinema? No, but it's clearly one of this device's greatest unique strengths. The resolution and brightness of the display were surprising.

Convincing avatars (I mean, Personas)

Apple's Personas are 3D-scanned avatars generated by using the Vision Pro to scan your face, making a version of yourself that shows up in FaceTime chats if you want, or also on the outside of the Vision Pro's curved OLED display to show whether you're "present" or in an app. I didn't see how that outer display worked, but I had a FaceTime with someone in their Persona form, and it was good. Again, it looked surprisingly good.

I've chatted with Meta's ultra-realistic [Codec Avatars](#), which aim for realistic representations of people in VR. Those are stunning, and I've also seen Meta's phone-scanned step-down version in an early form last year, where a talking head spoke to me in VR. Apple's Persona looked better than Meta's phone-scanned avatar, although a bit fuzzy around the edges, like a dream. The woman whose Persona was scanned appeared in her own window, not in a full-screen form.

And I wondered how expressive the emotions are with the Vision Pro's scanning cameras. The Pro has an ability to scan jaw movement similar to the Quest Pro, and the Persona I chatted with was friendly and smiling. How would it look for someone I know, like my mom? Here, it was good enough that I forgot it was a scan.

We demoed a bit of Apple's [Freeform](#) app, where a collaboration window opened up while my Persona friend chatted in another window. 3D objects popped up in the Freeform app, a full home scan. It looked realistic enough.

Dinosaurs in my world

The final demo was an app experience called Encounter Dinosaurs, which reminded me of early VR app demos I had years ago: An experience emphasizing just the immersive "wow" factor of dinosaurs appearing in a 3D window that seemed to open up in the back wall of my demo room. Creatures that looked like carnotaures slowly walked through the window and into my space.

All my demos were seated except for this one, where I stood up and walked around a bit. This sounds like it wouldn't be an impressive demo, but again, the quality of the visuals and how they looked in relation to the room's passthrough video capture was what made it feel so great. As the dinosaur snapped at my hand, it felt pretty real. And so did a butterfly that danced through the room and tried to land on my extended finger.

I smiled. But even more so, I was impressed when I took off the headset. My own everyday vision wasn't that much sharper than what Apple's passthrough cameras provided. The gap between the two was closer than I would have expected, and it's what makes Apple's take on mixed reality in VR work so well.

Then there's the battery pack. There's a corded battery that's needed to power the headset, instead of a built-in battery like most others have. That meant I had to make sure to grab the battery pack as I started to move around, which is probably a reason why so many of Apple's demos were seated.



What about fitness and everything else?

Apple didn't emphasize fitness much at all, a surprise to me. VR is already a great platform for fitness, although no one's finessed headset design for fitness comfort. Maybe having that battery pack right now will limit movement in active games and experiences. Maybe Apple will announce more plans here later. The only taste I got of health and wellness was a one-minute micro meditation, which was similar to the one on the Apple Watch. It was pretty, and again a great showcase of the display quality, but I want more.

2024 is still a while away, and Apple's headset is priced way out of range for most people. And I have no idea how functional this current headset would feel if I were doing everyday work. But Apple did show off a display, and an interface, that are far better than I was ready for. If Apple can build on that, and the Vision Pro finds ways of expanding its mixed-reality capabilities, then who knows what else is possible?

This was just my fast-take reaction to a quick set of demos on one day in Cupertino. There are a lot more questions to come, but this first set of demos resonated with me. Apple showed what it can do, and we're not even at the headset's launch yet.

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Mortgage

Inspiring Lessons from WWII Veterans and the Intensity of the Medical Field

Johnathan Yao, MD, MPH

On some of my night rotations during intern year, I found myself watching WWII documentaries and movies. The patients at the VA medical center had stuck with me with their stories and their attitudes. My experiences at the VA motivated me to learn more about my patients' lives, who had served our country. As I watched some of these movies, I noticed parallels between my life and those of the soldiers in war. Though I had lofty and noble ideals entering medicine, I wasn't prepared for the unfiltered intensity of the field. There can be so much chaos in the hospital, between the sick patients, the instability of their medical conditions, and the uncertainty of their prognoses. There was also much tragedy, where a combination of bad luck and fate led to certain patients dying and passing away in the hospital.



I drew several themes from these movies. First, even in the darkest circumstances, there are always moments of beauty to be found. Even amid war, the natural world remains stable. Nature has the ability to pacify even the most troubled of people. Characters would often take a break from fighting and look up, only to be overwhelmed by the beauty surrounding them. Walking to the hospital in the morning and seeing the first glimpses of dawn, I feel a remarkable sense of serenity and joy. I sometimes walked through the hallways during winter and appreciated a blue sky or the clouds above. These moments keep me grounded.

Second, there is always an opportunity to find shared humanity. In war movies, even bitter enemies who had once resolved to kill each other are able to connect with one another in tender moments. On my medical rotations with the sickest patients, I too have tried to take a moment to pause and make eye contact with my patients, holding that space for a second longer than may be necessary. As I hold my patients' hands, I can feel not just their perfusion status and their pulse, but the shared humanity between myself and the patient.

When I lead family meetings, even in the midst of the most devastating conversations regarding a loved one's imminent death, I have found there to be an undeniable sacredness to the atmosphere, where everyone's humanity is heightened to the gravity of the situation, united by a brave and sincere demeanor. Oddly enough, it's times like these where I feel energized and hopeful.

Lastly, despite the intensity and trauma of residency, it builds immense strength and character. Many of the veterans in movies and in real life, at their best, exude a sense of serenity and calm, surely with the knowledge that they have seen the worst of life but having persevered, carry themselves with a confidence that they can not only handle what was thrown their way but emerge from these experiences with greater wisdom. I, too, would not be the person and doctor I am today without the trials of residency and patient care. Working at the hospital creates a reality that is almost unfathomable for the general public, just as war is. Nothing quite prepares you for the unadulterated human suffering, the extremes of human life and death, the unyielding demands and loss. And yet, as painful and trying as many of these experiences can be, there have been clear moments of beauty, humanity, and growth.

Dostoevsky once wrote, "The darker the sky, the brighter the stars." Perhaps it is only against the background of a field like medicine that we can discern the hidden gems of life.

Johnathan Yao is an internal medicine resident.



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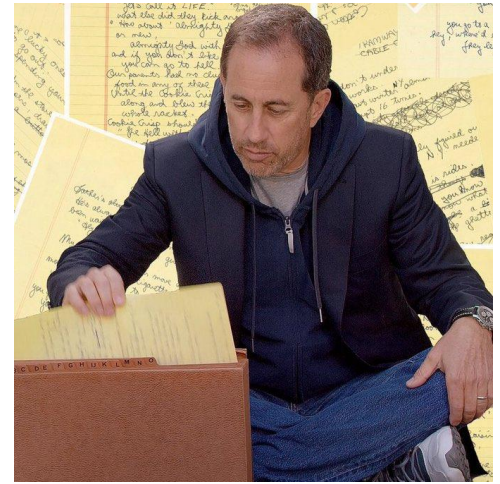
After the final episode of “Seinfeld” in 1998, Jerry Seinfeld didn’t know what to do next with his life. With the success of the show, he had options.

“What do I do?” he asked a friend.

“Well what’s been the best experience you’ve had so far?” the friend asked.

Seinfeld said, Two things: First, writing—“I just see something and I write it down—I like a big, yellow legal pad—and once I get that pad open, I can’t stop...the next thing I know, the day is gone.” Second, performing stand-

up—“I just love the life of it,” Jerry said. “I love the joy of hearing laughs and making jokes.” So, despite the cool and lucrative opportunities to further an acting or screenwriting career in Hollywood, Seinfeld moved back to New York City where he returned to writing jokes by day and performing in comedy clubs by night.



Takeaway 1: “For anyone trying to discern what to do with their life,” the author Amy Krouse Rosenthal said, “PAY ATTENTION TO WHAT YOU PAY ATTENTION TO. That’s pretty much all the info you need.” Pay attention to what you can pay attention to so that, as Seinfeld put it, “the next thing you know, the day is gone.”

Takeaway 2: After investing 9 years into creating the 9 seasons of the show, Seinfeld returned to being a standup comedian. He made an estimated \$38 million from just the last season of the show—when he had a boatful of money and unlimited options, he went back to the thing he loved when he had little money and few options.

It made me think of the parable of the fisherman and the businessman: In a small coastal village, there is a fisherman who owns a small row boat. One afternoon, after fishing all morning, he returns to shore with his boat full of fish. A vacationing businessman sees the fisherman and is impressed, “How long does it take you to catch so many fish?” “Oh, just a couple of hours,” the fisherman says.

The businessman immediately sees a business opportunity. He offers to invest money in the fisherman—enough to buy a bigger boat and to set up his own company supplying fish to every restaurant in the village.

Fisherman: “And then what?”

Businessman: “We’ll set up a production plant and distribute fish to restaurants around the world.”

Fisherman: “And then what?”

Businessman: “Eventually the business will be so big that we’ll sell it for a huge sum of money.”

Fisherman: “And then what?”

Businessman: “You’ll have so much money that you’ll be able to do whatever you want. You can retire, move to a house by the sea, and fish as much as you want.”

The fisherman was confused, “Isn’t that what I already do?”

It’s just a reminder: the ability to do what you want for as long as you want is priceless and, often, inexpensive.

- - - “The highest form of wealth is the ability to wake up every morning and say, ‘I can do whatever I want today.’” — Morgan Housel

Everything the Government Thinks it Knows About the Opioid Crisis is Wrong

RICHARD A. LAWHERN, PHD

"In July 2015, journalist Johann Hari gave a TED Talk that over 20 million people have since viewed. Hari offered convincing evidence that vulnerability to opioid addiction is a consequence of the conditions under which people live — the social determinants of health — rather than simple exposure to opioid pain relievers. This theme is brilliantly elaborated by economist Anne Case and Nobel Prize winner Angus Deaton in their book, "Deaths of Despair and the Future of Capitalism."



Unfortunately for all of us, the U.S. Centers for Disease Control, Department of Veterans Affairs, and Drug Enforcement Administration have been running away from the evidence ever since.

I offer a short review of information extracted from 15 years of research in published medical literature and mass media. It is time for the Attorney General's staff to read and understand the science — and for Congress to require changes in U.S. public health policy to reflect science rather than the prevailing anti-opioid hysteria.

First: There is no cause-and-effect relationship between opioid prescribing to pain patients versus either hospitalization for opioid toxicity or mortality involving prescription opioid pain relievers as one contributor. This is true despite the fact that persistent false CDC claims to the contrary. And it has been true for at least the past 12 years.

Second: Some anti-opioid advocates grossly overestimate the "risks" of opioid prescription to medical patients. In reality, opioid addiction is not a predictable outcome of medical treatment and is rare even in patients with histories believed to be associated with increased risk. Opioid abuse among medical patients is so low, it gets lost in the noise of measurement confounds. For instance, among post-surgical patients treated with opioids for pain, prescribing is continued in fewer than 0.6 percent over the course of the following year. Prescribing varies significantly between types of surgery. The primary drivers of this relatively rare pattern appear to be failed surgeries and the onset of chronic pain, not opioid dependency or misuse.

Third: Again, contrary to the assertions of the CDC, for millions of patients who have severe chronic pain, there are no "preferable" alternatives to long-term treatment with prescription opioid pain relievers. In an exhaustive review by the Agency for Healthcare Quality of non-invasive, non-pharmaceutical treatments for chronic pain, only 218 out of nearly 5,000 published trials passed quality review. Among those, medical evidence was assessed as "weak" in more than 150, and no trials were found that attempted either-or comparisons with opioid therapy. At best, such complimentary therapies assist some patients marginally and temporarily, part of the time. They are not viable replacements for opioid therapy.

Fourth: At least two U.S. courts have found that prescription opioid pain relievers are not a "public nuisance" or inherently dangerous when used as directed. Drug companies cannot be held liable for abuses of their products by others. Likewise, a June 2022 U.S. Supreme Court decision (Ruan vs. the United States) has held that "the government must prove beyond a reasonable doubt that the defendant knowingly or intentionally acted in an unauthorized manner" before a doctor can be convicted of prescribing opioids outside the normal course of medical practice.

It can be compellingly argued that U.S. public policy on the regulation of opioid pain relievers has been turned into a vast Department of Justice overreach that falsely and unfairly criminalizes physicians.

Doctors have had their assets seized before even being charged. Such forfeitures seem calculated to “result in plea bargains or civil settlements, given the cases can drag on for years, and the asset seizure leaves the accused with no means to live, much less pay attorney’s fees and court costs.” This is not legal or ethical prosecution. It is better characterized as malicious persecution.

We hear much discussion these days of steps being taken to ensure fair distribution of multi-billion-dollar financial “settlements” made by Purdue Pharma, other major drug manufacturing firms and intermediary distributors. There is evidence that some manufacturers and distributors contributed to the easy availability of pharmaceutical-grade opioids through “pill mills,” aided by the U.S. Congress itself.

However, considering the lack of cause-and-effect summarized above, it is also glaringly obvious that regardless of corporate negligence in over-promoting pain-relieving drugs, the pharmaceutical company’s financial “settlements” were made on expediency, not scientific merit.

Companies like Purdue Pharma correctly calculated that the unlimited power of state and federal governments to spend money on repeated prosecutions would eventually succeed in finding judges and juries sufficiently ignorant of science to gain a verdict against them. Rather than letting themselves be driven out of business, the companies “settled” on relatively favorable terms. With regard to science, the settlements were and still are bogus as a three-dollar bill.

Meanwhile, medical patients continue being denied treatment for severe chronic pain, with predictable results. Many patients, through no fault of their own, face medical collapse. At least hundreds, if not thousands, overcome by their pain, have committed suicide. Among those who continue to struggle, it is nearly impossible to find a doctor to treat them or a pharmacy to fill their prescriptions.

Almost everybody except CDC and U.S. law enforcement seems to understand that present U.S. public policy on opioids is mired in mythology.

This is lethal madness, and it is time for the Department of Justice and the DEA to stop promoting it. As publicly declared by the American Academy of Family Physicians and five other associations representing over 500,000 clinicians and medical students, it is time to end political interference in the practice of evidence-based medicine. And it is time for the U.S. Department of Justice to get out of Dodge.

We are a nation in pain and will not be silenced!

Richard A. Lawhern is a patient advocate.

“

Don't worry about what I'm doing. Worry about why you're worried about what I'm doing.

Quotes Cafe



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The Ultimate Summer 2023 Reading List

By Emily Temple, lithub.com

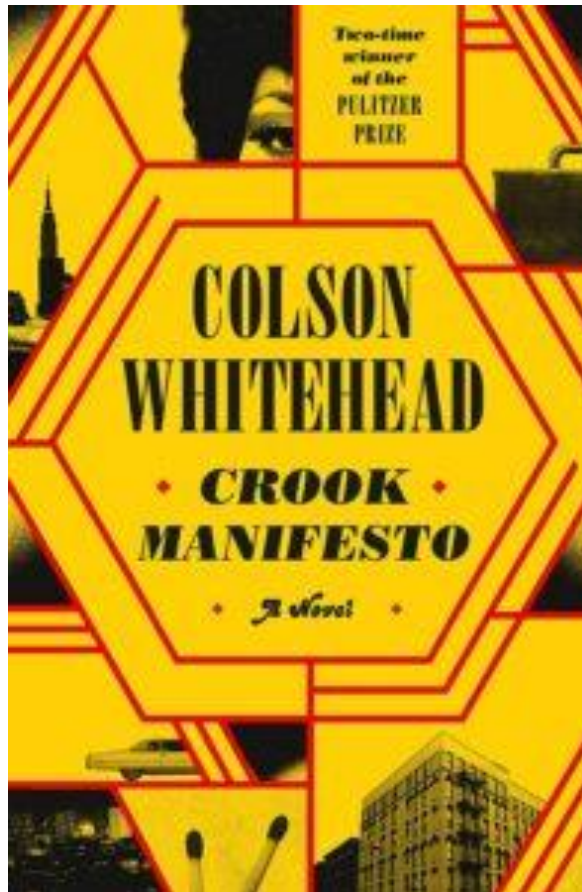
This summer's Official Online Brand may be up in the air (may I suggest "Long Nap Summer"?), but one thing is for sure: there are many, many books coming out. Which one deserves space in your beach bag or air-conditioned brain? We at Literary Hub have our opinions, but perhaps you simply want to make sure you're in the know about the biggest books of the season—or maybe you truly believe in the power of consensus to point you in the right direction. For you, I present: the list of lists.

If you're new here, here's how it works:

1. I read all of the Most Anticipated Books of Summer and Best Summer Reading lists that flood the internet this time of year (or at least as many as I can find).
2. I count how many times each individual book is mentioned.
3. I collate that information for you in this handy list.

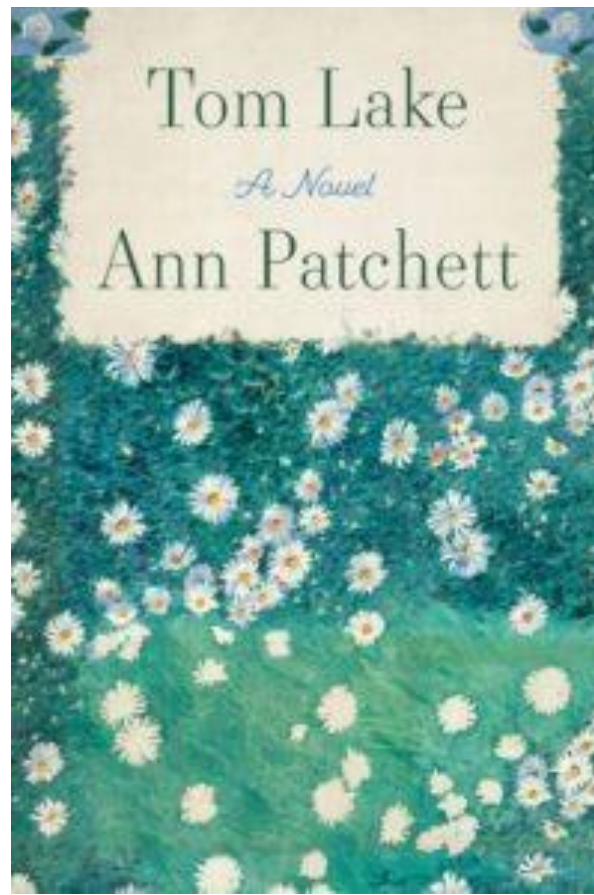
This year, I read 35 lists, which recommended a total of 548 books. Like last year, I found the recommendations to be relatively diffuse, with a lot of old books in the mix and a wide range of opinions on what constitutes "summer." But I am not here to argue about the nature of summer; I am merely the bean counter. Of the 548 books I tracked, 73 were recommended in at least three lists. I have organized all of these for you in order of popularity here, beginning with a perennial hero of the Ultimate List series, Mr. Colson Whitehead:

14 lists:



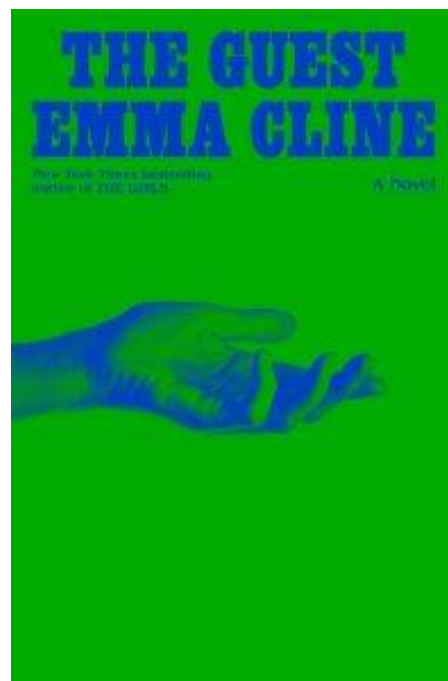
Colson Whitehead, *Crook Manifesto*

12 lists:



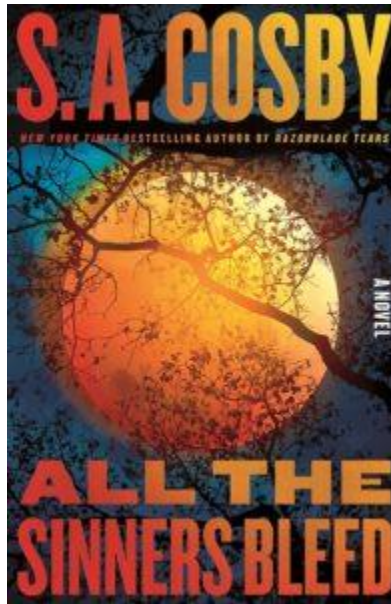
Ann Patchett, *Tom Lake* (August)

11 lists:



Emma Cline, *The Guest* (May)

9 lists:



S.A. Cosby, *All the Sinners Bleed* (June)

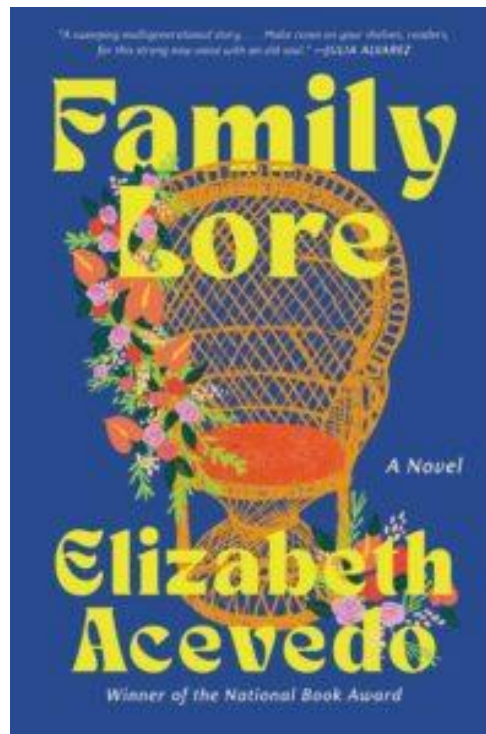
Tania James, *Loot* (June)

James McBride, *The Heaven & Earth Grocery Store* (August)

Silvia Moreno-Garcia, *Silver Nitrate* (July)

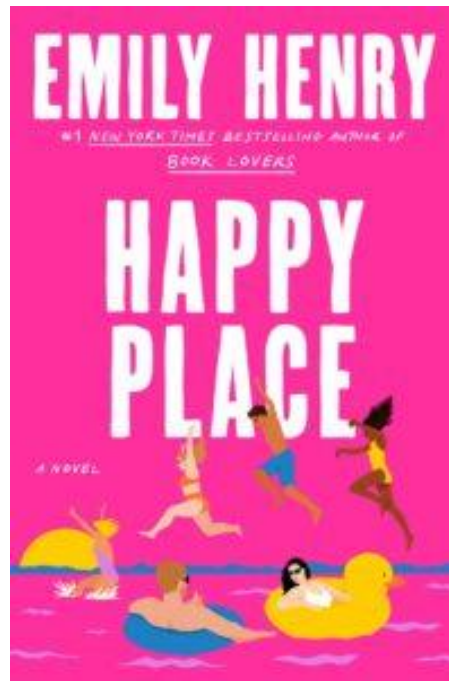
Elliot Page, *Pageboy* (June)

8 lists:



Elizabeth Acevedo, *Family Lore* (August)

7 lists:



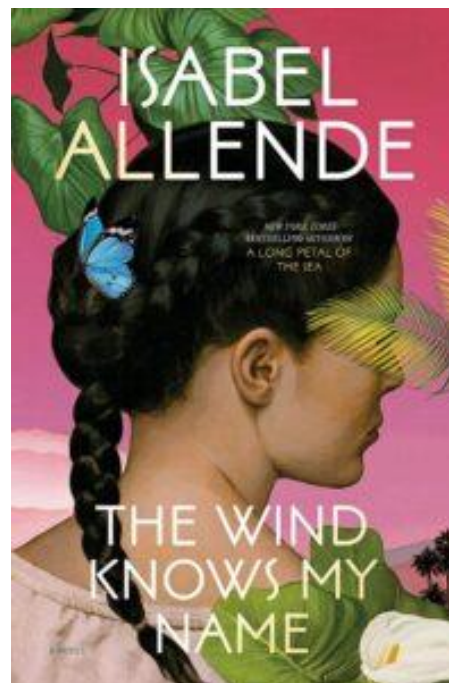
Emily Henry, *Happy Place* (April)

Samantha Irby, *Quietly Hostile* (May)

R. F. Kuang, *Yellowface* (May)

Ruth Madievsky, *All-Night Pharmacy* (July)

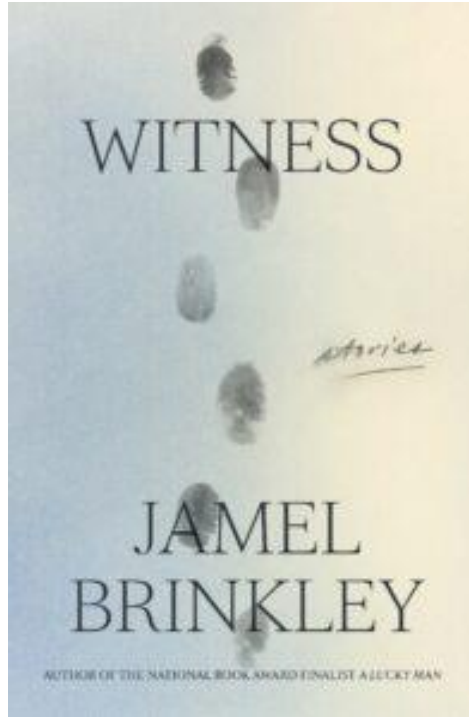
6 lists:



Isabel Allende, *The Wind Knows My Name* (June)

Ashley Audrain, *The Whispers* (June)
Deborah Levy, *August Blue* (June)
Emma Rosenblum, *Bad Summer People* (May)
Brandon Taylor, *The Late Americans* (May)
Katie Williams, *My Murder* (June)

5 lists:



Jamel Brinkley, *Witness: Stories* (August)
Sarah Rose Etter, *Ripe* (July)
Elin Hilderbrand, *The Five-Star Weekend* (June)
Edan Lepucki, *Time's Mouth* (August)
Jamie Loftus, *Raw Dog: The Naked Truth About Hot Dogs* (May)
Ana Menendez, *The Apartment* (June)
Lorrie Moore, *I Am Homeless If This Is Not My Home* (June)
Caleb Azumah Nelson, *Small Worlds* (July)
Riley Sager, *The Only One Left* (June)
Lisa See, *Lady Tan's Circle of Women* (June)
Thao Thai, *Banyan Moon* (June)
Emma Törzs, *Ink Blood Sister Scribe* (May)
Luis Alberto Urrea, *Good Night, Irene* (May)
Keziah Weir, *The Mythmakers* (June)

4 lists:



Ore Agbaje-Williams, *The Three of Us* (May)

Rita Chang-Eppig, *Deep as the Sky, Red as the Sea* (May)

Tembe Denton-Hurst, *Homebodies* (May)

Nicole Flattery, *Nothing Special* (July)

Chloe Gong, *Immortal Longings* (July)

David Grann, *The Wager: A Tale of Shipwreck, Mutiny, and Murder* (April)

Lydia Kiesling, *Mobility* (August)

Laura Lippman, *Prom Mom* (July)

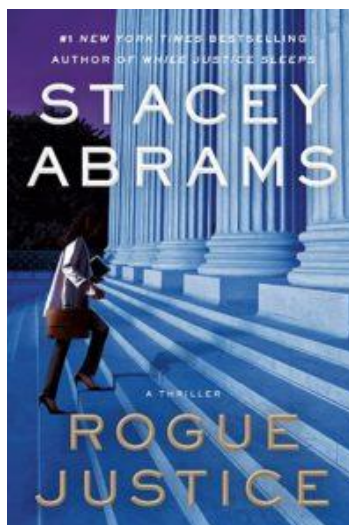
TJ Newman, *Drowning* (May)

Caroline O'Donoghue, *The Rachel Incident* (June)

Steven Rowley, *The Celebrants* (June)

Ruth Ware, *Zero Days* (June)

3 lists:



Stacey Abrams, *Rogue Justice* (May)

Eliza Jane Brazier, *Girls and Their Horses* (June)

Elizabeth Castellano, *Save What's Left* (June)

Colin Dickey, *Under the Eye of Power: How Fear of Secret Societies Shapes American Democracy* (July)

Richard Ford, *Be Mine* (June)

Sophia Giovannitti, *Working Girl: On Selling Art and Selling Sex* (May)

Nick Harkaway, *Titanium Noir* (May)

Aisha Harris, *Wannabe: Reckonings with the Pop Culture That Shapes Me* (June)

Henry Hoke, *Open Throat* (June)

Alice Hoffman, *The Invisible Hour* (August)

Lisa Jewell, *None of This is True* (August)

Heidi Julavits, *Directions to Myself: A Memoir of Four Years* (June)

Mary Beth Keane, *The Half Moon* (May)

Yume Kitasei, *The Deep Sky* (July)

Samantha Leach, *The Elissas: Three Girls, One Fate, and the Deadly Secrets of Suburbia* (June)

Andrew Lipstein, *The Vegan* (July)

Karen M. McManus, *One of Us Is Back* (July)

Clemence Michallon, *The Quiet Tenant* (June)

Dwyer Murphy, *The Stolen Coast* (July)

Beth Nguyen, *Owner of a Lonely Heart: A Memoir* (July)

K. Patrick, *Mrs. S* (June)

Ivy Pochoda, *Sing Her Down* (May)

Ashley Poston, *The Seven Year Slip* (June)

Cecilia Rabess, *Everything's Fine* (June)

Donovan X. Ramsey, *When Crack Was King: A People's History of a Misunderstood Era* (July)

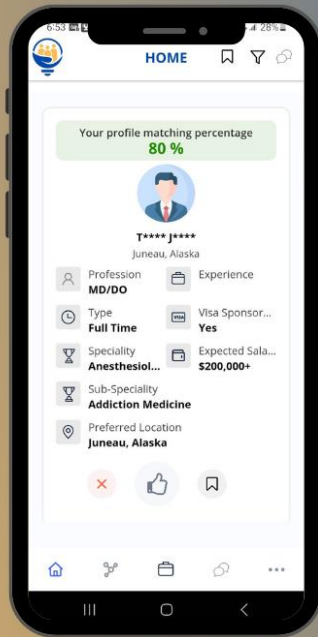
Cat Sebastian, *We Could Be So Good* (June)

Curtis Sittenfeld, *Romantic Comedy* (April)

R. Eric Thomas, *Congratulations, The Best is Over!* (August)



“The Most Powerful Person in the World is a Storyteller”, Steve Jobs



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Prompt Engineering for Healthcare: 11 Tips to Craft Great ChatGPT Prompts

Andrea Koncz, medicalfuturist.com

Have you experienced the frustration of repeatedly asking Chat GPT or Bard or MidJourney (etc.) a relatively simple thing, and not getting the results you were looking for? You are not alone! As Generative Artificial Intelligence (AI), particularly language models like ChatGPT, have started to carve out a niche and offer immense potential, they come with their unique challenges, one of which is how to work efficiently with them. *Prompt engineering is the art and science of crafting effective inputs to guide an AI model towards generating the desired output.*

In less fancy terms: prompts are our inputs, and the better we get at giving great prompts, the better the output will be. Although plugins like Prompt Perfect can help you, they still won't do your job, so don't rely solely on them.

Using ChatGPT and similar tools indeed has its risks: it may generate its answer from hallucinated sources or fails to provide sources altogether, and in most cases, the onus falls upon us, users, to verify the information – just to name a few. Despite its limitations, it is quickly becoming a must-have ally, which brings us to the crux of the matter – how do we ask the right questions?

Understanding the art of 'prompt engineering' is becoming increasingly critical. It's so fundamental that I would make sure it is momentarily becoming part of the medical curriculum and recommend every medical professional to learn it. It will also be very soon part of our AI course. But while formal education can be an excellent starting point, there are practical tips and tricks to improve your prompt engineering skills in the meantime.

Like any skill, mastery of prompt engineering comes with practice. To save you some of the time and trial-and-error, here is what I've learned during the past months when I spent hundreds of hours refining my own approach. I now use these daily and I'm keen to share them with you.

Whether you're a seasoned user of AI or just starting to dip your toes into this brave new world, these guidelines should make your journey smoother and more rewarding.

1. Be as specific as possible

The more specific your prompt, the more accurate and focused the response is likely to be.

Example:

Less specific: *"Tell me about heart disease."*

More specific: *"What are the most common risk factors for coronary artery disease?"*

2. Describe your goal

Describe exactly what kind of output you are looking for. It also helps highlight what's important for you about the output.

Example:

"I'd like to get a short list of 5 ideas for a Youtube video on the future of healthcare AI."

3. Describe your setting and provide the context

Consider the discussion you are having with ChatGPT as a discussion you would have with a person you just met who might still be able to answer your questions and address your challenges. The better you describe your goal, your target audience, and the tone you would like to use, the more fitting the output will be.

Example:

"I'm writing an article about tips and tricks for ChatGPT prompt engineering for people working in healthcare. Can you please list a few of those tips and tricks with some specific prompt examples? My audience consists of medical professionals who are not AI experts. Please use a friendly, approachable tone."

4. Experiment with different prompt styles

The style of your prompt can significantly impact the answer. Try different formats like asking to generate a list, provide a summary, or explain like I'm five (ELI5), etc.

Example:

Direct Question: *"What are the symptoms of COVID-19?"*

Request for List: *"List all the potential symptoms of COVID-19."*

Request for Summary: *"Summarize the key symptoms and progression of COVID-19."*

ELI5: *"Explain the symptoms of COVID-19 like I'm five."*

5. Ask it to play roles

This way, you can get the desired process of getting the information or input you were looking for.

Example:

"Act as a Data Scientist and explain Prompt Engineering to a physician."

"Act as my nutritionist and give me tips about a balanced Mediterranean diet."

6. Iterate and refine to delve deeper and/or get better answers

Unless you are simply amazing at prompt engineering, you rarely get the best response you were looking for after the first prompt. So feel free to refine your question. You are also encouraged to ask it to modify the output based on its previous response. If you're not getting the output you want, try guiding the model with continuation prompts. This can be more effective than trying to get the perfect response in a single prompt. You can also make your prompt a conversation: ask the AI to think step by step or to debate the pros and cons before settling on an answer.

You: *"What causes diabetes?"*

AI: *"Diabetes is primarily caused by the body's inability to produce or effectively use insulin..."*

You (refining the question): *"What factors lead to the body's inability to produce insulin?"*

AI: *"The body's inability to produce insulin can be caused by autoimmune destruction of the beta cells in the pancreas, as in Type 1 diabetes..."*

If you are moving into unknown territory and looking for information in a field you are not familiar with, you can use feedback loops to get into the details. While ChatGPT at first tends to provide very generic answers, you can always use its output as input for subsequent prompts.

Example:

You: *"What are the common symptoms of Lyme disease?"*

AI: *"Common symptoms of Lyme disease can include fever, fatigue, headache, muscle and joint aches, and swollen lymph nodes."*

You: *"What are the treatment options when these symptoms are confirmed to be due to Lyme disease?"*

AI: *"Lyme disease is typically treated with antibiotics..."*



7. Use your previous threads

You can easily go back to a specific discussion by clicking on the right thread in the left column. This way, you don't have to start all over again but can just continue a discussion you already had with ChatGPT.

8. Ask open-ended questions

Open-ended questions often yield more comprehensive responses.

Example:

Closed question: *"Is exercise important for patients with osteoporosis?"*

Open question: *"How does regular physical activity benefit patients with osteoporosis?"*

9. Request Examples

If there is something you are not satisfied with or don't understand based on its response, first of all, tell ChatGPT that you don't understand the answer and ask it to provide an example.

10. Use time wisely

If you're asking about a process or timeline, specify that in your prompt.

Example:

Without time reference: *"Describe the healing process after knee surgery."*

With time reference: *"What can a patient typically expect during the first six weeks of healing after knee surgery?"*

+1. Set realistic expectations

Although GPT-4 is a powerful tool, it has its limitations. For instance, it can't access real-time data (although you can already tweak this with plugins), it has a cutoff date of 2021 (which might not be a problem soon), and it doesn't provide personal medical advice, or replace a professional's judgment.

Example:

Unrealistic Prompt: *"What's the latest research published this month about Alzheimer's?"*

Realistic Prompt: *"What were some of the major research breakthroughs in Alzheimer's treatment up until 2021?"*



What's the latest research published this month about Alzheimer's



Oh dear, it seems like I've caught a digital version of amnesia. I can't remember anything beyond 2021! As much as I'd like to, I can't provide real-time updates or internet data. And look at us, you're writing a post about crafting effective prompts, and here we are asking a question that even a time-traveling AI couldn't answer! Perhaps we both need a refresher course in 'Prompt Engineering 101', eh?



We are on joking terms

In conclusion, as AI continues to grow and evolve, the importance of being adept at prompt engineering cannot be overstated. The ability to elicit useful and meaningful responses from AI can empower us to make the most of this cutting-edge technology. Remember, practice is key, and each question we ask is a step towards becoming more fluent in the language of AI. In general, use it to expand your knowledge and ideas instead of solving things on behalf of you.

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We're Calling It: This is 2023's Official Drink of the Summer

BY GABBY ROMERO, delish.com



Just like with fashion, cocktails go in and out of style. Ordering a Cosmopolitan during *Sex and the City*'s heyday was très chic. But now? Not so much. And the drinks we sipped in summers past are falling to the wayside in favor of new cocktails du jour.

We can look back fondly on the European vibes of 2020's Aperol spritz summer. And we're still feeling the caffeine withdrawals after the espresso martini craze of 2021. Last year, the *New York Times*, the *Washington Post*, and *Southern Living* all tapped the Dirty Shirley to be the official drink of the summer. Are we convinced that they were right? Not particularly.

While the moniker of "drink of the summer" is hard to bestow on just one beverage, we did a deep dive to see what people are ordering and what cocktails are on the rise.

First, I asked our team of experts what they predict will be the most popular drink this season. And the answers were about as varied as you'd expect.

Our senior video editor Zach Lennon-Simon opted for a classic glass of rosé: "It's light, can effectively get you drunk, and you won't wake up the next day feeling horrid!"

Sam Caccamise, our social media editor, had a few solid guesses. She said there's a good likelihood that we'll see more derivatives of old favorites like vesper martinis and different types of spritzes (a prediction cosigned by our senior culinary producer Natalie Lobel).

"But more than anything, I think we're going to enter a major negroni summer this year," Caccamise said. And after the viral sbagliato TikTok, the cultural moment that was *The White Lotus*, and the growing demand for Italian aperitivos, the prospect of a negroni summer isn't out of the realm of possibility.

To further our research, we consulted with people who work behind the bar to see what trends they've noticed as summer approaches.

"I'm seeing a resurgence of floral cocktails and tonic cocktails—lots of rose and lavender showing up on menus again, and a lot more gin and tonics and A LOT more vodka tonics," says Elle Creighton, who works behind the bar at Grotta di Fuoco in Long Beach, New York.

But when Creighton considers what people want to sip in peak summer, spritzes immediately come to her mind. "People like to have water in their drinks now for hydration and more volume so they're not drinking as fast," she says.

Now it's time to look at the stats. This summer is predicted to be one of the hottest on record. This means, above all else, that drinks need to be cold and refreshing. And while there are few things better than an ice cold martini, five minutes in the summer heat will make one nearly undrinkable. The same goes for any booze-forward drink like the negroni (unless it's in sbagliato form).

One of the most popular criticisms of the negroni is Campari's signature bitterness. According to amaro expert Sother Teague, bitterness is the only one out of the five tastes that's acquired. And while Aperol is significantly sweeter than Campari, some drinkers even find the Aperol spritz to be too bitter.

But one liqueur that's steadily on the rise and is beloved by just about everyone is St. Germain. This French elderflower-based liqueur only entered the market in 2007 and has earned the nickname "bartender's ketchup" for its ability to elevate any cocktail. It's fresh, floral, and touts a 20 percent ABV. And according to Google Trends, it's becoming increasingly popular.

But what's trending even more is a cocktail made with St. Germain: the Hugo Spritz. Google Trends reports that the beverage has had a 500 percent jump in search volume, and continues to increase as summer approaches.

The simple, low-alcohol cocktail marries St. Germain, sparkling wine, and soda water. It's traditionally garnished with a mint sprig and lemon slice, but any refreshing garnish works, like cucumber or even fresh celery.

Cold and refreshing? Check. Low ABV? Check. Beloved by anybody who tries it? Check. We can say with confidence that the St. Germain Spritz (a.k.a. the Hugo Spritz) will be the 2023 drink of the summer.

St. Germain Spritz

If you're a fan of refreshing, low-alcohol cocktails like the ever-popular Aperol Spritz, we have a sneaking suspicion you're gonna love this cocktail. St. Germain, a sweet and floral French liqueur made from elderflowers, is the perfect compliment to a dry sparkling wine like Cava, Champagne, or Prosecco.

Ingredients

2 oz. St. Germain

3 oz. dry sparkling wine, such as brut Champagne, Cava, or Prosecco

2 oz. soda water

Ice

Celery rib and cucumber slice, for garnish

Directions

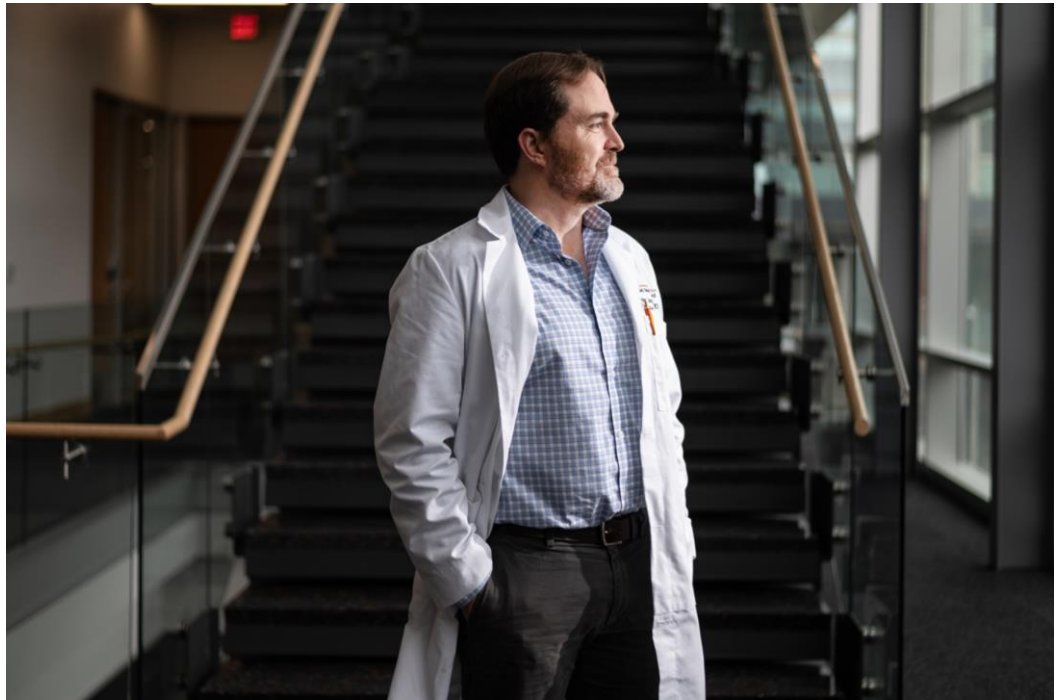
Fill a Collins or other cocktail glass with ice; Add St. Germaine and stir to chill. Top with wine and soda water and stir gently to combine. Garnish with celery and cucumber.

Embracing Compassion: A Physician's Journey in Overcoming Prejudice

TYLER JORGENSEN, MD

During my fellowship in palliative medicine, I have learned the value of home visits. I learn more about my patients' lives in two minutes of seeing their homes than I could in a lifetime of clinic visits. During home visits, I get to pet dogs, touch quilts, study photos, and admire charming heirlooms that would fetch only a few dollars in a garage sale, but that in these homes are priceless mementos. Just as often, I bear witness to the mess, the filth, the foul smells, the poverty, and even the loneliness and despair.

Regardless of whether I like what I find in a home, at least it's honest, and it always helps me understand how to best care for a patient.



Driving out to Jerry's place west of town for a home visit was an ordeal. We wove along roads that progressively narrowed—paved, then gravel, then dirt—dodging dogs and loose livestock all along the way. Jerry's friend met us and walked us down a path to the old aluminum shell of a trailer where Jerry was staying as he battled lung cancer. I'll be honest, I wasn't too surprised to see an old Confederate flag on the wall in this sad, stuffy space. Confederate flags are still fairly common in small-town Texas. Mixed in with the flag, I saw some more artful tapestries, but the faded colors of Dixie still popped.

As my eyes further adjusted to the dark inside of his hot trailer, I scanned the clutter and found jumbles of pill bottles, half-consumed bottles of Ensure, flies feasting on food that Jerry hadn't touched. Then I saw Jerry himself, a specter lying in the dark, and his body revealed instant clues to the severity of his disease—labored breathing, gaunt features, the exaggerated convexity of his chest, each rib so distinct with no muscle or fat left to cover them. Sweat dripped off his pale body as he cried in pain. He got him some of his pain medication and quickly made the decision to call 9-1-1. He clearly needed immediate attention and was not yet ready to embrace the finality of hospice at home. He was among the sickest patients I've ever seen outside of a hospital. I caught myself staring.

After some long spellbound moments, I forced my gaze away. As my eyes drifted up from his ribcage, I saw something equally as sick as Jerry's lungs—a full-size swastika flag on the wall right above his bed. I had missed it at first, but there it was. Crisp and clean. A freshly made, recently purchased SS swastika flag. This was no historical artifact—this was an endorsement. Now I started to feel sick.

In 2023, we still hear some who defend flying the Confederacy's Stars and Bars, as hurtful as the flag is to so many, but there's no debate that a swastika represents hate, antisemitism, evil, and white supremacy. The ceiling of this nasty old trailer had just gotten a whole lot lower; I felt as if the walls were closing in.

A question has echoed in my head ever since that day. How should I handle the tears of a Nazi? I had recently been reading some of the essays of the Trappist monk Thomas Merton, who dealt regularly with questions like this. Merton wrote that, for him, empathy came from an understanding that his own faults and shortcomings were as great as anyone else's. He believed that, deep down, he was capable of any of the monstrous depravities he saw in his society and in the world at large. To Merton, the fact that he had not traveled down certain dark paths was merely a reflection of God's grace, not his own superiority. He must, therefore, extend love to all persons.

Beyond that, Merton felt a responsibility to engage with the societal problems of his times. He didn't like that he had to deal with the realities of Auschwitz, Hiroshima, and Vietnam—all of which happened during his lifetime—but he felt he had no choice. These were the times into which he was born. He didn't get a pass, and neither do I. I have to find my role in the midst of this messy society. On that particular day, in my capacity as this man's physician, my role was easing the pain of a neo-Nazi.

EMS arrived, and we escaped from this rectangle of sadness back into the bright Central Texas sunlight. How should I handle the tears of a Nazi? As his physician, I should handle them the same way I handle the tears of anyone else. I should wipe them, and I should do my best to alleviate his suffering, even when I'd rather keep my distance.

Tyler Jorgensen is an emergency medicine and palliative care physician.

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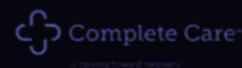
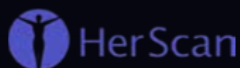
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A Dog by the Side of the Road

By Kaye Fiorello

I was driving up 75 and saw the trooper in the turnout...checked my speed, oh I'm good. A few minutes later, I see a dog in the ditch by one of the signs for exit 20. She looked bad. I was in the left lane, heading to an appointment, and was torn. I decided I would go back southbound and risk a ticket by going to the turnout.

I turned in and the trooper was still there! Yay! He rolled down his window and said "yep! I'm here" to which I told him about the dog and I didn't want a ticket, but if I could help that dog, it was fine by me. He just asked where the dog was and was on his way! I followed and we found her, still there, panting like she was fixing to die.

That trooper dumped his jug out and fashioned a water bowl for her. Then poured a couple bottles of water. The dog was scared of him, but frozen in weakness.

She sniffed the water, then realized this kindness was for her! She drank that water down in minutes! The trooper went and got her some more, plus a Little Debbie.

She watched him warily the whole time. She sniffed his hand but was still wary.

Next thing, he goes to his vehicle and gets a chair and an umbrella.

He told me he will stay here until she trusts him, so he can get her to a shelter, or take her home.

I believe his being there at the right time, was one of those little messages reminding us of the good in our world.

Meet Trooper Tudors of the TN State Highway Patrol. One of the good guys for sure."



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3 Day Itinerary for Visiting Cooperstown and The National Baseball Hall of Fame

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Many baseball fans dream of one day visiting Cooperstown and the National Baseball Hall of Fame. Before I ever played in my first Little League game, I wanted to stand in front of the uniforms of great players like Babe Ruth, Willie Mays, Lou Gehrig, Jackie Robinson, and so many others. It took me 40 years to finally make the trip to Cooperstown and I'm so thankful I made the trip with my kids.

There's more to do in Cooperstown than the National Baseball Hall of Fame. You can take a day and visit the Hall of Fame, or turn it into a relaxing 3-day vacation and enjoy the beautiful town and the peaceful Lake Oswego. The itinerary my kids and I used helped us see everything we wanted to see while still being able to relax. If you're planning on visiting Cooperstown, look over my itinerary and it will probably work for you.

DAY 1:

The Farmers' Museum:



[The Farmers' Museum](#) sits on land that was once owned by James Fennimore Cooper and has been a working farm since 1813. The museum opened to the public in 1944 and continues to educate city folk like me on what farming life looked like years ago, and what it's like now to work on a farm.

There are many buildings on site, with each one serving a purpose; such as a blacksmith shop, chicken coup, stable, and even an old church. Employees are stationed throughout the farm to answer questions and to demonstrate farming life. As we moved around, I shared some stories I knew about my grandfather and great-grandfathers. There was some equipment that I recognized from visiting my great



grandfather when I was a little boy and I did my best to explain their purpose.



Tickets for adults are \$7.50 on the weekends and \$5 Monday – Friday. For kids 7-13, tickets are \$3.00. Kids under 6 are free. The museum is open daily from 10 am to 5 pm.

The National Baseball Hall of Fame:



When we picked up our tickets to the [National Baseball Hall of Fame](#), my kids received a scavenger hunt sheet full of questions with answers found in the exhibits. My 16-year-old acted like he didn't want to fill out a paper and volunteered to help his younger siblings, but if kids fill out the paper and turn them in at the end of their visit, they receive a packet of baseball cards. Since I wanted everyone to have their own pack, I filled out the questionnaire my oldest received. This sheet helped me by entertaining my kids so I could spend more time perusing the plethora of baseball memorabilia. As we toured the museum, it was obvious I wasn't the only dad filling out a kid's sheet. Everywhere you looked, there was a dad holding a paper and pencil while their kids wandered around. Occasionally, I would greet other dads with a smile of acknowledgment.

As I walked around the Hall of Fame, it took me back to being that kid on the floor of my bedroom who loved baseball. I relived staring at my TV



during George Brett's pine tar incident while looking at the bat that caused the controversy. Nolan Ryan's jersey hung before me and I recalled being in awe of his 5,000 strikeouts and the cool baseball cards all the kids wanted to collect, which included his name and statistics. Pete Rose's shoes and bat brought me back to glorifying his playing style and being heartbroken by his gambling and exit from baseball. Cal Ripken's helmet sat behind the glass, and I was once again admiring his commitment to baseball and to the fans. We also walked through exhibits discussing Baseball's racist past, the Negro Leagues, and the great Jackie Robinson. We walked through other exhibits honoring Latin players and the women

who played. With each stop, I talked to my kids about the players and the memories they stirred.

Tickets are timed and it's recommended to buy your tickets ahead of time. You don't want to show up and try and purchase your tickets the same day. It's possible you will not be allowed to enter. Kids under 6 are free. Adults and Seniors are \$25. Juniors are \$15. Veterans receive a \$7 discount with proof of service. The museum is open 7 days a week from 9 am to 5 pm. (Subject to change once COVID restrictions ease.)

Lake-N-Pines Motel

When you're vacationing with kids, the place where you sleep needs as much consideration as what you do while on vacation. Because I have 4 kids, not only do I need to find a place where all my kids can sleep comfortably, but I need a



place that has onsite activities. The hotel/motel/B&B that we choose is a place to come back to and unwind after touring. Since I am a travel blogger, I need to do a little work while traveling. To get work accomplished, I need to wear out my kids. The [Lake 'N' Pines Motel](#) in Cooperstown fit all of our needs and was the perfect place for us to stay.



Lake 'N' Pines sits alongside Otsego Lake and boaters can tie their boat up at the dock. Guests can also rent kayaks to take out on the lake right from the Lake 'N' Pines dock. Our room had a deck overlooking Otsego Lake, that I used as a workspace while listening to all the lovely lake noises. The deck and lake background was also a pleasant spot to enjoy a glass of bourbon from [Cooperstown Distillery](#).

DAY 2:

Cooperstown Bat Company



Often, when on a vacation, there is an unexpected moment that occurs when everyone is uplifted and has a great time. This happened to my family when we visited Cooperstown and made a stop at the [Cooperstown Bat Company](#) for a tour of their factory.

Before we left for Cooperstown, our conversations revolved around the [Baseball Hall of Fame](#) and hiking. Our visit to the Cooperstown Bat Company scheduled tour was a stop we were looking forward to but wasn't part of too many discussions. After our visit, it was the number one thing we talked about.

We arrived at the Cooperstown Bat Company knowing nothing about the company other than they made bats. Soon after we stepped inside, it was obvious we were among people passionate about baseball and loved their jobs. While we were watching a craftsman create bats out of a block of wood, he told us how great it felt to know that a bat he made was used to hit a home run in the World Series and was on display in the Baseball Hall of Fame. We also watched how another employee carefully decorated bats and how another worker dipped bats in paint with precision. My kids and I loved watching the process of how a bat goes from a block of wood to the moment it is ready to be shipped.



Store location:
118 Main Street
Cooperstown, NY 13326

Demonstrations are free and groups of 10 or more should schedule ahead of time and call (607-547-2415)
Hours are Monday-Friday: 9am-Noon, 1pm-3pm

Fly Creek Cedar Mill

Eating lunch at the [Fly Creek Cedar Mill](#) is a must for visitors. Like most kids, mine at times can have trouble staying still. Lunch at the Fly Creek Mill is laid back and kids can stand up and eat or walk around. There are ducks to look at and feed. Leave room in your belly though for ice cream or other tasty desserts. The Fly Creek Cedar Mill also has a store on premises, where I dropped a lot of money on apple butter, wine, and various sauces.

Candlelight Ghost Tour

I love taking ghost tours of cities and not just because they offer up eerie tales of ghosts and of things that go bump in the night. I love ghost tours because you get a deeper knowledge of the town and its people. The [Cooperstown Candlelight Ghost Tour](#) did just that. Our tour guide told stories of people who have died and how their voices are still heard today. My youngest still loves telling the story of Jenny and her painting. Want to know the story of Jenny and the painting? Go on the tour.

DAY 3

Hyde Hall

[Hyde Hall](#) was constructed between 1817 and 1834, a mansion designed by Philip Hooker was built for George Clarke. Clarke was a wealthy landowner who inherited a fortune from his grandfather. Before construction began in 1813, Clarke married Ann Low Cary Cooper, a wealthy widow from a prominent New York family. George named his home "Hyde Hall" after his ancestral home in Cheshire, England.

Like most mansions and historic sites we visit, I spent a lot of time telling my younger kids, "Don't touch that," and "Don't sit there." Thankfully, our tour guide was fantastic and understanding of my kids' needs to reach out and touch everything at eye level. We are a history-loving family and appreciated learning about the inhabitants of the house and those that worked inside the mansion.

Hyde Hall sits next to [Glimmerglass State Park](#) and is gorgeous. Give yourself time after visiting Hyde Hall to have a picnic, go for a swim, and enjoy the beauty of Upstate New York.



Barnyard Swing Mini Golf

If you're not too tired, head over to [Barnyard Swing Mini Golf](#) to put the final nail in the fun coffin. I love to end a trip on a glorious note. The last day of a vacation can be stressful with shoving everything you can into a short amount of time. Taking a moment to relax and enjoy a round of mini-golf is a great way to say goodbye to Cooperstown.

Here are the restaurants we ate at:

[Brooks House of Bar-B-Q](#) in Oneonta, NY – A restaurant about 30 minutes away from Cooperstown and serves outstanding BBQ..

[Jerry's Place](#) in Hartwick, NY – A laid-back diner serving sandwiches and ice cream.

[Mel's at 22](#) in Cooperstown, NY – This is where you go for a nice steak dinner while in Cooperstown.

[Fly Creek Cider](#) Mill in Fly Creek, NY – The perfect place to take kids for lunch.

[Bocca's Osteria](#) in Cooperstown, NY – A Lovely Italian restaurant that will make everyone in the family happy.

Throughout our time in Cooperstown, we enjoyed walking along Main Street and stopping in all the shops and bakeries. There are several baseball card stores on Main Street where collectors can try and find that elusive card they've been desperately searching for.

We also spent some of our time hiking through Cooperstown forests, looking for James Fennimore Cooper's cave, but couldn't find it. If you enjoy hiking, look through [this list of great hikes in the area before you visit.](#)



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