community, and spiritual connections strong as they will help us at our worst. Devoting ourselves to something larger than ourselves can be buoying.

What sets these authors apart is their ability to condense the complicated relationships in our work and in our lives, to distill and find little nuggets of wisdom — we will make mistakes, we all have complex intentions, we all have some responsibility and culpability in every problem in our lives. More importantly, they return to the central theme of having a growth mindset, of role modeling a growth mindset for those around us and viewing every situation as an opportunity to improve. How we handle feedback — our so-called "second score" — likely will turn out to be more important than any singular piece of feedback we receive.

Aside from these takeaways, I was most impressed with the insight regarding so-called "super communicators." These are folks who can be within a conversation and outside the conversation at the same time, monitoring how their message is being received, monitoring how others within the conversation may need a moment or need further explanation. They understand that there's also a time and a place to say no, that our ability to refuse feedback at times can help ensure we will appropriately listen when the time comes. We all know these individuals, and we all could afford to learn from them.

For anyone just starting out in their position, and for that matter, who serves as a leader, manager, or executive, this brief read is to be recommended. As the authors note, the most common reason that individuals leave an organization is not because of concerns regarding pay or because of lack of visionary alignment. The most common reason individuals sever relationships is a lack of high-quality feedback.

JLGH Summer 2026 Recap

Q&A for Extended Learning

The Summer issue of The Journal of Lancaster General Hospital *offered articles on Relative Energy Deficiency in Sport, injuries in frail patients, the concomitant use of GLP-1 RAs and DPP-4 inhibitors, and other practice recommendations. Review the questions and answers below to see how much you remember from the issue. Need a refresher? All issues of* JLGH *are available online at JLGH.org.*

Q A How might athletes be affected by Relative Energy Deficiency in Sport (REDs)?
Athletes with REDs may experience hair loss and cold extremities, irritability and mood changes, fatigue, loss of strength, menstrual changes and decreased libido, among other changes.

Q A How does the National Institutes of Health define frailty, and what is the Dalhousie Clinical Frailty Scale?
Frailty is an "age-related increase in vulnerability due to worsened outcomes from everyday or acute stressors." The Clinical Frailty Scale helps score a patient along a scale that spans from "very fit" — active, motivated, and energetic — to "terminally ill" — has less than six months of life expectancy.

Q A Why is it important to be conscientious about the simultaneous use of glucagon-like peptide-1 receptor agonists (GLP-1 RAs) and dipeptidyl peptidase-4 (DPP-4) inhibitors?
These two drug classes work along the same pathway, and simultaneous use is considered duplicative because there is minimal benefit to be gained versus monotherapy. Because they are more expensive than some other medications used to treat diabetes, their concomitant use can lead to excessive medication costs for both patients and our health care systems.

Q A What safeguards have been put in place to limit the negative repercussions to patients who interact with our health care systems and research communities?
The Nuremberg Code, Belmont Report, International Council for Harmonization of Technical Requirements for the Registration of Pharmaceuticals for Human Use, stipulations and guidance from the FDA, Institutional Review Boards, and the informed consent process are just a few of the attempts on our part to protect patients who interact with us.

Q A What electrolyte abnormalities are associated with use of ketogenic diets? What symptoms might patients manifest?
Ketogenic diets are associated with an increased risk for hypomagnesemia, hypokalemia, hyponatremia, hypocalcemia, and metabolic acidosis, particularly within the first four weeks of the diet. Hypomagnesemia is among the most common early-onset complications. Clinical manifestations might include dizziness, weakness, muscle cramps, tremors, neuromuscular irritability, and fatigue. Severe deficiency may lead to seizures and cardiac arrhythmias.