
YOU'VE GOT A PRACTICE IN PA . . .

Student Comments

Dr. Angelo Runco

Inner city

Pittsburgh

SOUTHWESTERN REGION

Prior to walking into a patient's room, Dr. Runco would recite pertinent past medical history and detailed information about the patient's hobbies and family background. Knowing personal information about your patient population builds trust that facilitates communication between the physician and patient. A large number of Dr. Runco's patient population is of Italian descent, whose grandparents grew up with Dr. Runco as a child. Dr. Runco's strong sense of Italian nationalism leads to strong cultural ties with his patients, giving a sense of comfort and familiarity as a result of a shared cultural background. Understanding many cultural beliefs enables the primary care physician to deal more easily with the problems of a diverse patient population.

Planned Parenthood of Bucks County

Bristol

SOUTHEASTERN REGION

Planned Parenthood assures that each new patient receives private counseling, encompassing disease prevention strategies, contraception methods/family planning, parenting skills, disease screening, genetic counseling, peer pressure/communications skills, and midlife health services. The most impressive and successful aspect of these initial counseling sessions was the ability to speak openly to teens, enforcing safer sex decision making, the importance of diet, exercise and primary health maintenance issues. Without the requirement of parental awareness or consent, the medical student becomes the young teen's resource for questions, guidance, and reassurance. Following each patient's private counseling session, the patient was seen by a staff clinician who would provide reproductive health maintenance, problem-focused medical care and employment/school physical exams. Independent research was encouraged along with a report to the other clinicians on staff. Hands-on teaching sessions included colposcopy, gynecologic laparoscopy, LEEP procedures, biopsy for cervical dysplasia and Norplant contraceptive device - removal training. Instructions were given on the medical/legal methods of chart documentation and the strict protocols for HIV result counseling. Assisted in coordinating several referrals including emergency medical care, dermatologic consultation, psychiatric consultation and gynecologic surgery. Referrals also were made on a daily routine to adoption facilities, abortion clinics and free prenatal clinics.

Dr. John Thomas

Westfield Laurel Health Center

Westfield

NORTHWESTERN REGION

The majority of patients who come to the health center receive medical care via medical access care, if they have any form of insurance at all, and fewer still have a prescription plan. Most often Dr. John must be extremely selective with lab testing and procedures simply because of the demographics of the patient population. Dr. John believes that if a patient requires treatment beyond the ordinary that is not covered by insurance, he will find a way to provide the necessary services. The dedication and concern that Dr. John has for his patient's health care is admirable and exemplifies what the

medical profession should represent. While he is a superb teacher of medicine, maybe his greatest contribution to a medical student is his enthusiasm and excitement. Dr. John encourages a medical student to make a serious contribution regarding patient care issues. No where else can you find such a broad, diverse career that offers a new challenge with each person who walks through the door. The topic of health care policy was frequently discussed at hospital meetings which the medical student attends. The primary care physician of today is more than just a physician to a community – he is a friend, a teacher, a confidant, but most importantly a patient advocate.

Janette Kurie, M.Ed.

Leadership in Community Medicine Elective

(for students interested in a career in family medicine)

Lebanon

SOUTHCENTRAL REGION

Each student is given a project to complete by the end of the rotation. The objectives of the course are:

- √ to educate medical students to the complex issues of children and families at-risk
- √ to provide training in the area of child abuse, medical neglect, and domestic violence
- √ to familiarize students with community agencies involved with at risk families
- √ to teach a systematic, compassionate, and comprehensive model of care through exposure to the Penn State/Good Samaritan Hospital Health Care Model for Children At-Risk and Their Families and its GSH Family Support Program
- √ to begin the training of physicians who can be political advocates for children and families.

Dr. Thomas Watson

Pine Grove

SOUTHCENTRAL REGION

The practice has become part of a large multi-specialty group in this medically underserved area with a population of approximately five to eight thousand. Dr. Watson takes the time to educate the medical student about numerous aspects of primary care medicine . . . first contact care, preventative medicine, continuity of care, economy of care, and coordination of referral care, and stresses the importance of forming a differential diagnosis with every patient problem. It is Dr. Watson's philosophy that, if a complete differential is formed for each problem, then nothing will be overlooked, and the patient will receive the appropriate care. It is the combination of Dr. Watson's broad knowledge base, continuing education, formation of broad differential diagnoses, and his desire to solve the problem that makes Dr. Watson such a fine family practitioner. Another pearl of wisdom that Dr. Watson shares with his medical students is that a good doctor should be known for his ability to solve patients' problems. In order to accomplish this, the doc must have the above traits, but also must realize when it is necessary to make a referral. The ability of knowing your limitations as a doctor is important because it is arrogance that gets many doctors in trouble when they miss diagnose. It does not matter whether you or another colleague solved the problem, it matters that the patient received the best care. Dr. Watson is very caring and compassionate. The medical student will see many common conditions such as hypertension, diabetes mellitus, hyperlipidemia, COPD, and reactive airway disease.

Dr. Tyra Bryant-Stephens
Children's Hospital
Primary Care Program
Philadelphia

SOUTHEASTERN REGION

Medical student worked in the asthma program helping to develop a relatively new grant-funded program. involving data base management, chart audits to assess medical treatment plan, community health education and research. They worked on the development of a system for tracking research subjects. The medical student took the role of peer educator to teach children's asthma classes, assisted as a recorder at several community-based focus groups, and helped with recruitment of new families by mail and telephone. Completed phone surveys measuring participant knowledge and self-management skills after completing the asthma classes.

Dr. Mary Lisney
Reading Hospital Medical Center
West Reading

EASTCENTRAL REGION

A special project . . . focus on SSP (Spanish speaking population) and how to improve their situation in a Family Medicine office. Patient advocacy is a process learned throughout one's medical training, a seemingly natural part of that acquired when one learns how to treat all of the needs of a patient. We are now taught as students that it is not just the illness that we treat, but the whole person. And we also learn through our experiences that there are patients who require a little more effort and attention than others.

An office was identified where there was a problem and a desire for a solution. When patients do not speak English, they are encouraged to bring an interpreter, some sites have nurses who are bilingual. Patients receive suboptimal care as a result of a language barrier. These patients are more time consuming, more frustrating, and it is much easier for physicians to settle for inferior care than with other patients. Communication and patient education suffers. There were two computer programs that could be used to help this particular office. The medical student polled the residents to find out the top ten topics on which they would like to have patient information available. Once this was organized, and the information was checked for accuracy, handouts were made focusing on histories and physicals. The next handout was devoted primarily to patient education about medications – prescriptions and over-the-counter in English and Spanish. Residents were concerned about dealing with the SSP at night with no interpreter. The medical student wrote 9 one-page exams in English with Spanish translations (with the help of primarily one book, Medical Spanish, by Nasr and Cordero) that covered a wide variety of common chief complaints. These cover history and physical questions, basic discharge instructions for doctors to give to patients who left their immediate care. A resident could pick from the list of appropriate questions and perform the appropriate physical exam components. Other tools were implemented to help the office, including a toll free Language Line service by AT&T. In addition, the medical student generated return appointment cards that were translated into Spanish that included the offices' no-show policy and the required co-payment, two issues of particular importance to the front desk staff. In addition, the medical student wrote a medication instruction sheet that could be used for SSP as well as any person who might need additional reinforcement to take their medications correctly. It was a page in large print in English and Spanish. Population-specific healthcare beliefs of SSP are centered on the traditional folk beliefs about the disease process and healing. The medical student felt it was important to make the residents aware of these beliefs, sensitize them to these ideas, and encourage

their discussion with patients about them. In addition, the incidence, prevalence, and mortality rate for diseases of Latino peoples are not well documented.

Dr. Robert Nielsen

Annville Family Practice

Annville

SOUTHCENTRAL REGION

At this particular practice there are three allopathic physicians, two osteopathic physicians that practice manipulation, one physician assistant, one nurse practitioner who practices complementary and alternative therapies, and a diabetic nurse educator. The medical student is able to learn first hand about complementary therapies such as manipulation, therapeutic touch, meditation and breathing techniques that could be used for management of chronic pain, depression, weight loss, and smoking cessation. With respect to general management of patients for routine and chronic health maintenance, rotating in an office that employs such a diverse staff, the medical student was able to learn several ways to track the long-term care of patients. Most of the providers used flow sheets and printed timelines to keep patients up to date with respect to screening procedures. Dr. Nielson guided the student in understanding the special care needs of the elderly. They visited three different nursing homes and life-care centers each week where routine and acute care was provided for the residents. The student became familiar with the different agencies available to assist in the delivery of health care for the elderly such as the Department of Aging, Meals on Wheels, Visiting Nurse Association, and Home Health.

Dr. Michael Flanagan

State College

NORTHCENTRAL REGION

Large numbers of patients are involved in farming. The medical student began to understand the role of primary care physician, that of one who needs to have a broad base of knowledge that encompasses all disciplines of medicine. In one morning, Dr. Flanagan removed two dysplastic nevi, treated an elderly patient with symptoms of congestive heart failure, and counseled a patient with depression. On any given day, the practice sees obstetrical and gynecological patients just as much as pediatric patients. The patient base and the pathologies varied widely. One important aspect of primary care is to know when to treat and when not to treat certain diseases. Many of Dr. Flanagan's patients live in the rural communities where they use water from wells or streams. These patients are at increased risk for giardia lamblia infection, and the threshold for stool culture for ova and parasites is much lower than for those patients who drink the State College city water. On multiple occasions Dr. Flanagan encountered payment-for-service issues that were quite complicated due to different insurance policies. There was a nurse from the health plan who monitored all the orders as well as the length of stay for Dr. Flanagan's patients in the hospital. This at times became problematic when there was a conflict in the opinions between the attending physician and the nurse. All admissions had to be approved by the nurse, even though at times the physician felt it was absolutely necessary. All these things just show that the practice of medicine today is becoming more business-like than science. It has become a consumer product that can be bought, sold and traded.

Jody Silliker
Holy Spirit Hospital Medical Outreach Program
Harrisburg
SOUTHCENTRAL REGION

This service serves some of the most marginalized individuals in Harrisburg. Many of the clients are homeless while others live in very poor and unsanitary conditions. The clients are complicated and many have issues of substance abuse, mental illness, and domestic violence. Some have civil or criminal legal issues and illiteracy. All have dire poverty. The psychosocial and economic barriers to good health care are enormous and a starting point is nearly impossible to identify. The most obvious barriers to health care access for these clients involve financial hardship and lack of health care coverage. However, other factors that prevent people from seeking necessary care are most subtle and deserve more extensive examination.

There is a sense of guilt that emanates from some clients; failure to be truly independent. Some poor people have few expectations from their health care providers. There were many stories of hostility toward patients, many more than I've heard in any other setting. They also are attuned to any hostility in the manner of their care providers. This is clearest in those individuals who are most objectionable as patients. Many clients at the outreach center were challenging patients. Communication was an enormous barrier to follow-up. Many clients did not have a telephone and therefore could not be reached easily for lab results or for questions, or they moved from home to home or simply had no home. Language barriers were also an issue. A second issue is that of transportation. There are no simple solutions for the problems that are presented in providing health care for the very poor.

Dr. Thomas McGinley
Montgomery Family Practice
Norristown
SOUTHEAST REGION

This rotation offers one-on-one interactions with attendings and residents, noon conference, inpatient conferences, grand rounds, and exposure to hospice care. As a fourth year student, you are allowed to tailor the rotation in a way that will benefit you the most. The medical student can do three weeks of outpatient and one week inpatient. This provides the opportunity to observe in detail what responsibilities the residents are obligated to fulfill. In addition it allows the student to observe how the upper year residents and interns work together. In the outpatient setting the student works with attendings and upper year residents. Students are permitted to perform the initial history and physical, formulate an assessment and plan. Students then are expected to present the patients in a concise manner, and document the encounter in the patient's chart. There is also the opportunity for students to assist in certain procedures when appropriate, i.e., removal of skin tags and other skin lesions. Two days of the rotation was spent with nurses from Montgomery Hospice and Home Care Agency. One afternoon was spent with a psychologist, illustrating the usefulness of genograms. One half day of the rotation was spent in the front office.

Dr. Pamela Huffman

Philadelphia

SOUTHEASTERN REGION

Variety of patients . . . common childhood disease processes such as otitis media , conditions that students previously read about in textbook such as scarlet fever. Working with teens, you quickly realize that social issues needed to be discussed with them. In pediatrics, you not only have to treat the patient, but you also have to work with the parents, who are key players in their children's health. The medical assistants show the students how to draw up and administer the immunizations. They explained which ones were given intramuscularly and which were subcutaneously. The medical student has the chance to work on blood drawing skills with young children. There were discussions with physicians about the impact of HMOs and capitation, which is a policy in which HMOs pay the physician a flat fee per patient each month.

Dr. Gwendolyn Curry

Middletown

SOUTHCENTRAL REGION

The medical student participated in the diagnosis and treatment of a variety of infectious disease cases. By working with five different physicians, the student was able to appreciate the varied methods used in the treatment of common medical problems. Every patient has different needs and limitations that help to put varied spins on the treatment of common medical problems. Thus, every problem should be addressed in the context of the patient and not by standardized guidelines. The student gains experience in time management. Many of the patients seen during this selective presented with multiple medical problems. The ability to focus on only the current medical issues during the patient's fifteen-minute appointment while understanding that the patients current state is more likely the result of his/her co-morbid conditions is truly a gift. As many as five medical problems may need to be addressed in a fifteen to thirty minute appointment. The student learns how to target the most important issues and leave those that are less pressing to be addressed at a later date.

The student learns to deal with the influence of managed care on the practice of ambulatory medicine. Many times, patients were denied coverage for certain medications that provided them good benefit on the grounds that the medications were not on the HMO formulary. This often prompted their physician to send a letter to the organization stating that the patient s current treatment is medically necessary if the alternative medication covered by the organization provided little or not benefit. As a result of the dictations and phone calls that ensued from such a situation, valuable time that could have been invested in patient care is lost.

Dr. Rodney Hough

Carlisle

SOUTHCENTRAL REGION

Over time this physician becomes something more than just a person one goes to see when they are feeling ill. The family physician almost becomes a member of each family he/she takes care of. They have the opportunity to become active members within their community. Dr. Hough has two other physicians working with him, two nurse practitioners, a psychologist, a massage therapist/holistic medicine specialist, and a specialist in acupuncture. Dr. Hough takes as much time as required to sit down with each patient/family to discuss all of their health needs as well as what is going on in the community, or anything at all from hunting to local school athletics to national politics. He is

greeted with hugs, kisses, and gifts. His is medical director of the local high school, again demonstrating his active role in his community. This requires him to provide annual physicals to the entire student body, attend every football game of the season, and treat any injuries that take place at the games free of charge. In addition he has been able to recruit an orthopedic surgeon to also attend every football game of the season. The services that he and the orthopedic surgeon provide have received national recognition. The high school's medical program is the only one of its kind in the state of PA where both a family practitioner and an orthopedic surgeon attend every game, away and at home. He had indicated to the school, as part of his contract, that his salary as medical director is given back to the school's athletic department for equipment each year. In addition, he also runs a clinic one afternoon a week at the Carlisle Tire and Wheel Factory, dealing with occupational type injuries and occupational hazards. This serves as an outstanding educational opportunity, seeing patients with occupational injuries in their workplace and then witnessing first hand the jobs they do that put them at risk for specific injuries. Dr. Hough can make recommendations while watching people do the job to help prevent the incidence of carpal tunnel syndrome (for example) while trimming,. He also helps prevent similar injuries in other employees by recommending wrist support devices. Dr Hough tries to walk around occasionally and make safety recommendations to the management to promote the health of their employees. This is a town of low unemployment rate and strong work ethic in the community. This experience gives a student the exposure to the intangibles. It gives an honest appreciation of the hard work; dedication, compassion, and life long commitment required to practice the art of medicine.

Dr. William Curry

Middletown

SOUTHCENTRAL REGION

It was a wonderful month that exceeded my already high expectations. Not only were my objectives met this month, but I grew as a person and a future physician. There is a spirit of genuine care and concern for others, whether a patient, a fellow physician, or a medical student, which permeates the atmosphere of the office and provides an ideal for which I shall strive in my career in the emergency department.

Not only did I become more familiar with acute presentations, but I also had extensive opportunity to deal with patients with chronic disease. This was equally as important to me, since a large number of the people who come to the emergency room are elderly and have numerous medical conditions as well as a medication list long enough to provide sleep assistance for an insomniac. To become better acquainted with these conditions and their concomitant medications would be most helpful in my future career.

Dr. Andrew Delp

York Hospital

York

SOUTHCENTRAL REGION

Primary care allows for the creation of a relationship between a physician and patient that over the years grows and becomes more personalized. Throughout this relationship, primary care physicians provide medical care, non-medical care and psychosocial support, comprehensive preventive care and coordinated care with other physicians and specialists on a continuum.

Having the opportunity to spend time at three different centers (York Health Corp, which is located at an underserved neighborhood, and Dallastown Family Practice, which is a private office of seven family physicians), the student is in three different settings - academic, underserved, and private.

The medical student learns the importance that cultural differences make on the practice of medicine, but also becomes familiar with some of the common beliefs of other cultures toward medicine. Each patient visits the physician with different expectations in mind and the best way to learn these expectations are through the maintenance of good communication with the patients and having much patience and compassion. The importance of teamwork amongst physicians is stressed in order to understand and manage difficult cases/conditions.

The medical student was particularly satisfied with the independence and freedom to work with patients. The basic responsibilities for the student and the expectations of the physicians of the student were at the level of an intern, thus, motivated to work harder and learn more. With every patient encounter, there was a discussion session with the attending physician concerning the differential diagnosis, assessment and plan; and after the discussions, the student had to make the decisions concerning patient treatment and care. If the attendings agreed with the student, the student then was the individual who carried out and discussed the plan with the patient. The medical student attends not only family practice ground rounds, but also internal medicine and pediatric ground rounds. Because one of the goals of the student for the course was strengthening his skills in sports medicine, he was provided with a schedule of lectures that included topics such as the back exam, the shoulder exam, the hand exam, and the pre-participation sports physical. In addition, he participated for one half day at the outpatient orthopedic clinic under the guidance of one of the orthopedic attendings. Another goal to accomplish was to fortify skills with pap and pelvic exams. These goals were met by spending two half days a week at York Health Corporation. York Health Corp is a primary care center that provides services to an underserved York population. In addition, they provide free STD clinics.

Dr. Jonathan Adams

State College PA

NORTHCENTRAL REGION

There is a wide variety of patients with distinct concerns. With a wide variety of cases involving pain or injury to various joints, the student is able to strengthen musculoskeletal exam and diagnosing. A common complaint was the upper respiratory infection, thus allowing the student to gain a greater handle on choosing the appropriate antibiotics for specific bacterial infections. One of the more interesting patients seen by a medical student was a victim of Osler-Rendu-Weber disease; also a patient with hypoglycemia and possible insulinoma.

The medical student felt that his time was very useful in learning the intricacies of preventative medicine, emphasizing the importance of screening and early interventions. Being near a large university had a large impact on the patient population, as most of the patients were college educated and interested in their medical care; very few patients were argumentative or resistant to treatment. Patients were very responsive to having a student see them. One of the issues that did surface was the balance between providing quality medical care and observing the wishes of the patient. Some patients were from foreign countries where medical beliefs are different from our own. Other patients had strong moral convictions about using medications or having certain procedures, so these restrictions had to be taken into account. Students have an excellent balance of personal responsibility, guidance and teaching.

Dr. Kariusz Koscielniak
East Stroudsburg
Pocono Mountains
NORTHEAST REGION

Beyond refreshing and expanding my basic medical knowledge, my rotation provided me with several experiences that allowed me to appreciate both the impact of a primary care physician on the function of a community, and the reciprocal impact of that community on the function of the physician. One of the most interesting and educational components of my rotation was the chance to witness and participate in the treatment of a large number of non-English speaking patients. The northeastern portion of Pennsylvania is home to a large number of first and second-generation Americans from various parts of the world, especially Eastern Europe. These peoples often have trouble getting adequate medical care for several reasons, not the least of which is their inability to communicate with health care providers. Dr. Dariusz Koscielniak is himself a Polish immigrant. His training and experiences have given him facility in multiple languages that are not well represented among the Pocono health care community.

The function of the primary care physician as the primary diagnostician was brought home again and again during the rotation through diagnoses of previously unknown and often subtle illnesses in patients.

Another interesting experience from the rotation occurred because of the weather. During the last two weeks of the rotation, the Pocono region suffered under multiple significant snowfalls. These snows, while good for the local industry, had many adverse effects on the local health care system, making roads impassable, transport services became unreliable, even to vital locations like pharmacies. The primary care physicians took steps to insure that their patient's care continued. The number of phone calls from the office inbound and outbound exploded exponentially, giving advice and treatment that would allow patients to combat their symptoms until such time as the weather allowed them to come in. Those patients who made it in were seen and treated, with treatment programs adjusted to minimize dangerous travel. Tests that could be delayed were, as were referrals and follow-ups with other physicians. Further, patients were treated primarily from the samples available at the office, if applicable, to minimize dangerous trips to the pharmacy. Once the travel conditions returned to an acceptable level, the physicians returned to their normal modes of functioning. Except of course, for the double and triple bookings of appointments that followed for the two to three days following each storm. The necessity of the primary care physician to curtail the function of his practice to meet crises and events within his community, and their ready ability to do so, was repeatedly evinced by their actions during snowstorms.

Dr. Eileen Turbessi
Warren

NORTHWESTERN REGION

During my first week, I realized that many of the patients have needs which are different from other areas in the state. In Warren, many workers have jobs which involve heavy, physical labor for the nearby oil plant and the National Forge, and many injuries result from pushing or pulling on large wrenches or scaling the walls of the facility in order to clean the plant. Many patients work as nurses or nursing aides at the nearby Warren State Hospital, which is a long-term care facility for the treatment of the mentally handicapped and those with psychiatric illness. These patients often present with back or shoulder strain from lifting patients or from restraining patients during scuffles. The psychological strain required for this job is also a concern commonly encountered. Many patients work as seamstresses or press operators and present with injuries as varied as carpal tunnel syndrome from sewing, allergic rhinitis from handling fabrics, or burns from operating hot presses. Also learned about the various steps that are involved in filing a claim and the numerous ways in

which a patient is affected by being on workman's compensation, including social and economic concerns. Another interesting part of the clinical experience was the large number of patients being treated for depression or other mental illnesses in the community. The patients were often very free in expressing their feelings and describing their stressors, such as high stress levels at work and diminishing finances, broken families, or marital distress. There is a psychiatrist available at the Warren General Hospital, but many of these patients rely on the primary care physician for help.

Dr. Thomas Weida

Medical Director/Practice Management/Fishburn Family Medicine

Fishburn

Hershey

SOUTHCENTRAL REGION

This module was developed for those students interested in gaining experience working with a medical director in primary care to learn about managing a practice and with family physicians, nurse practitioners, and physician assistants in primary care. This elective is designed to expose the student to the fundamentals of running a practice, encompassing knowledge about managed care, disease state management, patient education, best clinical practices, quality assurance, patient access, team delivery of medicine, human resources, budgeting, public relations, and negotiating techniques. The student will then incorporate these skills when seeing patients in a clinical primary care setting. The rotation will consist of didactic interaction, clinical observation and active participation. Students will gain familiarity with the processes involved in running a primary care practice and the clinical decisions that are affected by managing a practice. Each medical student works on a project agreed on by the student and Dr. Weida.

Dr. Duilio Valdivia

Lewistown

Internal Medicine/hematology/Oncology practice

NORTHCENTRAL REGION

Dr. Valdivia brings two diverse patient populations together with knowledge, compassion, and trust. Many patients who need chemotherapy can not afford it - many times it is not covered by their health insurance. At this point, they arrive at an arrangement with Dr. Valdivia who will many times pay for the drug himself, and receive monthly payments for it from the patient. It is important to understand the socioeconomic background of his patients. Most of them come from a middle to low class rural background. Many live on farms owned by their parents for generations or live in trailer parks and work these farms. Most of them are of advanced age ranging from early seventies to late nineties. The second patient population consists of those seeking primary care follow-up. The typical patient is usually one with variable health care issues: diabetes mellitus, hypertension, hypercholesterolemia, and anemia. Dr. Valdivia and spends much time discussing the implications of the health care delivery system in a private practice setting in rural PA.