

SHRP Blog #2

I have just finished my seventh week of the Summer Hoosier Rural Preceptorship (SHRP) program through the Lugar Center. I spent my fifth and sixth weeks at the Cork Medical Center in Marshall, Illinois. While there I had the pleasure of working with Dr. James and Dr. Turner, both of which taught me a great deal about practicing family medicine in a rural community. During my time at Cork Medical Center I had the opportunity to practice my history and physical taking on most of the patients who presented to the clinic. This experience definitely challenged me to have more confidence in myself as well as get out of my comfort zone. I also had the chance to practice performing some basic procedures, such as knee steroid injections and skin lesion removals. As a medical student, there are very few things I am allowed to do to patients, so it felt good to know that the physicians trusted me.

While working at Cork Medical Center we cared for many patients who were dealing with mental health issues. While I'm sure management of mental health is common in any family practice, the problem is exacerbated in rural communities secondary to the lack of psychiatrists nearby. Most patients in these communities have to wait months in order to be seen by a specialist. In order to combat this most family physicians are the primary prescribers of mental health medications. Cork has recently started using drug-gene testing, called GeneSight, in order to check for particular gene variations that may make you more or less responsive to certain medications. I believe this form of testing is a great asset to rural family physicians, because they can more readily get their patients on the medications they need.

Additionally, at Cork Medical Center we encountered a lot of patients dealing with chronic pain. One patient in particular stood out to me, let's call her Sandy. Sandy wasn't much older than me, but has been dealing with lower back pain the past couple of years. Before entering Sandy's room, I saw the chief complaint "chronic back pain" and I instantly put up a wall. Over the past several weeks I have learned a great deal about the misuse of opioids in the management of chronic pain; I have also experienced several heated discussions with patients about weaning them off of their opiates. These experiences lead me to having such a negative gut reaction to her complaint. However, after taking Sandy's history I felt ashamed of my original response. A couple of years prior she had been rear-ended by an inattentive driver. Since the accident, her pain has been progressively getting worse, forcing her to quit her job and apply for disability. She rarely leaves her house and some days is unable to get out of bed. The debilitating pain has forced her into isolation from friends and family, which has exacerbated her once controlled bipolar disorder. Sandy's history broke my heart. She was in the middle of a vicious cycle and desperate for help. She was afraid to see a doctor because she was worried about being called a drug-seeker. It turns out that Sandy didn't want opioids at all; rather, she wanted a prescription for a muscle-relaxer that she had taken for a few weeks following the accident. I wish that I hadn't jumped to conclusions about the patient before meeting her, but I am glad I took the time to hear her history and concerns. This one patient

encounter taught me a lot about checking myself for bias as well as the importance of whole person care. I had never considered the impact that back pain would have on one's psychological and social aspects of life.

During my seventh week as a SHRP student I worked in the Wound Clinic at Union Hospital. I spent the week with Dr. Mills and Dr. Tran. Both of these incredible physicians had a heart for teaching and were very good at it. I had no idea that caring for open wounds was such a complex task. The physicians have to think about almost every body system when addressing a wound; if any system is performing suboptimal the body's ability to heal is affected. This made me think a lot about the importance of primary care, because most of our patients had preventable conditions, such as diabetes and atherosclerosis, that were inhibiting healing. Throughout the week I also had the opportunity to debride wounds on most of our patients, a unique skill I never thought I would have the opportunity to learn.