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I am about to start my fourth week with the Summer Hoosier Rural Preceptorship (SHRP) program through the Lugar Center in Terre Haute, IN. I have learned and done quite a bit in these last three weeks. During the first two weeks, I was shadowing a physician at a FQHC (federally qualified health center), which is a clinic which serves those who do not have insurance or who have insurance who are part of the lower-income families in the area. The third week, I spent at a conference put on by the IRHA—Indiana Rural Health Association—in which this was a conference that was geared towards medical professionals, whether they be nurses, physicians, physicians' assistants, or even those who are involved within the administration. The conference was a good experience because it gave me an insight into how exactly what is occurring in Indiana in regards to different aspects, one main theme was how we could try and address the opioid crisis in the rural communities. While the conference was very worth-while and I was able to learned a lot of, what some may call “logistics”, just like stuff on what we should be doing, but I felt I learned more about why I chose to become a physician in my first two weeks.

Just ending my first year of medical school at MU-COM (Marian Univ. College of Osteopathic Medicine), I didn't have much experience with patients. The only time we really had time to work on our clinical skills were one day a week with our assigned partners, and our one experience with a standardized patient at the end of our second semester. In our lab class, each week was a new skill, so we didn't get much experience with being able to listen to different normals or being able to listen or recognize an abnormality. Even though it has only been my first block, I feel I have a much better handle on the basic physical exam that a physician performs. What I enjoyed the most about the clinic I was at, was that this clinic had pretty much every essential medical need underneath one roof. It contains a medical office where patients can see a physician, nurse practitioner, or physician assistant. On the second floor they have a dentist, mental health offices, and staff who help those people who don't have insurance to be able to apply for insurance. I was able to shadow someone from each section area, except for mental health. One of the days I went to shadow the dentist, he was currently with a patient, and this was a patient that me and the physician had seen earlier. And it had occurred to me that many of the patients that come to that clinic don't have insurance because they are unable to work or because insurance is too expensive for them to afford it. When someone who is unable to make much of an income or don't have proper transportation, or some other barrier to receiving the proper medical care makes them schedule so they get everything done on the same day, and don't have the luxury of going whenever they want to.

What I learned the most, however, was that we are told in passing that physicians are seen as a safe haven because patients come to them when they are not well and at their lowest point. As a student I had heard that and acknowledge it, but never put much thought into it. I did not realize how significant this was until I met two separate patients. When I went into to see the first of these two patients, I was startled a bit because he looked like someone who could be associated to be in a biker gang, meaning being a bigger guy, facial hair, tattoos, and the shirts which are stereotypical for bikers. I shouldn't have made that assumption. He was the nicest guy, he was what some would say would be considered a giant teddy bear. He took everything the physician said about his health to heart. The patient had come in requesting to be referred to a different

specialist, because he didn't enjoy the physician who he was referred to first in the first place. The patient had been with the physician for several years, so he knew who would be the best fit for him. When the physician mentioned the specialist to the patient, the patient simply asked if the physician thought the patient would like him, the physician said yes, and the patient said, "perfect, I trust you doc." Throughout the appointment, the patient and the physician were joking around, and he made me feel so welcomed that I was even able to joke around with the patient as well. I loved it. At that moment I knew I was in the right field, and pursuing what I wanted to do. I loved the witnessing and experiencing the interaction that was found between the physician and the patient. It made me realize that this was something that was going to be inevitable; there would be patients who would seem like the nicest people but they could be some of the more troublesome patients, whereas I could have patients who could seem scary but end up being patients who would be the nicest people and be the best patients.

The second patient used to be a former prison guard. He was actually the first patients I saw at that clinic. He was at the clinic the following week for a follow-up. He was there for his pain follow-up. he had received something the previous week, but they weren't doing anything for him. The physician mentioned he could be given a steroid shot. The patient denied because he was afraid of needles. He mentioned that when he was working, a prisoner could come up towards him with any type of weapon, but would not be scared, but if someone came up with a needle, he would be terrified. This was a guy that was supposed to be with some of the toughest and scariest people in the community, so you know he had to be tough and not be up for any non-sense, but he was also one of the nicest patients that I had seen in my two weeks there. That patient was actually the patient who called me Dr. Javier, it was something I definitely was not expecting, that I actually didn't even know how to reply to it, I was speechless.

I realized that this was going to be me in a couple of years, having my own patients, who are calling me Dr., Doc, etc. having patients who had gone through some tough stuff in their lives and overcame it, but when they come and see me—their physician—they would be in need, they would need my assistance. I would be looked up to, trusted with their health. While it is a huge responsibility, just knowing that I would be doing my best to make them who they are when they are healthy, will all be worth it.