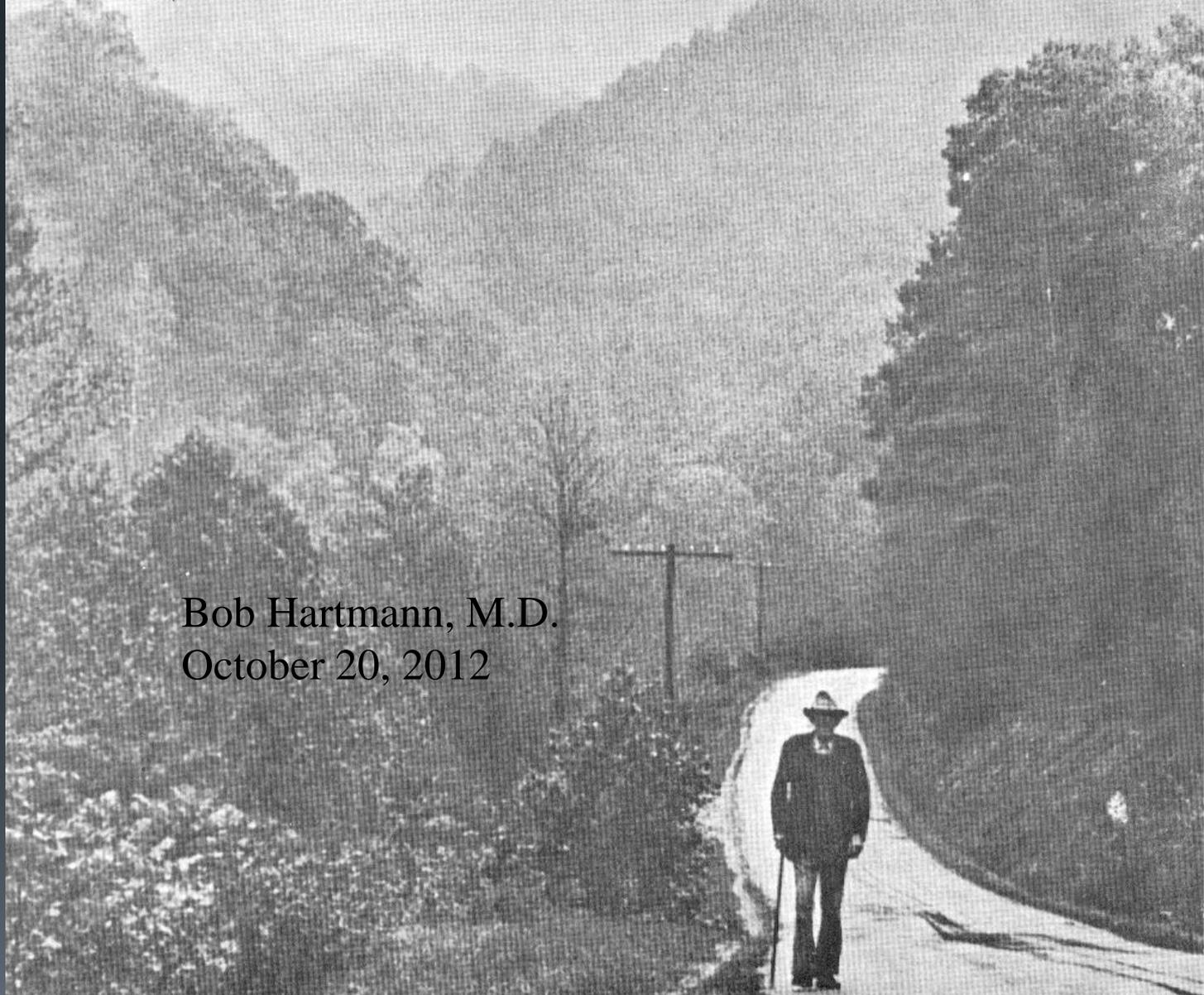


Health(helth)n. Freedom from disease; physical and mental well-being encompassing social, political, economic, environmental and educational factors

Bob Hartmann, M.D.
October 20, 2012





Advocacy

... the act of pleading for, supporting,
recommending: active espousal;

changing "what is" into "what should be"

Goals:

- Inspire
- Food for thought
- How did you get where you are?
- Granular level
- Go beyond *Rural*
- Interactive

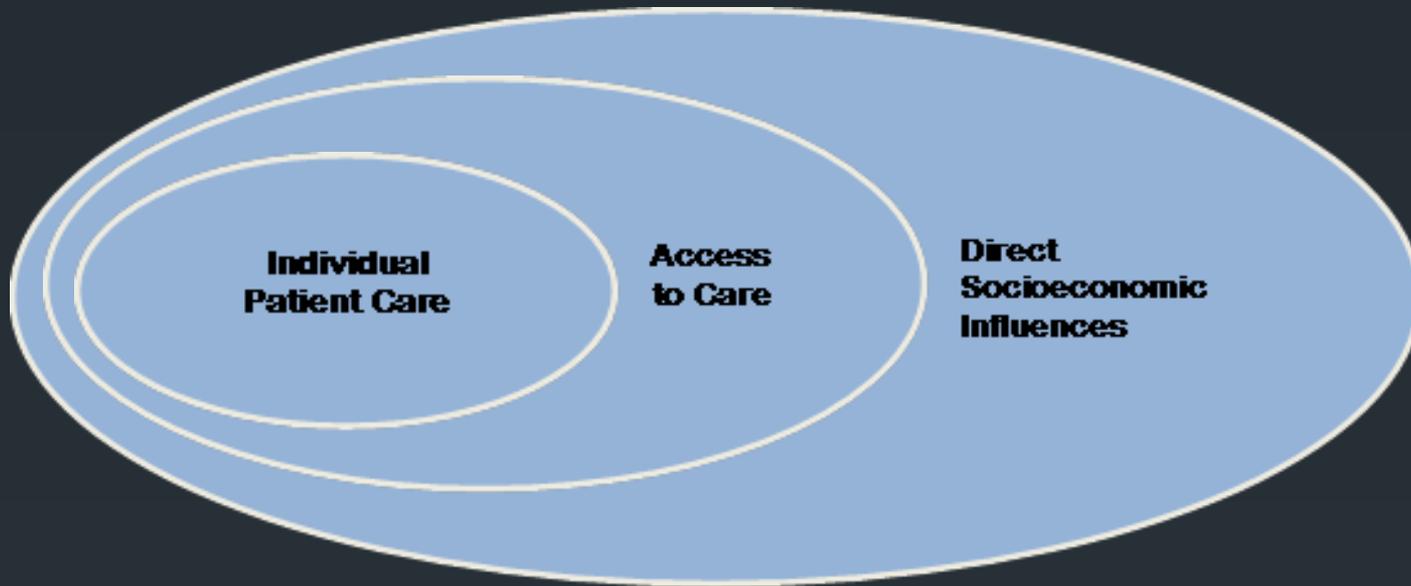
Just tell stories!



Disclaimer #1

"You cannot be a patient advocate
without being a community advocate"

Figure. Model of Physician Responsibility in Relation to Influences on Health



Domains of Professional Obligation



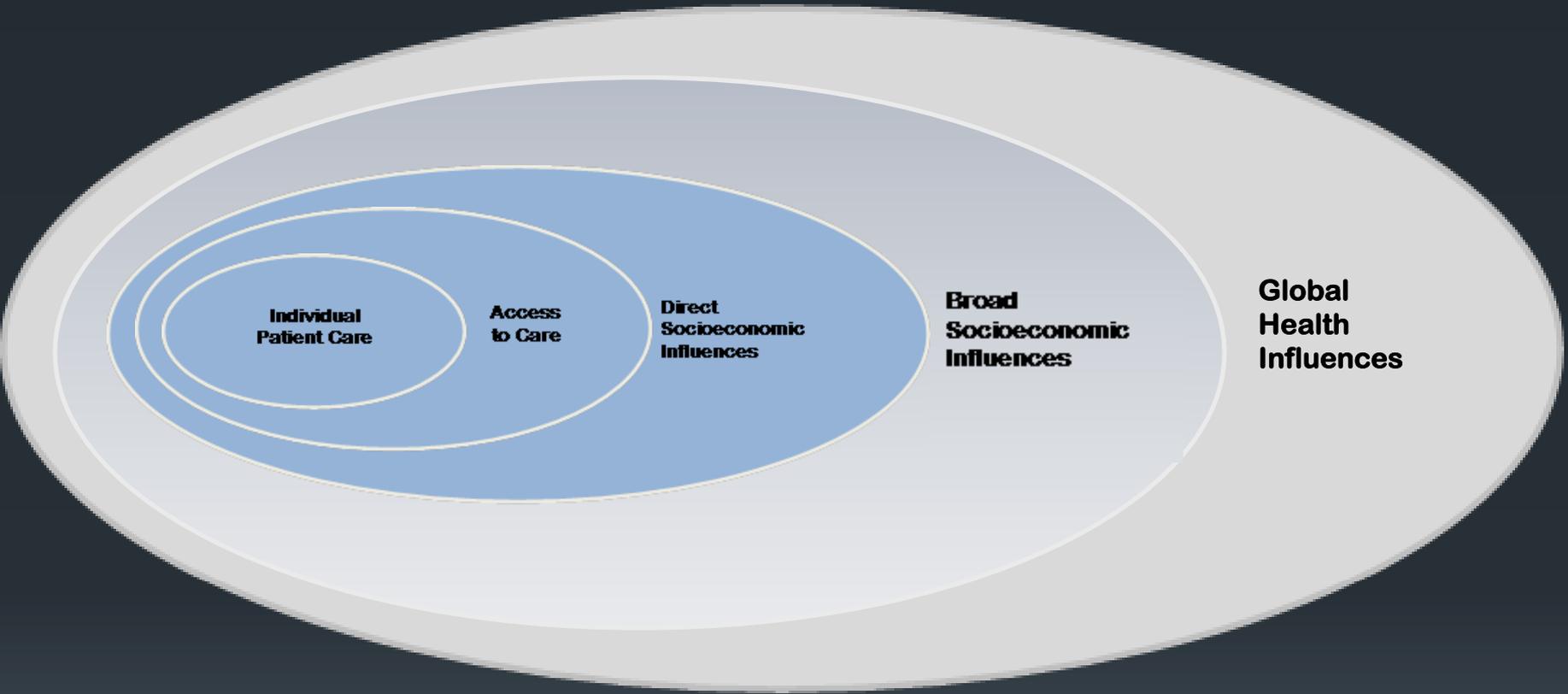
Domains of Professional Aspiration



Disclaimer #2

"You cannot be a community advocate without being a policy advocate"

Figure. Model of Physician Responsibility in Relation to Influences on Health



Domains of Professional Obligation



Domains of Professional Aspiration

Health (helth) n. Freedom from disease; physical and mental well-being encompassing social, political, economic, environmental and educational factors





Case Presentation #1

- 43yo male; mother called to make appointment b/o “cold”
- Lives 25 miles from clinic
 - and with two private FP offices between residence and Norma Clinic



Case Presentation #2

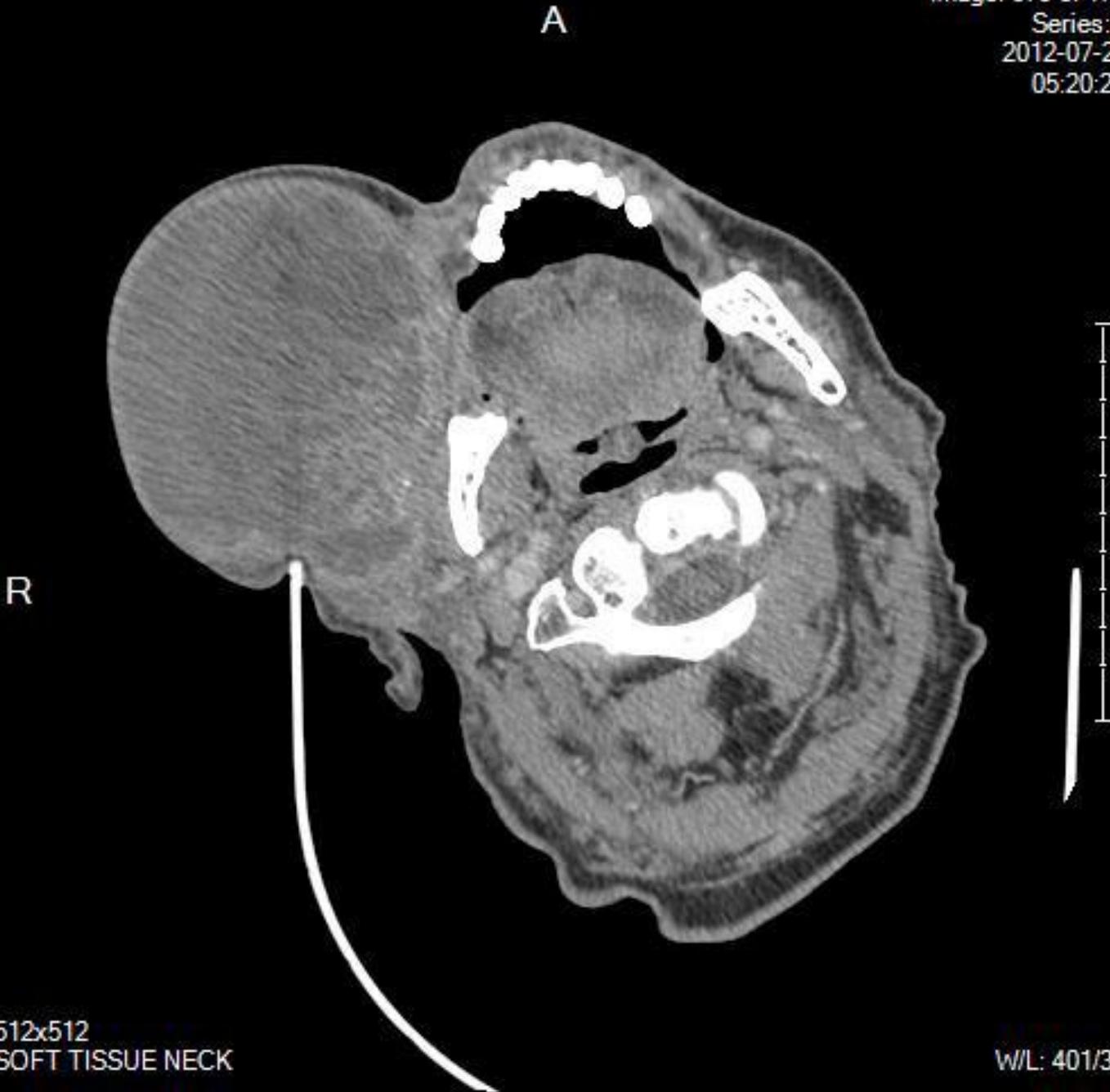
- How do you advocate for this man?



Case Presentation #3

- phone call from APS re: 78 yo male

Image: 079 of 178
Series: 2
2012-07-23
05:20:24



I consider that the first and greatest responsibility of your Medicine clerkship is to obtain a complete and accurate history, perform a complete and accurate

No one of you can tell me right now that it is a waste of time to be careful in medicine.

correctly get better. If you learn how to obtain a flawless history

What you learn in becoming a good medical observer will be useful to you always.

it may seem you have more time now than you will ever again have once you have graduated from medical school. It is only by being thorough now that you can learn how to be selectively thorough later, i.e., where you can safely take short cuts. What you learn in becoming a good medical observer will be useful to you always. Contrast this with the "facts" which you learn from your books. It is said that half of what we are taught in medical school will have been shown to be wrong during the first 10 years after we have graduated.

It is said that half of what we are taught in medical school will have been shown to be wrong during the first 10 years after we have graduated.

less motivated than is he. You can only become competent at blood film and urine sediment examinations by doing a large number of them. You will probably no longer have time to teach yourselves these skills after you have graduated from medical school.

A section called Formulation should be incorporated into each history you write. It entails the preparation of a well-organized, concise, and logical discussion based on a thorough knowledge of the patient's symptoms and signs and of the diseases which they signify. It should indicate why you are choosing one diagnosis as most likely rather than another (e.g. in a patient with chest pain, why do you think he has a pulmonary embolus rather than myocardial infarction or aortic dissection?, in a patient with abdominal pain, why do you think he has peptic ulcer

disease rather than cholelithiasis or pancreatitis?). It should also make note of the grossly atypical clinical features which suggest that your diagnosis may be wrong, and of how you are attempting to explain these features. In writing this section, one is trying to teach himself to think and to write clearly, also to be ever aware of the possibility of ERROR in his formulation of the patient's problem. Greater skill is demanded in writing this section than in the preparation of any

I expect you to spend time with each one of your patients after the initial workup in establishing rapport with him, obtaining an extensive personal history by indirect and easy means, and in showing the patient that you have a keen interest in him as a person and friend as well as a disease.

It is also possible for you to accompany your patient to major procedures, e.g., surgical operations. Record regular progress notes on all of your patients, both old and new. I expect you to spend time with each one of your patients after the initial workup in establishing rapport with him, obtaining an extensive personal history by indirect and easy means, and in showing the patient that you have a keen interest in him as a person and friend as well as a disease.

On Saturday mornings at 9:00, two patients will be presented by the VUH students to me. You will be responsible for selecting your own patients for these rounds. Your attendance at them is strictly optional, for I believe your learning occurs by what you do, not by what I say to you. Never take longer than 10 minutes to present a case, no matter how long and complicated the case seems. The case becomes incomprehensible to the audience if too much irrelevant detail is presented. Since you are presumed to know the case better than does anyone else, you are best suited to determine what the central facts are and to distill these for your listeners. Ultimately, you should be able to present any case in five minutes or less.

Should one of your patients die, you are expected to leave your regular ward duties or your home and attend the complete autopsy, just as if you were performing the latter yourself.

Check carefully with each of your fellow students for abnormal physical findings they have seen on their services. By confirming all of these findings for yourselves, you can make yourselves into adequate physical diagnosticians.

Dr. Carl Moore, the late Chairman of the Department of Medicine at Washington University, told me that he found it necessary to read medicine 3 - 4 hours every day, 365 1/4 days yearly. If he found it so necessary to read in order to remain competent, we probably need to read too in order to become competent. Half of your evenings are unscheduled so that you may have the opportunity to read about the patients you have seen. Read and think extensively about their disease problems; you are expected to be able to contribute many useful diagnostic and therapeutic suggestions toward the total care of your patients.

You will find that your time on the Medicine Service is relatively unsupervised, i.e., you will be principally responsible for your own

You are expected to help inculcate in your patients the feeling that the patient is always right, that nothing is too good for the patient, and that you consider it a privilege to

be

You will all
of us the p
the rest of

You will have been a great help and inspiration to us, made us better doctors for your presence.

occasionally to remind yourselves of what you are able to do all of the above, you will probably find that your time has been well spent and a satisfying experience. You will have been a great help and inspiration to us, made us better doctors for your presence. You will also probably have learned that for each one of us the primary teaching responsibility now and for the rest of his life lies within himself.