A Day in the Life – Neighborhood Healthcare

At 6:30 a.m. my alarm reminds me that I have work in two hours. An all-too-short 45 minutes later, I leave my house to make the 30-mile drive to work at Neighborhood Healthcare (NHC) in Escondido, CA. Upon arriving at the clinic, I walk into the provider office, a corner of the clinic where the doctor and four nurse practitioners can work on charting, filling prescriptions, and getting advice from each other on the best treatments for complicated patients. I set down my things at a computer and log on. Once the nurse practitioner I’m shadowing comes in, she logs me into the program on which all of NHC runs: eClinicalWorks (eCW).

eCW is a program that has all of the electronic copies of any and all documents pertaining to any patient. In the right corner of the main screen are counters, sometimes referred to as “jellybeans,” that contain: numbers of patients that have arrived and are ready to be seen on the schedule, lab results of other patients, telephone encounters to which the provider must respond, and unreviewed documents pertaining to patients (e.g., recent ER documents, health insurance changes, patient self-health assessments, and so on).

Once I log onto eCW, I do a quick reading of the histories of present illness and other pertinent illnesses/diagnoses of the patients coming into the clinic for the morning, and briefly convey this information to the provider. Throughout my college career, I have worked to synthesize information in a succinct and coherent manner, and enjoy putting these skills to use in a clinical setting. I give the nurse practitioner a brief summary of patients’ medical histories, their recent hospitalizations, reasons for recent clinic visits, and pertinent personal histories. This has proven to be relatively helpful, as she has had
hundreds of patients over the 15 years she has worked at NHC and may not remember minute yet pertinent details about the patients to be seen that day, and I like helping her in any way I can before we see patients.

We normally see our first patient at 8:45 a.m., and see patients continually throughout the morning until the clinic closes for lunch at noon. At noon, the nurse practitioner does some of the important yet monotonous charting that needs to be done after patient encounters. “Charting” is a documentation technique when a provider documents everything about the patient visit, including a complete review of body systems checked during the appointment, reasons for prescribing medications or making specialist referrals, conversations with the patient, and discussion of procedures performed for patients. These documents get “locked” soon after charting is completed, upon which one can only change the document under specific circumstances. This is done to have a concrete, unchangeable record of the visit to which the provider can refer later – or another provider, should the patient choose to switch providers.

While seeing patients, the nurse practitioner allows me to auscultate, or listen to with a stethoscope, the lungs of patients with COPD, auscultate heart murmurs, and observe various procedures like packing abscesses (open and infected skin wounds), extractions of comedones (infected skin lesions), and special breathing treatments for patients short of breath. Sometimes before a patient procedure, I convey either last-minute critical information or clarification questions between the providers and the medical assistants, like the precise supplies needed or whether we have local anesthetic, (e.g., Lidocaine) in stock at the clinic so a procedure can be done. I really enjoy watching medical procedures because they highlight the importance of primary care providers. While some
view primary care providers as just a “gatekeeper” to specialists, observing procedures has shown me that primary care providers need to be talented in many skills to maintain the welfare of their patients. Additionally, procedures highlight the importance of teamwork in a medical setting.

Another facet of shadowing at NHC that I thoroughly enjoy is seeing patients on a regular basis. Working as an EMT with the Brandeis Emergency Medical Corps, I rarely see patients more than once, or pursue any kind of follow-up after I transfer them to the next level of care. However, at NHC, patients are seen routinely, from as often to every few days to as sparingly as every few months. For example, new patients with largely uncontrolled diabetes need to come to the clinic every few days to get their blood sugar checked and to attend diabetes classes held by primary care providers at the clinic. However, patients with their chronic conditions under control can be seen every few months or so as long as they can continue a healthy lifestyle.

I think this continuity of care is a key aspect of practitioners maintaining a strong rapport with their patients. Shadowing at NHC, I have learned the value of having a trusting relationship with patients, and think that this will apply well to other settings. For example, this fall I am working as a Campus Ambassador for the Gift of Life Bone Marrow Foundation, as an advocate to add more people to the bone marrow registry. I think that building a strong rapport with patients at NHC will help me be a better advocate at the Gift of Life and other organizations because I will better understand the patient perspective and, as a result, can better advocate for their needs.

The general patient experience at NHC is not unlike most patient experiences at other clinics, with one major exception: the compassion of the providers. As a patient
arrives, (s)he is called back to the medical assistant office within minutes of his/her appointment time. The medical assistant weighs the patient and takes the patient back to an exam room to complete measuring vital signs, record personal and medical histories, and document any changes in medications. Within a few short minutes, the primary care provider enters the exam room, greets the patient, and asks about the patient’s health using compassion and genuine concern. Up until the entrance of the provider, the experience at NHC is like that of any other clinic. However, it is this trusting, caring, and genuine nature of the providers at NHC that makes a patient visit smooth, efficient, and high quality. The providers and medical assistants work extremely well together to support such experiences at the clinic.

Regarding my three specific expectations, I have made significant progress on two: learning how to effectively provide for a patient with strong language barriers, and learning how healthcare providers work together to provide the best patient care possible. Many of the patients at NHC speak Spanish. Therefore, the nurse practitioner relies on medical assistants to serve as translators. I am relatively fluent in Spanish, so I always enjoy listening to the conversation between the patient and nurse practitioner through the medical assistant. One time, however, the medical assistant was unable to correctly translate what the patient was saying to the provider, so I stepped in and translated for the interaction. That was a pretty big accomplishment for me because it required trust on the part of the provider and the patient, and I was able to help in some way, however small. One day I hope to be a physician for patients who primarily speak Spanish, so this was an important accomplishment for me. Translation can be particularly challenging because it is critical to correctly explain medical procedures, medications, or patient concerns, and one
slip-up could cause major problems like prescribing incorrect medications or incorrectly referring the patient to a specialist.

I have been able to develop not only my translation skills, but also my interpersonal skills during this internship. With every patient interaction, I learn more about the compassion required by providers for their patients and the appreciation patients have for their excellent providers. In talking with patients, I have been developing rapport to a point at which some trust me enough to tell me very personal details about their physical and mental health. This internship has also continued to develop my patience, as there have been some patients who demand they receive a particular treatment, even if it isn’t indicated for their problem. I have worked hard to explain why certain treatments or procedures are unnecessary, sometimes multiple times, to convey the reasoning adequately to the patient. I believe patience will be vital for continuing in the healthcare field.

In terms of the other expectation, I have observed the providers working together to determine the best possible treatment(s) for complicated patient scenarios. They put their entire selves into these patients, and it shows through excellent patient care and patient satisfaction. While helping these patients can be challenging due to socioeconomic status, mental or physical disabilities, or language barriers, these providers act like these are mere bumps in the road, and roll over these complications to provide their patients with the care they deserve. I aspire to be as creative and effective as NHC providers are in their treatment decisions, and can’t wait to see what else I learn during the time that remains.