

## COMMUNITY and RURAL HEALTH

*Contact:* Patty Davis (559-2263)

*When to contact:* One month prior

*Preceptors:* Sheryl Pitner, M.D.

*Where to meet:* Dr. Pitner's office, 5147, as per your schedule

### Purpose:

The rotation is designed to increase the residents' awareness of the relationship between community and social factors and children's health and prepare them for their role of advocate for the health of children within the community. The rotation will increase their awareness of the agencies and resources outside of the University setting that provide valuable resources for the care of children. Additionally, this rotation will help develop skills for collaboration with community agencies and schools that can help in their future practice.

### Objectives:

Residents must be able to interact with families and community-based partners to gain and incorporate knowledge about the influence of the external environment into the practice of Pediatrics. The goal of the rotation is to help residents recognize social factors that influence health, consider primary prevention strategies and partner with community agencies to improve and advocate for child health. Residents must demonstrate interpersonal and communication skills that result in effective information exchange and teaming with patients, their families, and professional associates. Residents must demonstrate a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to diversity.

- 1) To provide resident physicians with additional knowledge, skills, and experience necessary to assess and practice within the community
- 2) To introduce resident physicians to their role as advocates for children in their community
- 3) To provide essential medical and health promotion activities to underserved children in our community

### Methods:

- 1) Attend scheduled clinics at SONA and One World Health Center
- 2) Attend scheduled clinics and forensic interviews at Project Harmony and court hearings when available
- 3) Attend SCAN meetings (UNMC), CAT meetings (Children's) and/or LB 1184 team meetings
- 4) Attend pediatric dental clinics
- 5) Work in a rural Nebraska practice for one week
- 6) Participate in a practice management curriculum
- 7) Prepare and give talks to the inmates at the Douglas County Youth Center
- 8) Attend scheduled evaluations and home visit with Early Intervention
- 9) Attend introductory session with the Douglas County Health Department and office and site visits with specific agencies within the department
- 10) Attend home visits with VNA, Children's Home Health and/or Children's World

- 11) Attend sessions with Kohl's pharmacy on prescription writing, compounding and durable medical equipment
- 12) Schedule and attend visits at community agencies
- 13) Research and write a profile on a community agency that provides services to children and/or families or a current legislative initiative or bill regarding the health of children

### Orientation/Evaluation

Orientation will be with Dr. Pitner at the start of the rotation and the aspects of the rotation listed below will be explained in further detail. Dr. Pitner will also meet with you mid and end of the month. Evaluations will be completed by Dr. Pitner and the staff you work with at the sites.

### SONA Clinic

SONA is staffed mostly by nurse practitioners. Dr. Medder in Family Medicine is the on-site supervisor and available for urgent/emergent needs. If you have questions about patients please call one of the pediatric attendings at the Pediatric clinic at UNMC by calling one of the following numbers in our clinic workroom: 559-6711, 559-6712, or 559-5239. You may also call the main number, 559-4208, if you have trouble getting through on the other lines.

If a child needs admission or you do not feel comfortable treating them independently, call the above numbers and admission or a clinic visit will be arranged through the UNMC Pediatric Clinic.

The clinic is from 1:00-5:00 PM on either Wednesday or Thursday. Appointments will be scheduled for you during this time, so please contact Dr. Sheryl Pitner, pager 888-2298, if you are ill on that day.

The clinic addresses:  
5155 S. 36<sup>th</sup> St.  
595-2794

### One World Health Center

At the One World Clinic you will have an interpreter provided and there will be an attending with which you work. The hours are 8:30 AM-12: 00 noon and 1:00-5:00 PM.

Address: 4920 S. 30th  
734-4110

### Project Harmony

This is an evaluation center for child abuse, mostly sexual abuse. You will have the opportunity to observe abuse evaluations, including the use of colposcope for genital exams. Please ask the attending physician if they are scheduled for any court hearings during the month so that you may accompany them.

The clinic hours are 9:00 AM-12: 00 noon on Wednesday or 1:00 PM-5:00 PM Thursday. There are teaching slide sets to review during down time at the clinic.

You may also observe a forensic interview. These are scheduled on an as-needed basis, so please call the clinic or ask while you are there to find out what time an interview is scheduled.

\*Please call the day prior to see when the first patient is scheduled.

Address: 7110 "F" St.  
595-1326

### Douglas County Youth Center

You will have a tour of the youth facility and then return to provide two 50-minute health promotion talks to two different groups of adolescents. You will receive information about the group to which you will be speaking on the day of your tour. Some suggested topics include: AIDS, tobacco use, violence, alcohol and other drug use, STD's, pregnancy prevention, hygiene, safety/risk taking behavior, nutrition, abuse, or anything else you feel appropriate. Make sure to leave time for questions and answers as there are usually several. Anonymous written questions elicited from the group during the talk may be appropriate. Mr. Rowe is the contact person.

Address: 1301 S. 41<sup>st</sup> St.  
444-4054

### Child Abuse Review Teams

Dr. Pitner will give you information on meetings at the start of the rotation.

### Pediatric Dental Clinic

The clinic is from 1-5 PM Tuesday in Munroe Meyer room 1008. There is a lecture in the afternoon that you may attend if the topic is pertinent to general pediatric care, otherwise remain in clinic. This is your chance to learn more about oral health care and exam to advocate for better oral health in your patients. You will get more out of the clinic if you ask questions and be specific about any particular areas of interest (i.e., how to do a better oral exam for health care maintenance visits).

### Rural Practice Week

The week will be set up for the third week of the month (unless there are conflicts with scheduling and it will be the second week). The practice site is assigned and housing is shared among many other disciplines, so will only be changed in the event of an emergency. The goal is to learn about rural practice patient care, practice management and community involvement. We will make arrangements for housing for family if needed.

### Early Intervention

You will make home visits with the therapists. If possible you will be scheduled for a new evaluation as well as follow-up sessions.

### Home Health Visits

Visits with one or several home health agencies will be arranged. When possible you will also have an interview with a family with special-needs kids at home to learn more about the complexities and difficulties encountered.

### Douglas County Health Department

The goal is to learn more about the Health Department, its role in child health and prevention, and experience first-hand community problems and needs. You will receive an overview of the role of the Health Department and work with several different areas including lead evaluation, WIC, day-care and school inspections, refugee issues, sanitation, laboratory, infectious disease, TB, vital statistics, traveler's clinic, Access Medicaid and other areas as they become available.

### Kohll's Pharmacy

You will attend 2 sessions at Kohll's to learn more about prescription writing, compounding, and durable medical equipment to better meet the needs of children with chronic and disabling conditions.

### Practice Management

You will have a practice management curriculum to supplement what you learn at retreat and to facilitate working with and evaluating your rural site. This will hopefully help you to evaluate future practice opportunities also.

### Written Project

You will also be responsible for other community agency site visits of your choice. You will be required to write up one visit (Dr. Pitner will give you more instructions). As part of advocacy, you may choose to research a bill that pertains to children's health either nationally or locally and write a report on the bill and its significance.

### Reading List:

The following reading list is available and in the process of being updated:

1. Alperstein G, Arnstein E. Homeless children – A challenge for Pediatricians. *Pediatr Clin N Amer* 1988; 35:1413-1425.
2. Dubowitz H, Newberger CM, Melincoe LH, et al. The changing American family. *Pediatr Clin N Amer* 1988; 35:1291-1311.
3. Edelman MW. Who is for the children? *Amer Psychol* 1981; 36:109-116.
4. Gortmaker SL, Walker DK. Monitoring child health in communities. In: Monitoring Child Health in the United States: Selected Issues and Policies; Walker DK, Richmond JB (eds.); Harvard University Press, Cambridge, MA, 1984; 85-103.
5. Kleinman A Culture in the Clinic: A clinical framework for assessing cultural problems in patient care. Manuscript.

6. Kleinman A, Eisenberg L, Good B. Culture, illness, and care. Clinical lessons from anthropologic and cross-cultural research. *Ann Int Med* 1978; 88:251-258.
7. Lesser AJ. The origin and development of maternal and child health programs in the United States. *Am J Pub Hlth* 1985; 75:590-598.
8. Miller CA. Child health. In: Epidemiology and Health Policy; Levine S, Lilienfeld A (eds.); chapter 1.
9. Nersesian WS, Petit MR, Shaper R, et al. Childhood death and poverty: A study of all childhood deaths in Maine, 1976 to 1980. *Pediatrics* 1985; 75:41-50.
10. Schor EL. Foster care. *Pediatr Clin N Amer* 1988; 35:1241-1252.
11. Spivak H, Prothrow-Stith D, Hausman AJ. Dying is no accident. Adolescents, violence, and intentional injury. *Pediatr Clin N Amer* 1988; 35:1339-1347.
12. Wise PH, Kotelchuck M, Wilson ML, Mills M. Racial and socioeconomic disparities in childhood mortality in Boston. *N Engl J Med* 1985; 313:360-366.
13. Wise PH, Meyers A. Poverty and child health. *Pediatr Clin N Amer* 1988; 35:1169-1186.
14. Scheidt PC. Behavioral research toward prevention of childhood injury: Report of a workshop sponsored by the National Institute of Child Health and Human Development, September 30, 1986. *AJDC* 1988; 142:612-617.
15. Duncan GJ, Hill MS, Hoffman SD. Welfare dependence within and across generations. *Science* 1988; 239:467-471.
16. Preston SH. Children and the elderly in the U.S. *Scientific Amer* 1984; 251(6):44-51.
17. Bohigian GM, et al. Education for Health: A role for physicians and the efficacy of health education efforts. *JAMA (Council on Scientific Affairs)* 1990; 263:13, 1816-1819.

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