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Research Programs

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Baylor Scott & White: Hillcrest Medical Center Clinical Research Internship Reflection

The project was conducted at the Hillcrest Pediatric Clinic in Waco, TX. It consisted of a survey administered to the guardians of patients after they had been roomed, but before the physician had seen the patient. The survey contained (among other things) questions related to previous encounters with mid-level providers, type of visit, and wait time rating. The focus of the survey was the guardian's preference between primary care physician and mid-level provider when timeliness of care was a factor.

There were six interns in our group, and we averaged two-to-three shifts per week. Each shift consisted of four hours in the Clinic. When I entered the clinic, I would check the schedule of the nursing staff (which showed the status of the patients and the occupancy of the rooms) in order to determine which room to enter. I would administer the survey after the nursing staff had roomed the patient, then I would submit the results at the end of the week to our group leader, Kailey Stiles.

The mission of Baylor Scott & White Hillcrest is to personally provide the highest quality healthcare in a compassionate Christian environment, enhanced by medical education and research¹. The research conducted by the interns in the Hillcrest Pediatric Clinic contributed to the goal of providing the highest quality healthcare to patients. Extended wait times are a very real concern in pediatric clinics, so the research looking into the reduction of wait times with the addition of mid-level providers could result in

more manageable wait times. The aspect of undergraduate interns conducting research at the Pediatric Clinic also speaks to the “medical education and research” aspect of the mission statement.

My internship connected with my academic experience, particularly with Genetics and Human Physiology at Baylor University. The administration of the survey did not directly incorporate classes I had taken, but, on several occasions, pediatricians at the Clinic would pull me aside in order to tell me about interesting cases. For these cases, knowing the basics of Mendelian inheritance, as well as the passage of blood through the heart (in one instance) helped me to better understand the physicians.

The research conducted by the interns at the Hillcrest Pediatric Clinic relates to the current rise of the mid-level provider in the realm of primary care. Mid-levels are able to perform a majority of the work conducted by a primary care physician, while operating at a much lower cost. The mid-level providers may be hired to staff overbooked primary care clinics. They can see patients for acute care, or function as an extension of a primary care physician, in order to build relationships with the patients². Nurse Practitioners and Physician’s Assistants are a smart business decision because they are able to lower the cost of health care, assist people in underserved populations, and maintain the same level of care as a primary care physician. The supply of primary care doctors is not meeting the demand, which supports the concept of bringing in mid-level providers. The number of mid-level providers in the United States has doubled since 1990³. The Pediatric Clinic at Hillcrest already employs a Physician’s Assistant, so the manager has proved willing to comply with the trend in primary care. Interestingly enough, a study was conducted looking at the control of diabetes among patients enrolled in Veterans Affairs. It was

found that, when nurse practitioners were included in the care of the patients living with diabetes, the control over diabetes improved, compared to patients that did not interact with nurse practitioners⁴. The role of the mid-level provider is becoming a more popular business strategy, and, in a popular Pediatric Clinic, the hiring of additional mid-levels may help to lesson overall wait times and the amount of frustrated parents.

My most significant opportunities to network and learn new skills definitely exceeded my expectations for the internship. A couple weeks into the internship, one of the physicians at the Pediatric Clinic asked me if I wanted to shadow her on rounds at the hospital. I wholeheartedly agreed and was able to observe a circumcision of a newborn, as well as the interaction between the pediatrician and the new parents as she went on rounds. After the newborn area of the hospital, she went to Kidsville, where we encountered a one-year-old with a cyst on his throat. Through a surreal combination of events, I wound up in the operating room (for the first time) watching Dr. Tandy perform throat surgery on the child. I had the opportunity of taking Dr. Tandy's Human Physiology class the previous spring, so the experience was indescribable. In another opportunity presented to me by the same pediatrician, I was able to shadow her husband (an orthopedic surgeon) and observe him as he performed seven surgeries. These experiences to shadow and observe surgeries (on top of the duties of the internship) were mind-blowing. I was able to write impassioned secondary application essays based on these fresh experiences, and the knowledge that I gained from asking the pediatrician about the application process and general medical school knowledge was invaluable.

The internship affected me positively, and in ways that I could not have expected. It became obvious that the harder you worked, the more you got out of the internship, so

working hard resulted in exciting experiences detailed above. I was able to grow personally through the relationships that I made with the staff (both the nursing staff and the physicians). I was able to grow intellectually through exposure to the business aspect of the Clinic. Focusing on the more cost-effective, mid-level providers opened my eyes to the variations of healthcare providers.

An initial goal given to us by our mentor was the collection of 300 surveys by the end of the summer. On my very first day, a PA offered to let me shadow her in order to collect surveys from her patients. While this was a very nice shadowing experience, it was not conducive to collecting a large volume of surveys. I learned that it was much more effective to stand by the nurse pods and wait for the patients to be roomed: this allowed for a collection of more surveys, as well as an increased variety of surveys (as we were able to collect surveys from patients of every physician). During the second week, I noticed that, when the nurses told us when it was time to enter a room, they would check their interactive schedule (showing the status of the rooms and which rooms the physicians were in). I asked a nurse to teach me how to read the schedule, and this greatly increased the efficiency of the survey collection. I talked to the other interns about implementing this style of collecting surveys, and this made the interns much more self-sufficient. At the end of the summer, we collected about 870 surveys.

My experiences impacted my perception of healthcare systems in terms of pediatrics. I was personally surprised at the amount of people that were willing to let their kids see mid-level providers over waiting to see their primary care physician (32% willing to reduce wait time to see a mid-level for sick visits compared to 19% for well visits). I was also enlightened as to the scheduling that takes place between the doctors

over the summer. Some of the pediatricians are part-time, and two of the physicians were on maternity leave at staggered times throughout the internship. Couple these scenarios with the doctors wanting vacation time (well-deserved) over the summer, and scheduling became very difficult, even with 8-9 practicing healthcare providers in the group. There were days when two physicians would be available to see patients. I learned that most of the patients at the Clinic had seen most of the pediatricians in the clinic, which was unusual to me, because I had only seen one pediatrician growing up.

My experience has prepared me for a career in healthcare because of the opportunities that arose from building relationships with the nursing staff and physicians. I learned about the importance of mid-level providers in a clinical setting, which I was previously uneducated about.

My greatest take away from the experience is that hard work is rewarded. When people put their heads down and work to complete a task, they will encounter experiences above and beyond what they anticipated. This summer, I was able to experience one-on-one patient interaction, as well as relationships with the staff at the Hillcrest Pediatric Clinic. Those relationships resulted in my first (and second) experiences in an operating room, as well as the prospect of mentors as the medical school application process progresses. From this experience, I will take away the relationships that I made and the experience of working in a healthcare setting. The aspect of this internship that I was not expecting turned into my biggest take away. I strongly recommend this internship to anyone looking to gain valuable insight into the healthcare field.

References

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- ⁴ Jackson, George L., et al. "Employment of Mid-level Providers in Primary Care and Control of Diabetes." *Primary Care Diabetes* 5.1 (2011): 25-31. Web.