

health connection

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COWBOY DOCTOR:

*Solving the Rural Health Crisis...
One Recruit at a Time*



 JANE PHILLIPS
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COWBOY DOCTOR:

Solving the Rural Health Crisis... One Recruit at a Time

By Connie Cronley

The following is an excerpt from an article that appeared in the spring 2010 issue of *Sooner Magazine*. *Health Connection* gratefully acknowledges editor Carol J. Burr for permission to reprint.

If the state's veterinary college had accepted W. Michael Woods, he would not have become a physician.

"I tried twice," he said. "They didn't want me."

So he became, not just a physician, but an acclaimed physician, known familiarly as Oklahoma's "Cowboy Doctor."

Praised as "my model doctor" by Gerard Clancy, president of OU-Tulsa, where Woods is a professor of family medicine.

Nationally recognized for his work as program director of OU-Tulsa's Rural Residency Program in Ramona, population 574, in northeast Oklahoma.

As he was headed toward veterinary medicine, Woods collected degrees in zoology and physiology. That is how Oklahoma came to have a physician who is an expert in prairie rattlesnake venom and the reclusive brown spider.

His workday starts at 6:45 a.m. at Jane Phillips Hospital in Bartlesville, where he checks emergency room patients and makes teaching rounds with the residency doctors. By nine o'clock, he is at the Ramona clinic supervising and teaching residents who see some 400 patients a month. Once or twice a week, he drives to Barnsdall where, accompanied by the residents, he supervises the rural health clinic.

He volunteers at the Green Country Free Clinic in Bartlesville and serves as volunteer medical director for the community fire departments of Ramona, Ochelata

and Vera. Evenings, he is on the sidelines at Ramona football, basketball and baseball games in case of injuries.

To cover this territory, Woods drives about 30,000 miles a year.

"One thing I like about my job," he said, "is that there is no such thing as a typical day."

Career Options

Full disclosure: Woods did not become a doctor simply because he could not become a veterinarian. He had considered other career options, starting with aerospace medicine, but allergies and a farm accident ruled out his acceptance into the Air Force Academy. By the time he had a master's degree from Oklahoma State University, his interest had turned to medicine and research.

After acquiring a medical degree from the University of Oklahoma and completing family practice residency in Tulsa in 1987, Woods opened a private family practice in Ramona.

Today, Ramona is small and languishing—except for a new school and the new clinic Woods built.

The clinic would come later, but from the beginning, the new doctor's arrival in a town the size of Ramona was a godsend to the area. "He has meant everything to us," a local resident said. His patients, then as now,

come from the entire Caney River Valley. He was the area's primary obstetrician. Two decades later, Woods has delivered a generation of citizens.

Destination: Ramona

A passion for teaching led him to a part-time faculty position with the Bartlesville Family Practice residency program while maintaining his full-time private practice. With community support and the assistance of professional colleagues, he designed a new Ramona rural residency program, closing the one in Bartlesville in 1993.

In the OU medical system, the Ramona clinic was the first in the state to incorporate a wireless electronic medical record. His pioneering efforts led OU-Tulsa

to implement the technology in its entire network of physicians, more than 300 physicians and 26 clinics, reducing medical errors and improving health care efficiency.

The rural residency program opened in Ramona in 1996 with one resident. Fully accredited by the Accreditation Council for Graduate Medical Education, it has been expanded twice and can accept three residents a year. The graduation rate is 100 percent—25 residents, now all practicing in small communities. All are sorely needed.

Meeting a Crisis

"Recruiting medical students to rural medicine is no easy task," said OU-Tulsa President Clancy.

The shortage of physicians in the rural United States has become a



Dr. Woods (middle) and residents meet daily in the doctors' lounge at IPMC to review cases.

health care crisis, said Woods. His colleagues in Nebraska, Ohio and elsewhere agree; they join Oklahoma in providing some of the nation's only 28 rural training-track residency programs.

That health care shortage,



especially in rural areas, will grow dramatically in the next decade due to a rising population and aging work force.

Why are not more young doctors drawn to rural practice? Money.

Not salary. "That's not why we do this work," Woods said. The prohibitive factor is college debt. "The average medical school debt is \$155,000," Woods explained. "That's not including undergraduate debt. Some graduate with \$250,000 to \$300,000 in college debt." The quickest way to pay off that debt is to go into a medical specialty.

Owned by the Town

Woods is the only full-time faculty member in Ramona, assisted by three part-time faculty. Yet, he is not a lone voice on the prairie.

"I designed this rural

residency with community ownership," Woods said. Its rural medical education steering committee is comprised of members from the OU-Tulsa administration, OU-Tulsa Family Medicine, Jane Phillips Hospital medical and administrative staff, Bartlesville business leaders and the Caney Valley Medical Foundation. "This helps me keep the community informed about the residency's operation, and they help direct the clinic's patient services. This arrangement works very successfully."

Recruiting New Docs

The problem Woods faces in promoting health care in small communities is simple: "We don't get enough people going into rural medicine," Woods said. Medical students from urban areas may not appreciate the life style. The two characteristics he

looks for in potential residents are a rural background and good communication skills.

"The biggest key in medicine is communication with the patient."

Training residents two or three at a time, Woods is doing his part to alleviate the crisis in rural health care.

It is much like the classic story of the boy throwing beached starfish back into the ocean.

"You're wasting your time," a passing adult told him. "Just look—there are hundreds of starfish up and down this beach. You can't possibly make a difference to all of them."

The little boy looked at the beach full of starfish, then threw another one into the water. "Maybe not," he said, "but I sure made a difference to that one." **JP**

Connie Cronley is a freelance writer and book author living in Tulsa.

Sports Medicine Clinics To Be Held on Saturdays

If it's football season, it's time once again for the JPMC Sports Medicine Clinic. Every Saturday (September 4 through November 6) from 9 a.m. to 11 a.m., the clinic will offer exams to student athletes by the outpatient entrance by the Emergency Room. Normal charges apply. The ten-week clinic features Orthopedic Surgeon Dr. Scott Cochran.

"This is an excellent opportunity for students who get hurt during the week to get in quick and be seen by a sports medicine specialist," said David Villasenor, Manager of Physical Medicine Services. "This has been a very successful program and we are excited to offer it again."

Villasenor emphasized the clinic is solely for student athletes and not for weekend warriors or adult enthusiasts. In addition, a parent or guardian must accompany students under the age of 18.

Alan Mount the Sports Medicine Coordinator continues to advise area coaches, athletes, and their parents in the prevention and care of sports-related injuries. **JP**



BACK to SCHOOL

safety tips

Reading, writing and arithmetic aren't the only things that children need to help them prepare for back to school in the fall. There are several health and safety tips that will get their year off to a great start.

Playground Safety:

Playground accidents are one of the leading causes of injury to children in elementary school. Each year, in the United States, more than 200,000 children receive emergency department care for injuries that occurred on playground equipment. Approximately 3 out of 4 playground accidents occur on public playgrounds, including school facilities, as opposed to backyard play equipment.

The leading cause of deaths related to playgrounds and playground equipment is strangulation. Approximately, 15 children per year die from playground-related injuries such as strangulation when a piece of loose clothing or jewelry gets caught on equipment or the child's head gets stuck between climbing bars.

1. For outdoor play, children's clothing and outerwear should be free of drawstrings and should fit snugly to minimize the risk of getting stuck in a piece of equipment.
2. The ground should be covered 12 inches deep with shredded rubber, hardwood fiber mulch or fine sand, extending at least six feet in all directions around the equipment.
3. Even with proper surfacing, teachers and playground monitors need to keep kids in sight and in reach on the playground.
4. For outdoor play, children's clothing and outerwear should be free of drawstrings and

should fit snugly to minimize the risk of getting stuck in a piece of equipment. Do not allow kids to wear helmets, necklaces, purses or scarves on the playground or engage in any pushing, shoving or crowding around playground equipment.

Immunization:

Immunization is important to help protect your child from common infections. If a child is not vaccinated and is exposed to a disease germ, the child's body may not be strong enough to fight the disease. Before vaccines, many children died from diseases that vaccines now prevent, such as whooping cough, measles, and polio. Those same germs exist today, but babies are now protected by vaccines, so we do not see these diseases as often. In most states, it is required that children who attend childcare or school be protected from certain diseases.

- So be sure to make—and keep—those appointments during your child's early years and even in the teen years.
- Check to see if your child or teen is up-to-date on his vaccines at each visit. If he gets behind, ask your doctor to help him catch up.
- Bring your child's immunization record with you and have it updated at each visit.

Sleep:

For many children and teens, summer vacation is synonymous

with staying up late and sleeping in. Returning to an early morning sleep schedule can be challenging, but it is vital to the health and successful school performance of America's youth. The National Sleep Foundation (NSF) is calling on parents and students to start adjusting their sleep schedules now, in order to be well-rested and alert for the start of the school year. According to the National Sleep Foundation, children and teens overall do not get enough sleep. School-aged children get an average of 1.5 hours less than the recommended 10 to 11 hours of sleep per night on school nights, and only 20 percent of adolescents get the recommended 9 hours of sleep per night on school nights. In fact, nearly half of all adolescents sleep less than eight hours on school nights.

Tips for Getting Your Child's Sleep Schedule Back on Track:

- Several weeks to a month before the start of school, set a limit for the latest bedtime and wake up time. Then gradually move these times earlier (about 15 minutes every other day, time permitting) as the school year starts to approach.
- Soak in summer's last days with early mornings rather than late nights. Emphasize activity and bright light in the morning: go outside and take a walk or play with friends, don't sit indoors or in front of the television.
- Maintain a regular bedtime—keeping the same sleep schedule

makes it easier to fall asleep at night and wake up in the morning.

- Establish a sleep routine—avoid exercising or doing anything too intellectually stimulating in the last couple of hours before going to bed.
- Create a good sleep environment—cool, dark, quiet and comfortable.
- Limit caffeine, especially after lunchtime.
- Turn off the TV. Flickering light and distributing content can prevent good sleep. And, adolescents with four or more such items in their bedrooms were more likely than their peers to get an insufficient amount of sleep at night and almost twice as likely to fall asleep in school and while doing homework.

Germs:

Although they are small and tiny, exposure to germs can be a huge problem as children go back to school. Germs are found all over the world, in all kinds of places. There are four major types of germs: bacteria, viruses, fungi, and protozoa.

Addressing the spread of germs in schools is essential to the health of our youth, our schools, and our nation. Nearly 22 million school days are lost annually due to the common cold alone.

- Tell your children to wash their hands for as long as it takes them to sing their ABCs, "Row, Row, Row Your Boat" or the

“Happy Birthday” song.” Use an antibacterial soap with warm water for best results.

- Restrain from allowing your children to share drinks with their friends. Besides passing along many simple illnesses, sharing can lead to a very serious disease called meningitis, which is a bacterial or viral infection that causes headache, high fever, vomiting, and a stiff neck. Meningitis can be fatal in some cases. Also abstain from sharing personal hygiene products such as your hairbrush.
- Sneezing is a leading way to pass germs onto others. It is recommended that if your child sneezes, to do so in a tissue or other disposable substance. When there are no tissues available, your child should turn and sneeze into the crook

of their arm. Never allow your child to sneeze into his hands because he can spread and contract germs in large numbers by doing this.

- If you think that your child may be sick, it is best to opt to keep him home from school. Of course, the older your child is, and the more he understands about how to minimize passing germs to others, it may be okay to send him along.

Backpack Safety Tips:

Help your child avoid lower back pain and injury this school year - follow these simple backpack safety tips.

- When fully loaded, your child's backpack should weigh less than

15 percent of his body weight. To help your child know what this weight feels like, use your bathroom scale to measure the right backpack load.

- Buy a backpack with two wide, padded straps that go over the shoulders—and make sure your child uses both straps at all times.
- Choose a backpack with a padded waist or chest belt. This distributes weight more evenly across the body. Multiple compartments also help distribute the weight.
- Your child's backpack should not be wider than his body.
- Consider a backpack with a metal frame (like hikers use) or on wheels (like a flight attendant's bag). Check with your child's school first to see if these types of bags are allowed.

- Make sure your child isn't toting unnecessary items. Laptops, CD players and video games can add a lot of pounds to a backpack.
- Heavier items should be placed closer to the back of the backpack, next to the body.
- Picking up the backpack properly is important. As with any heavy object, your child should bend at the knees and grab the pack with both hands when lifting it to his shoulders.
- Encourage your child to develop stronger lower back and abdominal muscles—this will help avoid back injury. Weight training and yoga are two activities that can help strengthen these core muscles.

Guidelines for Parents of Children in Sports:

1. Make sure your children know that—win or lose—you love them and are not disappointed with their performance.
2. Be realistic about your child's physical ability.
3. Help your child set realistic goals.
4. Emphasize improved performance, not winning. Positively reinforce improved skills.
5. Don't relive your own athletic past through your child.
6. Provide a safe environment for training and competition. This includes proper training methods and equipment.
7. Control your own emotions at games and events. Don't yell at other players, coaches or officials.
8. Be a cheerleader for your child and the other children on the team.
9. Respect your child's coaches. Communicate openly with them. If you disagree with their approach, discuss it with them privately.
10. Be a positive role model. Enjoy sports yourself. Set your own goals. 🏆





GLITZ MAKE A DEAL

Join Bluestem Regional Medical Development Foundation for some classic game show fun during "Glitz Make A Deal" on Friday, September 17 at 6:30 p.m. at Jane Phillips Medical Center in "Contestants' Row" Rose Garden.


The Foundation, which supports the mission of Jane Phillips Medical Center, hosts the annual fundraiser for JPMC's continuing staff education. The funds raised provide resources beyond the funding capabilities of the hospital's operating budget allowing employees to acquire additional instruction. This translates into a more knowledgeable and versatile staff which benefits both the hospital and the community.

"With technology constantly changing and with our mission of providing quality, safe care for our patients, it is important that we raise funds to provide continuing education and additional training for our staff," said David R. Stire, JPMC President/CEO. "We sincerely appreciate everyone who supports us in this important endeavor of providing a more knowledgeable and versatile staff which benefits both the hospital and the community."

Classic game show contests will be held from 7:30 p.m. to 8:30 p.m. and a silent auction will be held from 6:30 p.m. to 8:30 p.m. A live auction will be held at 9 p.m. Many of the hospital departments' employees who used Glitz funds donated a themed-basket for the auctions. In addition, many area businesses/organizations and individuals donated items for both the silent and the live auctions.

The public is invited to attend. Tickets are \$100 and a portion is tax deductible. To make reservations, call the Bluestem Foundation at 918/331-1431 by September 7.

Dress is casual or participants may come dressed for their favorite game show.

A companion event, the Glitz Open Golf Tournament, will be at Adams Golf Course on Thursday, September 23. To register a team, contact Mike Wilt at 918/331-1364 or by email at mwilt@jpmc.org. 



THE HEAT IS ON!

Controlling for Heat-Related Illness

By W. Alan Mount, MS, ATC/L

Jane Phillips Medical Center Sports Medicine Coordinator

Warm sunshine is again upon us and it has been and is shaping up to be a muggy Oklahoma summer—hot and humid. Whether you're playing or working outside in the heat, the potential for heat illness exists. As an athletic trainer, I know full well the concerns surrounding heat-related health problems during this time of year. Such problems are a very real concern. Heat illness can be, at a minimum, a nuisance (such as heat cramps); while at its worst, it can be catastrophic (heat stroke). Regardless of its form, preventing heat illness is ultimately important. Let's examine the elements of heat illness a little more closely.

THE SOURCE OF THIS HEAT

During this time of year, heat is generated from two sources. First and foremost, the most prominent source of heat that we must deal with is environmental heat—the old “dog days of summer.” It has long been established that 87°F coupled with 70% relative humidity is considered the ceiling of a safe participation zone for the acclimatized athlete. This takes into account many factors including the heat index as well as the sun's radiant warmth. Although 87° may sound low, one has to factor in that the radiant temperature in direct sunlight is almost 15° warmer.

You also have to remember these values represent the point at which we no longer have to worry about environmental heat. Personally, I become greatly concerned about my athletes when the ambient air temperature approaches 97°F or higher. At that point, the air temperature and resting body temperature are basically identical. Thus, there is no environmental cooling that takes place during exercise without the aid of

additional measures.

The other source of heat that must also be managed is heat created within the body due to the body's increased workload. Extra work makes the body hot on the inside—internal heat. For every one degree rise in core body temperature, there is a corresponding 7% increase in bodily metabolism. And as metabolism increases, so too does internal body temperature. Consequently, a vicious cycle is created and its one that must be managed if we are to truly prevent serious heat illness.

PREVENTING HEAT ILLNESS

The following are some recommended measures for preventing heat-related illnesses. But as you consider implementation remember this—anybody who works outside in the heat needs to take precautions. Also, utilizing any of these suggestions will help reduce the potential for heat-related illness, but employing a combination of all seven is by far the best recommendation.


HEAT CONTROL TIPS

1. **REST**—This slows the body's metabolism and thus reduces the “internal” heat that is being created.
2. **COOL FLUIDS**—This is another agent that helps control the body's internal heat, AND it replaces fluid that is lost from the body through sweat. Therefore, the ingestion of cool fluids has a dual effect.
3. **COOL/COLD SHOWERS**—The body attempts to control for rising internal heat by sending increased volumes of blood to the skin surface so it can be cooled through radiation. Evaporating sweat assists in this process. Anything that cools the skin will help. Cold showers will help.
4. **WHITE CLOTHES**—A white color reflects sunlight, while a dark color absorbs sunlight. The insulating effect of dark colors allows for more entrapment of heat than white colors. When you have a choice, you need to wear lighter colored clothing when working in the heat.
5. **SHADE**—This is another aid in cooling the body through radiation. Getting out of the sun will cool you. This controls for externally created heat, which will, in turn, assist in controlling elevated internal heat.
6. **BREEZE/FAN**—Just as using

- shade, a breeze also serves the dual purpose of controlling for both external and internal heat.
7. **COLD TOWELS**—Cooling the body through the use of cold towels may seem extreme, but ice water spread over the head and back is highly effective in cooling the skin. DO NOT, however, take the next step and sit in an ice bath. Some people cannot tolerate an ice bath, and complications may develop. An ice bath should be reserved for severe heat-related cases where we're more concerned about life and death than we are about the potential complications of the procedure.

“Regardless of whether it's for work or play, when you're active outside in August you must be wise about the heat.”

Regardless of whether it's for work or play, when you're active outside in August you must be wise about the heat. Remember, heat is generated from two sources and there are multiple measures you can take to insure your safety. Use them to have a safe and reasonably cool summer!

For further and/or more in-depth information, feel free to contact Alan Mount at 918/331-1553. 

"God gently leads those
that have young"

Isaiah 40:11



A statue of Mary with baby Jesus was recently installed near the entrance to the Family Services Department to enhance the overall beauty of JPMC's facility and the compassionate environment in which we provide care. This is part of the Inspiration Project initiative that will result in the placement of alluring religious artwork and comforting biblical scripture throughout the hospital.

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