

▶ LMEP PHYSICIAN TAKES A MISSION TRIP ...1



▶ MEET MEDICAL STUDENT KATHLEEN MAY...2

LINCOLN FAMILY MEDICINE PROGRAM



▶ WHO IS THE BUTT BANDIT? ...4



ADDRESSING THE NEEDS OF FAMILY MEDICINE RESIDENTS WHILE PLANTING THE SEEDS FOR A HEALTHIER FUTURE

Medical minds

Dr. Gustafson Goes To The Dominican Republic

This past summer, LMEP faculty physician Rick Gustafson, M.D. and his wife Susan spent 16 days in the Dominican Republic as part of a medical team providing basic services to rural Dominicans. The Institute for Latin American Concern (ILAC) is a

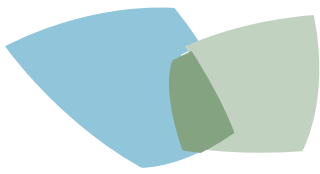
Creighton University sponsored program that has organized a summer mission program for 30 plus years to give both professional students and undergrads a chance to provide a service and learn about the Dominican culture. Dr. Gustafson spoke at a monthly staff meeting and at Noon Conference to tell us about his experience. Here is an excerpt:

“Our village (Campo) of Bambu consisted of about 140 families and our team of 15 included students of pharmacy, nursing, medicine, dentistry—with professional supervision and four “helpers” (ayudantes), three undergrads and Susan. We lived with (see page 3)



Dr. Richard Gustafson hails from Minnesota where he attended medical school. He attended Family Medicine Residency in Cedar Rapids, IA. Gus practiced in rural Minnesota for 10 years, and now is full time faculty at Lincoln Family Medicine Program in Lincoln Nebraska. This was his first mission trip.





Coming Full Circle

Kathleen returned my office to clarify her previous answer, “My drive – my fire,” she says, “is in helping with the small changes that can make big differences in people’s lives. I don’t want to simply focus on the repair aspect of medicine, but also on prevention and education.”

When we spoke the other day, discussing why she chose Family Medicine, she felt she hadn’t given me a very complete response. That was probably because our conversation was cut short on the way to nursing home rounds. Still, the circle of the conversation was left open. After some time reflecting on it, she returned to finish the story of how her talents and interests led her to Family Medicine.

Kathleen May, 34, is a fourth year medical student who rotated with the Lincoln Family Medicine Program in October. She learned about our student clerkship by word of mouth at school, and says that it is even better than she expected. “This is the first place I have rotated that was unopposed.” She was happy to have the chance to treat her own panel of patients in such a supportive environment.

She has not taken the traditional road to the field of medicine. Her life’s course gives her a refreshing take on medicine as a career and how she can be a positive influence on her patients so that they, in turn, can affect their own families and social circles. Family Medicine seems like an obvious choice. She has witnessed and experienced the interconnectedness of physical, social, nutritional, and spiritual needs of people. She recalls honing her attention to detail as a little girl watching her mother, the small town Iowa physician, interacting with her patients and community. Kathleen noticed how those interactions changed when her mother had to deal with her own breast cancer. After going to boarding school, Kathleen consciously chose to follow a road less travelled in a direction somewhat opposite from medicine. She initially decided to pursue a degree in English. She spent a lot of time reading and writing both for herself and for some literary journals. Although she still uses her writing skills, most recently on a cookbook for the AMSA H.E.A.R.T. Project, she realized she wanted more than her English studies were providing.

“We are all human, and deserve to be treated with the same understanding and respect as human beings. If you recognize a piece of yourself in each patient, you can’t help but give compassionate care.”

Kathleen moved to Wyoming and concentrated on anthropology which allowed her to blend her observational talents with her holistic interests. She noted in her own life how people’s attitudes changed when they learned that her intelligence and background belied her then-current jobs as a dishwasher, bartender, and cook. Today she carries that experience with her into the patient encounter, “We are all human, and deserve to be treated with the same understanding and respect as human beings. If you recognize a piece of yourself in each patient, you can’t help but give compassionate care.”

Over time, she worked in hospice care and with an Ayurvedic practitioner, and soon she found herself on a path back to medical school at Des Moines University. When she graduates in the spring, her career path will have come full circle--just like our earlier conversation. In the coming years, she will live the story that she returned to tell me as she begins her career in Family Medicine.



Kathleen May is a 4th Year Medical Student from Des Moines University College of Osteopathic Medicine in Des Moines, Iowa



Gus in the Dominican Republic

local families and ran our clinic from 8am until about 1pm. The afternoons were open to do house visits in the more remote parts of the area, do several health education talks for the community, and just interact with our hosts.

Our “clinic” was a one room school building with no electricity. We typically saw patients with musculoskeletal, dermatological, or gynecological complaints. Chronic problems most often encountered were hypertension and adult onset diabetes. Our lab consisted of dipstick UA’s and blood glucoses. We had hypertension meds, antibiotics, antifungal and steroid creams, as well as antiparasitic meds and permethrin for scabies. The dentists were more modern and had a portable generator for their pneumatic drills and also did extractions and cleanings. They worked outdoors for the better light.

As we were warned at the beginning, Susan and I felt we got a lot more from this experience than we gave. Our Dominican hosts were extremely hospitable and welcomed us to their community wholeheartedly. Their sense of community and family was refreshing and served as a reminder that our materialistic oriented society does not guarantee happiness. Please check out the following web site if you would like more information about ILAC and their summer program. <http://www2.creighton.edu/ministry/ilac/>



Dr. Dan Schneider, first year resident, explains how to make it through the day after a long night on call, “I guess you just hafta Dew it.”



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Valentine's Butt-Bandit

Treated by LMEP Resident?

3rd Year Resident Hong Cui, MD just finished a one month rotation in Valentine, NE, where he saw a number of interesting patients. Here is one story:

"When my beeper went off it was like any other on-call night at 3 am," recalls Hong Cui, MD, "but when I went in I thought 'a-ha, this is the guy!' It doesn't take very many days living in Valentine, Nebraska where Dr. Cui did his rural rotation in September, to learn about the Butt Bandit. According to newspaper accounts, some man has been skipping from one business to another at night, pressing his naked behind - sometimes his groin, sometimes both - on windows. It started at a church, and progressed to schools, businesses and, on one spree, nearly every window in a local hotel.

At the September 17th faculty meeting at LMEP, Dr. Veskrna told the rest of the faculty about the news story he read. The group all joked about the possibility that Hong could be the Butt Bandit, since he was in Valentine at the time the story



Dr. Hong Cui began his medical career in Orthopaedics in China and has since practiced as a Physician Assistant in Lincoln,

NE. Dr. Cui has a Bachelor of Science degree in the Physician Assistant program from Union College in Lincoln, NE. He has an M.B. degree from Capital University of Medical Sciences in Beijing, China.

became widespread. However, evidence shows that these antics have been going on for more than a year. And apparently there is a blurry picture of a suspect caught by a surveillance camera. The man was about 6 feet tall, and slender. His dark hair was styled in a 1980s, feathered look. Dr. Cui did not seem to fit the description.



The legend became even more interesting when we heard about his mystery patient in the emergency room in the middle of the night. Hong was summoned to the hospital to sew up a laceration on the upper left thigh of a patient. The patient said he was sitting in a hot tub having a few drinks. When he got out, he slipped and fell, landing on a wine glass which broke. He felt like there might be a piece remaining under the skin.

As we know, Hong is excellent at making small talk with his patients to comfort them as he does procedures. This is especially true with an injury that one might find some humor in. But the gentleman was unusually nervous and quiet. "He didn't want to talk about it at all," Hong remembers. He first thought there was something fishy when the alcohol level came back undetectable. "I wondered why this guy says he was drinking when he wasn't? Then I see some flat piece of glass... it was not from a drinking glass."

Without anyone really talking about it until the patient was sutured and walking out the door, there was an unspoken understanding between the doctor, nurse and x-ray tech that saw him. They all believed they were dealing with the Butt Bandit. Did he have time to clean the Vaseline off before he came in? "I said to all the nurses, 'You cannot tell anybody about this thing or we will be in trouble for a HIPAA violation.'"

It might be a much better story to tell you that Dr. Cui got to the 'bottom' of the mystery. That he helped 'crack' the case. But all we know is: we think this patient leaned his backside into windows then 'wrecked 'em.' So maybe the Butt Bandit got what was coming to him 'in the end.' Another of our 3rd year residents, Dr. Nate DeNell, will be in Valentine through October. Perhaps he can check out some of the new window prints to see if there is a 3cm V-shaped scar beneath the left cheek.

OK, for those who bothered to read this far, you may have suspected this story is fiction. You're right. Actually there is a Butt Bandit in Valentine. Check out the real story on any number of internet sites. As far as we know, Dr. Cui hasn't seen him, and is innocent of any contribution to his delinquency. But Dr. DeNell is on the lookout for clues.

