Health Records Go Electronic and Go To Seattle
By Suzannah Stout

April 5th marks the one year anniversary of electronic health records in the Adult HOP Clinic and March 29th marks the date that all three HOP clinics will be 100% electronic.

Over the year, the clinic has gone completely paperless, with all visit notes, lab data, radiology reports, and specialty care correspondence recorded in the SOAPware database. Remote access via the Cooper University server has given students the ability to access their patients’ records from off site locations.

Attendings have the ability in the EHR system to later review notes outside of the busy clinic setting and provide further recommendations. The 2006-07 Steering Committee fine-tuned the process of quality control throughout the year to ensure accurate and uniform data entry.

In October 2006, Adult HOP steering committee members Suzannah Stout and Bhairav Shah presented a poster entitled “EHR in the Student-Run Clinic” at the AAMC annual meeting in Seattle, WA. Under the guidance of faculty advisor Dr. Elise Singer, they shared how the HOP Clinics were able to overcome obstacles such as remote user access, students and physicians co-authoring notes, student training, and quality control for uniform data entry.

By illustrating how UHI was successfully able to transition from paper to EHR, other student-run clinics can gain insight into how to initiate similar projects elsewhere. Robert Wood Johnson Medical School at Camden now stands as a leader among student clinics in the nation with this unique project.

In the fall of 2006, the pediatric and women’s clinics also began to transition to the paperless EHR system. Given the limitations of the EHR system that was designed for adult patients, both clinics had to come up with creative solutions to fit their respective patients.

Overall, the transition to the EHR system has been a success. Patients receive improved quality and continuity of care, and students gain experience with electronic records they will be using in residency and beyond.
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For the upcoming anatomy lesson, donated human organs from the Robert Wood Johnson Anatomical Association will be brought to the classroom for a hands-on lesson. The fifth grade students will not only learn about each organ and its function, but also get to see and touch each one.

While providing an important educational experience, and stimulating interests in the health sciences in these students, the volunteers are also providing an invaluable mentorship to these students. The medical students become role models for the younger students, something they will carry with them indefinitely.

“The students are so inquisitive. I really enjoyed my time with them!” said a recent student teacher.

A Promising Partnership Takes Off In Camden

By Lindsay Maggio

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The Health Sciences Academy Expands To Eight

By Lindsay Maggio

The Health Sciences Academy is a joint program with UHI and Cooper University Hospital’s community health education and outreach.

Beginning as a pilot program in the 2005-06 academic year, this program has more than doubled in size in its second year. Three students from the Brimm Medical Arts High School were the initial participants in this program. This year, the program is accommodating 8 students from multiple high schools in Camden: Brimm Medical Arts High School, Camden High School, and Camden Charter Academy.

The students participate in bimonthly didactic sessions taught by medical students from RWJMS-Camden in addition to some didactic and clinical training from Cooper University Hospital physicians.

In addition to classroom sessions, students are getting hands-on training in various healthcare skills: CPR certification, suturing lessons, vital signs, etc. After some lectures, students are brought to pertinent areas of the hospital. Students have seen cardiac catheterizations, have visited the helipad to see where trauma patients are brought in, and have even traveled to the floors to meet some patients.

Medical student volunteer, Marissa Digiovine, has really enjoyed her participation in the program. “It gives high school students interested in the sciences individualized attention on important topics that they may not get in larger classrooms, as well as offers them an opportunity to see how these basic sciences are applied to everyday life at the hospital. I personally feel that because of the intimate atmosphere of the lessons, I truly feel like I am making a difference, which makes the program all the more worthwhile and exciting for me!”

Currently, the high school students and the medical students have been paired up into mentoring groups. Each student is in the beginning stages of choosing a health topic to research and present at the final session of the course. This program aims to provide these students with an invaluable educational experience, pique their interests in the health sciences, and establish a mentorship with the medical school and the hospital.

Cooper ED Completes the UHI “Circle of Care”

By Kristen Haughey

In recent months the Emergency Department of Cooper University Hospital has been working in conjunction with the UHI HOP clinics to develop a system for HOP patients to be treated in the ED with the same financial arrangements as other Cooper University departments.

Dr. Michael Chansky met in the fall with Brian Roberts MSIII, Jaclyn Brunner MSIII, and Kristen Haughey MSIII to discuss the possibility of devising such a system.

“Dr. Chansky was very interested to hear what we were proposing. And with the help of Dr. Mazzarelli we were able to make an effective argument,” said Roberts in a recent telephone interview.

The agreement stands to benefit patients, RWJ students, and the Cooper ED. Patients will be able to receive emergency treatment free-of-charge. RWJ students will have the opportunity to experience “continuity of care” in an emergency setting under the agreement provisions that the patient’s HOP student doctor will phone triage all HOP patient emergency complaints and then attend the ED visit if still deemed warranted. The Cooper ED will benefit by having non-emergency primary care visits diverted from the already busy ED. (Cont. on Pg. 4)
I started taking care of my Peds HOP patient, Armando, last July. Armando is an energetic 6-year-old boy from Mexico with shiny black hair and a contagious smile. Armando was born with a functionally bicuspid aortic valve. Other than some occasional fatigue with exercise, he is as active and healthy as any 6 year-old.

Over the past 3 years, Peds HOP student doctors have been closely taking care of Armando with the help of Dr. Levine, the pediatric cardiologist at Cooper. Dr. Levine has been doing echocardiograms on Armando every several months to monitor the progression of his aortic stenosis.

When I took over Armando’s care this summer, his aortic stenosis was pretty significant and was worsening. Last spring, pediatric cardiologists at St. Christopher’s Hospital in Philadelphia and Robert Wood Johnson Hospital in New Brunswick were consulted to determine whether a cardiac catheterization would be needed. At that time, the consensus was to wait and continue monitoring.

In December a repeat echocardiogram was done and Dr. Levine felt it was medically necessary to take the next step. The pediatric cardiologist at RWJ Hospital agreed that Armando should have a cardiac catheterization and potentially a balloon valvuloplasty to relieve the stenotic valve.

I discussed all of this with Armando’s parents (who are only Spanish speaking), and went through the steps of applying for Charity Care at RWJ so that the procedure could be done there.

His procedure went fine and he had no problems. In the end, his cath turned out to be more diagnostic than therapeutic; a valvuloplasty was not needed. The cardiologist recommended to continue monitoring and to postpone a potentially risky procedure until a later date. Armando’s parents were happy to hear that everything went well and that overall his heart is doing well.

For me, it was a wonderful experience to learn about and to take part in the work-up of a pediatric patient with aortic stenosis. Armando’s care also taught me a lot about the social, cultural, and economic considerations in medicine, and highlighted to me the importance of continuity of care.