Rural Schools Use Telemedicine To Enhance Children’s Health Care

TeleKidcare has been a successful telemedicine program in Kansas City for three years, and one year in Wichita. As of last fall, TeleKidcare became a success in rural Kansas also.

In Pittsburg in the southeast part of the state, and in Wellington and Caldwell in south central Kansas, TeleKidcare programs now give students an option of seeing a doctor while in school – but without leaving school. In its simplest form, this wellness program uses a computer and camera at the school nurse’s office that is linked to one of equal capabilities at the location of a health provider.

The basic intent of TeleKidcare is to allow children to see a health provider faster so they can get well quicker. It is a program developed and made possible through grant funding by the Center for Telemedicine and TeleHealth at KU Medical Center.

As in 13 Kansas City and three Wichita TeleKidcare school sites, all of which were initiated with grant funding from KU, the school nurse is a key component of the program. The nurse is the frontline care provider who assesses whether a child needs to be seen by a physician, or in some cases, a nurse practitioner.

With this program in place, school nurses say they now have a much better option than just sending a sick child home. The TeleKidcare system allows an “electronic” visit to the doctor to take place within hours, or at the longest lapse, a day.

Jane Norris, R.N., school nurse, USD 353, Wellington, says the program can help kids while ending some of the frustration school nurses feel when children return to school sick.

She recalled, “Last year I had one child who was gone for 10 days and when she came back she was just as sick.”

CONTINUED ON PAGE 4
The Best Defense

In the days since the Sept. 11, 2001, terrorist attacks and the following anthrax cases, people are turning to health care providers for information about bioterrorism. To help providers disseminate reliable information, the staff of the George J. Farha Medical Library at the KU School of Medicine-Wichita has compiled a list of Web resources about bioterrorism, biodefense, anthrax, smallpox and travel safety tips.

The Web site that offers more than 15 links to this information is http://wichita.kumc.edu/bioterror/websites.html.

Also, this past summer Rick Kellerman, M.D., chair, Family and Community Medicine, in conjunction with Doug Campos Outcault, M.D., University of Arizona, conducted a home study audio program on “Biochemical Terrorism Defense: The Role of the Family Physician.”

You can listen to 10 minutes of this audiotape in which Outcault discusses the family physician’s role in frontline public health surveillance and recognition of symptoms of anthrax, plague, smallpox, and botulism toxin. This Web address is http://aafp.org/hssa/biochem.

VIP Volunteer Faculty

Volunteer preceptor Charles O’Donnell, D.O., clinical assistant professor, KU School of Medicine-Wichita, was named the American Academy of Family Physicians Exemplary Teacher of the Year in the volunteer physician category last fall.

O’Donnell works in the Emergency Departments at Via Christi Regional Medical Center and Salina Regional Health Center. The KU Family Practice Residency Program at Smoky Hill in Salina nominated O’Donnell for the award.

Interestingly, since this award’s inception in 1998, each recipient has been a volunteer faculty of the Family and Community Medicine Department at the School of Medicine-Wichita.

“The fact that four consecutive KU School of Medicine-Wichita volunteer faculty have received the national Exemplary Teacher Award from the AAFP is not a fluke. It just goes to show what a fantastic community-based education model we have,” said Rick Kellerman, M.D., chair, Family and Community Medicine.

“Medical education is built into the fabric of health care in Wichita, Salina and throughout the state. It is a model that other medical schools are trying to emulate. My hat is off to the four national recipients, and to the entire volunteer faculty,” he said.

Past recipients of the award include: Charles Stephens, M.D., Minneola; Diane Nightengale, M.D., El Dorado; and Ronald Brown, M.D., Wichita.

Publication Schedule

If you would like to contribute a news item to Kansas Connections or have an idea for an article, we welcome your input. Please send information to the KU School of Medicine-Wichita, 1010 N. Kansas, Wichita, KS 67214-3199. Ideas are also welcomed by telephone at 316-293-2649; fax, 316-293-2671; or e-mail, lvalenti@kumc.edu.

Deadline for the next issue is March 19, 2002.

If you know of someone who is not receiving the newsletter but might enjoy reading it, please let us know.
Census Indicates Kansas’ Increasing Diversity

The 2000 census – the first in which individuals have been able to identify themselves in more than one racial or ethnic category – has revealed the diversity that already exists within Kansas and the trend toward increasing social diversity, which is part of a nationwide trend.

The census showed that 14 percent of the Kansas population now consists of non-Caucasian racial groups – a 40 percent increase from 1990 when the minority population comprised 10 percent of the overall population.

The fastest growing population since the 1990 census is actually not a racial group but an ethnicity: Hispanics, whose members may be of any race. In Kansas, the number of Hispanics increased 101 percent, from 93,670 to 188,252, or from 3.8 percent to 7 percent of the overall population.

Nationally, the Hispanic population in 2000 exceeds that predicted by demographers by almost 2.5 million people. This group now almost matches African Americans in number (about 35 million or 12.5% of the U.S. population) and in Kansas it is actually larger (7 percent compared to 5.7 percent of the population).

While these data directly impact on a host of issues, they clearly speak to diverse health needs. According to the Kansas Health Institute, Topeka, ethnic and racial health disparities are a growing concern for the state. Well-established national data shows that ethnic and racial minorities experience serious disparities in health access and outcomes in at least six areas of health: infant mortality, cancer screening and management (especially cervical and breast cancer among women), cardiovascular disease, diabetes, HIV infection/AIDS and immunizations (for children and adults).

Health disparities are the focus of current Kansas Health Institute research on minority health. This research involves partnering with members of minority communities to identify health disparity data issues and creating a minority health “data book” as a tool to raise awareness.

According to the Kansas Health Institute, preparing to meet the health challenges ahead in Kansas will require reaching out to minority populations through training providers to deliver culturally competent care, increasing the familiarity of all health leaders with culturally-based health care beliefs and behaviors, and modifying delivery to provide services that are sensitive to the needs of a diverse population.

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New Scholarship Promotes Service To Acute-Need Areas

Third- and fourth-year medical students who desire careers serving areas of acute medical need in Kansas, specifically rural areas or inner-city populations, are the target of the newly announced Olive Ann Beech Scholarship for Primary Care in Kansas.

This scholarship, established by the Beech family through the Wichita Community Foundation, will be awarded annually to a third and/or fourth year medical student at the KU School of Medicine-Wichita. Two scholarships in the amount of $10,000 each will be awarded during the 2001-2002 academic year.

According to James D. Moore, executive director, Wichita Community Foundation, recipients may receive the scholarship for up to two years for a total of $20,000. Eligible students are those who plan to establish a primary care career in family medicine, general pediatrics, general internal medicine or medicine/pediatrics.

In acceptance of this scholarship, the recipient is asked to commit to one year of practice in areas of acute need in Kansas, defined as rural areas or the inner city, for each year the scholarship is accepted.

Applications for the scholarship, which had to be submitted by Jan. 15, are being reviewed by a selection committee comprised of the chairs of Family and Community Medicine, Pediatrics and Internal Medicine, along with Dean S. Edwards Dismuke and one representative of the Wichita Community Foundation.

The first recipient of the Olive Ann Beech Scholarship will be announced later this spring.
In Pittsburg, the TeleKidcare equipment has been installed at Westside and Lakeside Elementary schools and has the potential to serve more than 900 children.

In Wellington and Caldwell, the Sumner County TeleKidcare Program is available to any of the more than 2,000 students in USD 353 and USD 360 elementary and high schools, but since the special equipment is at just one elementary location in each community, sometimes a school official or a parent must transport a student to a different school for the service.

Parents at all three rural locations were told about TeleKidcare at enrollment, and an overwhelming majority of them signed consent forms. The consent form does not in any way take responsibility away from a parent, but instead it empowers them to have their child seen quickly, conveniently and at no charge.

To participate, a child who becomes ill at school goes to the school nurse’s office where the nurse evaluates the child's condition. If the nurse believes the child needs to see a physician, the parents are notified. They can then jointly decide to use TeleKidcare and the parents are invited to be present for the electronic doctor visit.

“Most of my use of the system has had a parent present. It’s real convenient for them,” said Janet Fine, R.N., M.S.N., school nurse, USD 353, Wellington.

Virgil Watson, administrator, Sumner County District No. 1 Hospital, Caldwell, initiated the push to get TeleKidcare in Sumner County. He says the same problems, whether they are economic, lack of transportation or two-parent working families without time off, exist in the rural area just as they do in urban areas.

“We are helping a lot of parents who really do care about their kids’ health. For those, this works beautifully and we can be a better advocate for health,” said Fine, who sees eight to 20 kids a day report to her office for care of some kind. “Daily you’re confronted with something major. We’re not just the Band Aid people,” she said.

One possible advantage of TeleKidcare, according to Fine, is that the school nurse is a familiar figure to a child. She believes younger children and those who don’t see a physician regularly are likely to be more cooperative if someone they know is asking to look in their ears or make other assessments.

Common reasons nurses use TeleKidcare is to have a health provider diagnose ear infections, strep throat and rashes. Asthma and behavior-adjusting medications, such as Ritalin, are other conditions that can be monitored with TeleKidcare.

Though the program is available to every school-age child free of charge, it is the children who do not have an established health-care provider that benefit most from TeleKidcare.

“We have so many kids who don’t have a medical home,” said Becky Barrett, R.N., school nurse, USD 250, Pittsburg. “This will help our families who work in a place that it’s hard to get time off work.”

These children who might not see a doctor unless it’s done on school time, are the ones who inspire health providers to volunteer for TeleKidcare. The current system dictates that their services be donated since third party insurers do not recognize telemedicine visits as valid office visits that are eligible for reimbursement.

In Pittsburg, physicians and nurse practitioners at the Mt. Carmel Medical Center Community Health Clinic see TeleKidcare patients, and in Sumner County, the TeleKidcare provider is Jim Blunk, D.O., Caldwell Family Clinic.

Both clinics provide quality health care for
school children, but each provides the care in the way most convenient for its facility. In Pittsburg, the health clinic has set aside an hour in the morning and an hour in the afternoon in which it will see TeleKidcare patients. In Caldwell, Blunk finds it better to allow TeleKidcare visits to be placed at any time in his daily schedule.

“**The kids think it’s cool because they get to see themselves on TV.**”

Watson said Blunk was a natural choice as the Sumner County TeleKidcare provider since the grant only paid for telemedicine equipment at one physician’s office. “Dr. Blunk was already familiar with the technology,” said Watson, noting that Blunk has used telemedicine for a couple of years in a program in which Caldwell Hospital’s emergency room can connect electronically with physicians at Via Christi Regional Medical Center or Southwest Regional Medical Center in Arkansas City.

Blunk, who is a member of the Caldwell school board, said he agreed to be the designated provider because most of the kids who will use the system are the ones who fall through the cracks and don’t get any care. “I thought it also might be a way to help nurses with truancy issues,” he said.

The technical equipment used for a TeleKidcare visit allows a health provider to see and hear everything he or she needs to, but Fine sees her TeleKidcare nursing role as one that lets her be an extension of the doctor. “He can see and hear, but I’m also acting as the doctor’s eyes and ears.”

Fine’s first use of TeleKidcare involved a student who had drainage coming from her ear.

Not only was the expediency of the initial visit nice, it was equally important that a short checkup using the system took place a few days later. The checkup, noted Fine, might not have taken place if a traditional office visit had needed to be scheduled.

“The kids think it’s cool because they get to see themselves on TV,” she added.

School nurses and providers agree that TeleKidcare has great potential in the rural area. The biggest drawback is funding. “Hopefully this will be a service that insurance companies will begin to see as a real visit and reimburse for it,” said Blunk.

Fine and Norris also see the funding challenges, but after several months of using TeleKidcare, they are both willing to put in extra hours to seek ongoing financial support for the program. Fine, for one, already has a vision of expanding the program to mental health services – much like the TeleKidcare programs in Kansas City and Wichita.

High school students, she said, would benefit from easy access to mental health services and after the Sept. 11 events of 2001, she knows that school children of all ages have big issues on their minds.

After 20 years of nursing experience and her master’s training in preventive care, Fine is happy to help provide a ground-breaking service to a rural area. “I’m sure telemedicine is going to be the thing of the future, after all, kids spend most of their time at school,” concluded Fine.

For more information about grant funding for rural telemedicine projects, contact Deborah Swirczynski, TeleKidcare coordinator, KU Medical Center, at 913-588-7162.
Exhibitors, Speakers And Prizes Make Rural Job Hunting Fun

At the Kansas Healthcare Job Opportunities Days in Kansas City and Wichita last fall, current and future health care professionals were able to mix job hunting for rural positions with a little fun.

Participants of the annual Job Opportunities Days, sponsored by Rural Health Education and Services, Kansas Academy of Family Physicians Foundation, Kansas Hospital Association and Kansas Medical Society, had more than 25 community representatives to meet at each conference.

Some of the nearly 200 conference participants were on serious job hunts and hoping to make favorable and memorable impressions with the rural community representatives. Others were not sold on rural careers. However, lured by great prizes and free food they felt it was worth their time to look at rural opportunities with an open mind.

To add excitement to the job hunting adventure, Rural Health secured a host of prizes ranging from Pro Palm Pilots to gift certificates from Kansas City and Wichita merchants which were auctioned off at the end of each conference. Participants had to earn their bidding money by discussing rural job opportunities with community exhibitors, who in turn rewarded them for their interest with one or multiple $1,000 JayDoc bills.

At each conference, exhibitors fielded questions about their unique job opportunity or community, but participants also received the expert advice of rural practitioners, a spouse and a medical student who spoke at panel discussions.

“Life is a group project. You have to think about the important people in your life and think about their happiness.”

Dave Phelps, M.D., Mercy Health System, Ft. Scott

Leann Irsik, vice president of nursing, St. Catherine Hospital, Garden City, told the audience that choosing a community was a lot like choosing a new pair of shoes. For example, a new pair of shoes should be the right size for a good fit. A community must also be the right size for a good fit. And, just as shoes are chosen based on amenities such as color, comfort and activity, a community must offer the facilities and services it takes to make you comfortable.

“Most all shoes need to be broken in,” said Irsik. “Some shoes you don’t like at first, but later you don’t want to make a change because the fit feels so good.”

Dave Phelps, M.D., Mercy Health System, Ft. Scott, noted that choosing a career home is much more about personal choices than job benefits. “Life is a group project,” said Phelps. “You have to think about the important people in your life and think about their happiness.”

Roger Pearson, administrator, Ellsworth County Medical Center, turned the tables and advised job hunters to beware of the recruiters. “The best foot forward is not the way life is 365 days a year,” he said.

A handful of points Pearson made include:
subscribe to the local newspaper if you’re interested in a community; drive up and down Main Street to gauge friendliness and economics; talk to a stranger on the street or walk into a store and ask questions about the town. His best advice, perhaps, is to take a typical grocery list to a local store and see how many items are not stocked. If you can’t buy the items you like locally, will you be satisfied in that community?

Fourth-year medical student Steve Donnenwerth, Kansas City, doesn’t claim expertise, but he does know that his student experience in Quinter made him look at medicine differently. In watching and participating with doctors and patients in a small town, he discovered a personal side of medicine that had eluded him at KU Med Center hospital. “You’re going to practice good medicine anywhere – it’s a matter of finding what else makes you happy,” he said.

Merilyn Douglass, ARNP, clinical instructor, KUMC Family Nurse Practitioner Program, Garden City, stressed the technical side of health-care job hunting. She advised asking to see documentation of a facility’s financial health, past call schedules and patient satisfaction reports.

“I would corner a nurse practitioner or physician and ask them what they like, how long they have been there and why they stay,” she said.

Donna Frese, Council Grove, is married to a physician. She and her husband chose Albuquerque, NM, as their first practice site, but it only took the birth of their first child to let them know that “great weather and nice mountains” were no replacement for the family support they would have in Council Grove, the town she and her husband grew up in.

“It’s an incredible thing in a small town how many lives you touch,” she said. That feeling clearly presented itself one evening when Frese and her husband sat in the local Pizza Hut. As she looked around, at nearly every table she saw families that her husband had been involved with at very difficult times in their lives.

Steven Scheufler, M.D., Family Care Center, Wellington, just two years out of residency, can easily recall his search for a practice. He knows that call and salary are important issues, but more important are family happiness and work relationships. For example, he advises, “There is nothing worse than having a front office that doesn’t get along.”

He took a good look at staff relationships when he was job searching. It paid off for him, and he believes his job is made easier because he and several midlevel practitioners work with a cohesive, friendly support staff. He stressed that this is something that patients notice and look for as well.

Sharon Beaty, vice president for business development, Central Kansas Medical Center, Great Bend, said, “Any community who is recruiting you is going to offer you a competitive benefits package.”

It’s outside of salary and benefits that communities must strive to have just the right enticements – which, of course, is different for each person or family. She makes the point that rural communities offer short commutes and low crime rates, but none of that is important if a spouse is not 100 percent pleased with a community decision. “Not everyone can bloom where they are planted,” noted Beaty. ☺
Agency Serves Immigrants Who Call Rural Kansas Home

Kansas may rest in the middle of the United States far from the borders of foreign countries, but Kansas is home to a diverse and continually growing number of immigrants. Hispanics, from several countries of origin, make up the largest group of immigrants attracted to Kansas; and in the rural area, one agency stands out as a long-time advocate for these people. It is United Methodist Western Kansas Mexican-American Ministries headquartered in Garden City.

The agency, established in 1974, began as an advocacy group offering migrant workers limited social services as well as an emphasis on spiritual needs. Now, the agency offers a wide variety of social, health and ministry services through the main Care Center and Health Clinic in Garden City and three satellite sites in Dodge City, Liberal and Ulysses.

According to Penney Schwab, executive director, the agency had a key turning point in 1980 when IBP opened the world’s largest beef-packing plant in Garden City. The plant employs as many as 4,500 people.

“It was obvious that this area didn’t have enough people to work in that type of plant,” said Schwab.

Other industries, such as feedlots, commercial dairies and hog farms, followed IBP to southwest and western Kansas attracting a diverse group of immigrant workers.

“People from all parts of the world have come, and initially, they kept telling us they had trouble getting health care. So that was the reason we added health care in 1987,” Schwab said.

She laughs as she says, “Had we known what we were getting into, I don’t know if we would have had the guts to do it.”

Twelve patients were seen at the Garden City Health Clinic on the first day, and it has only grown from there. Today in Garden City alone, one family physician and four full-time advance practice nurses see 350 patients a week. Wednesdays are a particularly busy day as an average of 120 women are seen for prenatal care. Overall, the four United Methodist Mexican American Ministries clinics average 22,000 primary care visits per year.

It’s important to note that despite the agency’s name, United Methodist Mexican-American Ministries is not an exclusively Hispanic agency. It serves people of all races, colors and faiths. Schwab says about 20 percent of its clients are of Anglo decent.

Since southwest Kansas has no managed-care providers, health care is still a fee-for-service business. Schwab explained that even though a lot of people may have some health insurance benefits, the deductibles are too high to effectively allow a person access to health care. Also, non-U.S. citizens are not eligible for Medicaid.

Schwab believes that the care centers and clinics have been successful and continue to grow because of the dedication of its staff. “We employ 65 full and part-time workers spread out over southwest Kansas,” she said. “Many employees have more than 10 years of service with us. The front-desk person in Garden City has been with us for 17 years. We’ve had the same medical director since we started, and that stability has been very valuable.”

Karen Nonhof, M.D., medical director, has a hectic schedule that includes seeing patients, spending hours on the phone backing up two nurse practitioners and a physician assistant who carry the daily loads at three satellite clinics, and a rotating travel schedule that takes her to a different satellite site each week.

“Once you get into this, it’s hard to leave it. I don’t think I will ever do anything different. People are more appreciative and I see worse diseases that have to be waded through to help people,” said Nonhof. “The hardest thing is to find your way to a diagnosis without a lot of tests. We rely much more on physical diagnosis than private practices.”
As Nonhof talks about her work, it’s apparent that the challenges energize her more than drain her.

She sees out-of-control disease processes, such as diabetes and hypertension, daily, and she often struggles to find affordable medications for her patients. Schwab noted that the clinics rely on their small, physician-operated pharmacy and they enroll people in indigent drug programs, but the “paperwork is tremendous.”

The clinics see a large volume of women and children, and the agency houses both the Southwest Kansas Diabetes Control Program and the Southwest Kansas Breast and Cervical Cancer Prevention Project. There are also a good number of geriatric patients.

Many immigrants, Nonhof said, get established in western or southwest Kansas and then bring their aging relatives to the state. “There are people straight out of Mexico who come to the clinic and they haven’t been to a doctor in 50 years. They look at you and say, ‘See what you can do.’”

The midlevel practitioners carry a large load and are very capable, but the diversity of medical problems patients present with means Nonhof receives calls and questions from them all day long. “Some days I spend a lot of time on the phone,” she said.

Another challenging practice component for the clinics – even though Nonhof doesn’t deliver babies – is the provision of prenatal and postnatal care. “We do more high-risk pregnancies than a lot of the OB’s here,” she said. “There are a lot of diabetic Hispanics and younger patients mean more preterm labor risks.”

Nonhof and some of the midlevel providers at the agency can speak Spanish, but it still doesn’t eliminate a language barrier. “If we weren’t so busy, we would have more time to learn Spanish,” said Nonhof. “I understand quite a bit of Spanish, but I’m not fluent, and once they realize that you understand the language, they take off. I use a translator to make sure I’m getting it right.”

Nonhof estimates that nearly 50 percent of Garden City’s population is Hispanic. “There are days when I walk into the grocery store and that’s all I see,” she said. “We have many families that have been here the whole 14 years that I have been here. Some of the kids I used to see in the clinic are now having babies. Some of the other sites have a more transient population.”

Even if Nonhof and other providers were fluent in Spanish, they could never learn the many dialects of Spanish spoken in Garden City, nor could they easily learn Low German or the Asian languages, such as Vietnamese, which many people speak. “It takes a lot of bilingual people to keep the clinics going,” said Nonhof.

In addition to health services, the agency offers a food, nutrition and child development program for licensed and registered care providers. Within the Care Centers, services include emergency assistance, a food and clothing bank, citizenship counseling and Immigration/Naturalization documentation assistance, employment assistance, parenting classes and religious-based services such as vacation Bible school and Christian day camps.

Schwab noted that in 1994 the immigration clients that they served all had a home country origin of Mexico. Last year, the immigration clients originated from 12 different countries. Overall, the agency also served five times more people in the year 2000 than it did in 1994 – the majority of whom are U.S. citizens.

“Our ability to serve larger numbers of people depends on the amount of money we can put together,” said Schwab.

Thankfully, the agency’s financial picture has improved since the clinics became federally funded health centers in 1997, however, they still rely heavily on charitable donations from churches, individuals and foundations.

“We do a large range of services, but all we have tried to do is just somewhat keep up with the need because the population keeps growing,” said Schwab.

As other rural areas of the state see increasing numbers of Hispanics join their community, Schwab said several organizations have looked to the Western Kansas Mexican American Ministries program for guidance and consultation. The main focus, however, is to keep doing what they are doing, and eventually add another physician.

Nonhof smiles as she says, “Our rule is that if someone else will do it, we don’t because there is plenty for us to do.”
Catching Dreams In Salina

Salina Regional Health Center makes dreams come true for nursing home residents

In Salina, residents of the Windsor Estates nursing home feel lucky to have Salina Regional Health Center as a nearby neighbor. The hospital adopted the nursing home as the benefactor of its “Dream Catcher” program.

The three-year-old Dream Catcher Program is simple. Each quarter, the hospital sees that one resident has a special wish come true. The special requests are usually small and involve the little things in life that most people take for granted, like enjoying a day in the park with grandchildren or any activity that takes them outside the walls and boundaries of the nursing home.

“The Dream Catcher Program is a collaborative effort between the hospital and Windsor Estates,” said Laurie Pitts, R.N., health promotion coordinator, Salina Regional Health Center. “We cooperate with a social worker at the nursing home, and she identifies potential candidates.”

The program gives residents a chance to relive a pleasant memory or create a new one. For example, Gladys Bettenbrock, an 83-year-old Windsor Estates resident, chose to go out to eat at a nice restaurant when she was the Dream Catcher recipient. This was her wish since she, and husband, Vern, also a resident of the nursing home, used to enjoy trying new restaurants on Sundays.

A request such as Bettenbrock’s is simple to fulfill, but it’s the extra touches that Pitts arranges that help make each dream special. For example, when Bettenbrock had her date with her husband, she wore a red rose corsage and he a boutonniere, courtesy of a local florist shop. Transportation was also special – a first-class limousine ride to and from the Brookville Hotel in Abilene. To make the date even more memorable, the Bettenbrock’s daughter and son-in-law shared the evening with them, and the usual reception for all Windsor Estates residents took place when the couple returned home.

“It’s a real treat for residents to get out, especially for someone in a wheelchair,” said Pitts.

This program doesn’t use any special forms or applications to determine which resident will participate. The Windsor Estates social worker just keeps an ear out for possible dreams as the residents visit with her or each other.

Pitts said she really enjoys coordinating the Dream Catcher events. They are a pleasure to arrange, she says, taking only a few hours of her time every quarter. By using many hospital and community resources, she keeps the cost of the program to a bare minimum.

For example, a Salina floral shop, Designs by Cunningham, always donates a fresh flower or balloon bouquet, as well as a corsage or boutonniere in the resident’s favorite color. The hospital’s dietary service provides the reception food, usually fresh fruit and angel food cake to comply with any dietary restrictions.

Most dreams only last a few hours, though some are longer. One request, for example, was an all-day event because the resident chose to visit Botanica, The Wichita Gardens. Another woman was taken to her family reunion in Manhattan.

Pitts believes the most memorable dream she has helped facilitate was for Jesse Evans, a former blues musician and gospel conductor who moved from California to Salina to be near family. For his dream, he was taken to a nationally recognized blue’s recording studio in Salina where a few artists gave him and three of his sisters a special half-hour concert. Then Evans took a seat at the piano and gave an impromptu performance.

“He called me several times to say how wonderful it was and how it made his day,” said Pitts. “Just six months later he passed away, and we were so happy that we had made his dream come true; and it made a nice memory for the family to recall.”

Pitts noted that Dream Catcher, and the hospital’s Community Health Investment Program, in which the hospital donates 10 percent of its operating margin to improve community health, were part of the reason Salina Regional Health Center was honored as the recipient of the American Hospital Association’s prestigious 2001 Living the Vision Award.

For more information about the Salina Regional Health Center Dream Catcher Program, contact Pitts at 785-452-7102.
The KU School of Medicine is reinforcing its mission to serve Kansas health care professionals and their patients by offering KU preceptors a series of free continuing medical education “Circuit Courses.”

Saying Thank You

The 2001-2002 courses, upcoming in Kansas City, Garden City and Hays this spring, are one way the medical school is saying thank you to past and present Kansas physicians who have supported the 50-year history of the school’s preceptor program.

“This is a nice way to give back and connect with people who are our partners in training medical students and residents,” said Mary Beth Gentry, assistant dean for External Affairs, KUMC.

These circuit courses, which kicked off last fall with symposiums in Coffeyville, Salina and Kansas City, are structured around women’s health care – an issue that repeatedly surfaced when a team of about 10 KU executives toured seven rural communities in 1999 and 2000 to learn about the state’s major health issues from a community perspective.

That tour, known as Outreach Kansas, was the first phase of work by KU to strengthen the relationship between the medical center and communities. “We were striving to understand the communities’ existing conditions and provide support by invitation, but it also paved the way to a reprisal of the circuit course model,” said Dale Grube, associate dean, Continuing Education.

Circuit History

According to Grube, circuit courses were extremely popular with rural physicians for many years, and date back as far as 1927. The model, however, that most physicians recall is one that started in the 1940s and continued through the 1980s with KU medical faculty traveling an Eastern and Western Kansas circuit to offer one-to-two hour continuing medical education presentations at modest prices.

The current 2001-2002 circuit courses digress from the original model by being free one- and two-day symposiums, rather than a few hours, but the intent of offering physicians quality programs while exposing faculty to the state’s physicians remains the same.

Upcoming Courses

The upcoming circuit courses, featuring speakers from KU and other institutions across the country, begin in March.

On March 1 and 2 in Kansas City, “Defining a Model for Women’s Health in the 21st Century,” will be offered at the Westin Crown Center Hotel in Kansas City. Ten experts, four of them internationally known faculty of KU Medical Center, will be at this circuit course conference to discuss the latest and best options in the diagnosis and management of sexual dysfunction, migraine headache and cardiovascular and neurological diseases – conditions found commonly in perimenopausal and postmenopausal women.

Special luncheon speakers at the event will be Jennifer Berman, M.D., and her sister, Laura Berman, Ph.D., who founded and direct the Female Sexual Medicine Center at UCLA Medical Center, Los Angeles. They will address female sexuality and dysfunction. The Berman sisters will also speak about migraine headache at a free public forum for women on Saturday, March 2, from 10 a.m. to noon.

“This is going to be an exceptional course,” said Judy Lyons, senior program manager, Continuing Education, KU Medical Center. “We’re really excited to be bringing in some top people to speak and answer questions.”

Also on the agenda for participants of the Kansas City circuit course is a free jazz reception at Union Station, Friday, March 1.

To register for the Kansas City course, please call KU Continuing Education toll free at 877-404-5823 or in the KC area, 785-864-5823. The conference is free for past and present physician preceptors and $175 for other health professionals.

In Garden City, March 28, “Reproductive Health and Violence Against Women” is the continuing education topic.

Part of the program will cover sexually transmitted diseases, gynecological cancers and endocrine disorders, while the other portion is devoted to learning a strategy to recognize and intervene in domestic violence. Zita Surprenant, M.D., M.P.H., assistant clinical professor, Preventive Medicine, is an expert in the area of violence intervention and prevention, and will present information in a “train the trainer” model so attendees can effectively share learned strategies with as many staff as possible.

“Dr. Surprenant is an wonderful presenter. You can’t walk away from one of her conferences without being on fire,” said Gentry.

To register for the Garden City circuit course, please contact the Southwest Kansas KU Area Health Education Center at 620-275-0259.

The last scheduled circuit course is April 25 in Hays. It focuses on “Defining A New Model of Health for the Older Woman” and will cover such topics as incontinence, osteoporosis and hip fracture, depression, and age and gender as CONTINUED ON BACK.
factors in cancer therapy. To register for this course, contact the Northwest Kansas KU Area Health Education Center in Hays at 785-628-6128.

**Web Circuit**

As an added benefit to rural physicians who can’t attend the courses or who might want to share information directly with patients, KU is making all its 2001-2002 circuit courses available on the Web.

The fall 2001 courses are currently on the Web at www.kumc.edu/som/news/newscircuit.html. The Web versions feature an audiotape of the presenter that has been synced with accompanying slides.

Gentry noted that due to the copyrighted material that was presented at the Salina circuit course, people who wish to view material presented that day must call her for a password. She can be reached at 913-588-1419.

“I just don’t think we can thank our preceptors enough. Complimentary continuing education is one way we can give value back to them,” said Gentry. “Rural physicians give our students more opportunities for hands-on clinical experiences than they receive in a large teaching hospital like KU. These doctors are often treating patients in different generations of the same family helping the students learn the concept of continuum of care.”

The free circuit courses have been made possible, in part, because of the financial support of GlaxoSmithKline and Solvay Pharmaceutical.

In addition to the free circuit courses, the Continuing Medical Education Office in Kansas City, in connection with Area Health Education Centers and local CME planning committees, offers a full range of continuing education courses for physicians and other health professionals on an ongoing basis. These one- to two-hour presentations – some by select KUMC faculty – are offered throughout the year at various locations.

“This is just another way KUMC can make its resources available to health care providers across the state,” said Grube. To view currently scheduled CME events, visit the Continuing Education Web site at www.kuce.org.
**NORTHWEST**

**CITY:** Colby  
**POSITION(S):** Family Physician w/OB  
**CONTACT:** Mark Bieberle, 316-291-4378

**CITY:** Hays  
**POSITION(S):** Dermatologist  
**CONTACT:** Barbara Beran, 785-628-3231

**CITY:** Hays  
**POSITION(S):** Internist, Pediatrician, Physical Medicine Rehabilitation, Orthopedic Surgeon, Pathologist, Cardiologist, Anesthesiologist  
**CONTACT:** Myron Applequist, 785-623-2303

**CITY:** Lacrosse  
**POSITION(S):** Family Physician, Internist  
**CONTACT:** Ashok K. Bhargava, M.D., 785-222-2564

**CITY:** Phillipsburg*  
**POSITION(S):** Family Physician  
**CONTACT:** C. D. Knackstedt, D.O., 785-543-5800

**CITY:** Phillipsburg  
**POSITION(S):** Family Physician  
**CONTACT:** Mark Bieberle, 316-291-4378

**CITY:** Wakeeny  
**POSITION(S):** Family Physician w/o OB  
**CONTACT:** Dan Bartz, 785-743-2182

**CITY:** Hays  
**POSITION(S):** Dermatologist  
**CONTACT:** Barbara Beran, 785-628-3231

**CITY:** Great Bend  
**POSITION(S):** Obstetrician/Gynecologist  
**CONTACT:** Roger Marshall, MD, 620-792-2151

**CITY:** Great Bend  
**POSITION(S):** Orthopaedic Surgeon, (Orthopaedic Spine), Rheumaeologist, Surgeon, Occupational Medicine  
**CONTACT:** Harland L. Thompson, 620-275-8400

**CITY:** Hoisington  
**POSITION(S):** Family Physician w/OB  
**CONTACT:** Jim Turnbull, 620-653-2114

**CITY:** Manhattan  
**POSITION(S):** Cardiology  
**CONTACT:** Jo Phillipp, MD, 785-776-2826

**CITY:** Manhattan  
**POSITION(S):** Internist  
**CONTACT:** Scott Coonrod, MD, 785-537-2651

**CITY:** Russell  
**POSITION(S):** Family Physician w/OB  
**CONTACT:** Earl D. Merkel, MD, 785-483-2178

*Designated National Health Service Corps Site
CITY: Russell
POSITION(S): Family Physician w/OB, General Surgeon
CONTACT: Roger Knak, 785-483-2323

CITY: Salina
POSITION(S): Nurse Practitioners, Physician Assistants
CONTACT: Patricia Murray, LSCSW, 785-823-6322

CITY: Salina
POSITION(S): Family Physician w/OB
CONTACT: Charles T. Allred, MD, 785-825-7251

CITY: Salina
POSITION(S): Psychiatrist-outpatient adult w/some adolescents
CONTACT: Joy Robb, 316-284-6311

CITY: Lawrence
POSITION(S): Dentist, Dental Hygienist
CONTACT: Allison Levans, 785-312-7770

CITY: Lawrence
POSITION(S): OB/GYN, Family Practice w/OB, Oncologist
CONTACT: Charlene Droste, 785-840-3155

CITY: Topeka
POSITION(S): Radiologist – All Sub-specialties
CONTACT: Dennis Patterson, MD, 800-432-3592

SOUTHWEST

CITY: Dighton
POSITION(S): Family Physician
CONTACT: Marcia Snodgrass, 620-285-6424

CITY: Dodge City
POSITION(S): Internist, Pulmonologist, Gastroenterologist, Rheumatologist
CONTACT: Howell Johnson, M.D. 620-227-1371

CITY: Garden City
POSITION(S): Internist, Orthopedic Surgeon, Neurologist, Oncologist, Dermatologist, Anesthesiologist, Family Practitioner w/ob, Physician Assistant, Radiologist, General Surgeon
CONTACT: Jeff Forrest, 620-272-2422

CITY: Johnson
POSITION(S): Registered Physical Therapist
CONTACT: Lonnie Walker, 620-492-6250

CITY: Lakin*
POSITION(S): Family Physician w/ob, (Endoscopy)
CONTACT: Laura Dykstra, 620-355-7550

CITY: Larned
POSITION(S): Licensed Practical Nurses, Registered Nurses, Pharmacist
CONTACT: Brenda Kaiser, 620-285-4386

CITY: Leoti
POSITION(S): Family Physician w/OB, Registered Nurses, Certified Nursing Assistants(5)
CONTACT: Vicki Berning, 620-375-2233

CITY: Liberal
POSITION(S): Otolaryngologist
CONTACT: Darren Leiker, 620-629-6335

CITY: Meade
POSITION(S): Family Physician w/ob
CONTACT: Michael Thomas, 620-873-2141

CITY: Minneola
POSITION(S): Family Physician
CONTACT: Ron Baker, Administrator, 620-885-4264

NORTHEAST

CITY: Hiawatha
POSITION(S): Family Physician
CONTACT: John Moore, 785-742-2131

CITY: Horton
POSITION(S): Family Physician w/ob
CONTACT: Dale A. White, 785-486-2642

CITY: Junction City
POSITION(S): Physician Assistant or Physiatrist
CONTACT: Cyndy Platt, 800-638-3627

CITY: Lansing
POSITION(S): Family Practice, Internal Medicine
CONTACT: Missy Medill, 913-727-6000
CITY: Sublette
POSITION(S): Family Physician
CONTACT: Charlotte Holland, 620-675-2686

CITY: Syracuse
POSITION(S): Family Physician w/OB
CONTACT: Cindy Akers, Administrator, 620-384-7461

CITY: Ulysses
POSITION(S): Family Physician w/OB
CONTACT: Tanya J. Pittman-Parks, MD, 620-356-5870

SOUTH CENTRAL
CITY: Augusta
POSITION(S): Family Physician, General Surgeon
CONTACT: Daryl W. Thornton, 316-775-5421

CITY: El Dorado
POSITION(S): General Surgeon, ENT
CONTACT: Jim Wilson, 316-322-4557

CITY: Florence
POSITION(S): RN's, LPN's, CNA's
CONTACT: Bonita Robertson-Boydston, 620-878-4440

CITY: Halstead
POSITION(S): General Surgeon, Podiatrist, General Orthopedic Surgeon, Anesthesiologist or Nurse Anesthetist, Sonographer, RN, LPN
CONTACT: Susan Kitchenmaster, 316-835-4642

CITY: Hillsboro
POSITION(S): Family Physician
CONTACT: Mark Bieberle, 316-291-4378

CITY: Hutchinson
POSITION(S): Gastroenterologist
CONTACT: Lynn Harris, RN, 620-669-2579

CITY: Hutchinson
POSITION(S): Pharmacist, Respiratory Therapist, Radiological Technologist, Cath Lab Specialist, Nursing RN's
CONTACT: Loretta Fletchall, 620-665-2032

CITY: Kingman
POSITION(S): Family Physician with Obstetrician, General Physician, Internist and Registered Nurses
CONTACT: Gary Tiller, 620-532-3147

CITY: Marion
POSITION(S): Part-time and Full-time RNs, Family Physician w/OB
CONTACT: Douglas Newman 620-382-2177

CITY: McPherson
POSITION(S): Nurse Practitioner; Psychiatrist-outpatient adult w/some adolescents
CONTACT: Joy Robb, 620-284-6311

CITY: McPherson
POSITION(S): Obstetrician/Gynecologist
CONTACT: Stan Regehr, 620-241-2251

CITY: Newton
POSITION(S): Nurse Practitioner
CONTACT: Joy Robb, 316-284-6311

CITY: Newton
POSITION(S): Internist, Orthopaedic Surgeon
CONTACT: Steve Kelly, 316-804-6001

CITY: Newton
POSITION(S): Internist, Obstetrics/Gynecology, Orthopaedic Surgeon
CONTACT: Debbie Gleason, 800-876-5111

CITY: Stafford
POSITION(S): Family Physician, RN's
CONTACT: Michelle Ossola, 620-234-5221

SOUTHEAST
CITY: Coffeyville
POSITION(S): Pharmacist
CONTACT: Susie Olson, 620-252-1503

CITY: Coffeyville
POSITION(S): Otolaryngologist
CONTACT: Jerry Marquette, 620-252-1537

CITY: Coffeyville
POSITION(S): Internist or Family Physician
CONTACT: Lori Palmer, 620-251-2400

CITY: Emporia
POSITION(S): Family Practice Physicians
CONTACT: Lougene Marsh, 620-342-4864

CITY: Emporia
POSITION(S): Radiology-General
CONTACT: Deb Oden, MD, 620-341-7893

CITY: Emporia
POSITION(S): Pathologist
CONTACT: Oliver M. Migeulino, MD, 620-343-6800

CITY: Emporia
POSITION(S): Family Practitioner, Cardiologist, Obstetrician/Gynecologist
CONTACT: Terry Lambert 620-343-6800

CITY: Emporia
POSITION(S): Radiologist
CONTACT: Fred Never, MD, 800-432-3592

CONTINUED ON BACK
CITY: Garnett
POSITION(S): Family Physician
CONTACT: David A. Leitch, MD, ABFP, 785-448-5421

CITY: Garnett
POSITION(S): Family Physician w/o OB
CONTACT: Mick Allison, 913-676-2148

CITY: Girard
POSITION(S): Family Physician
CONTACT: Dennis Nehls, 620-724-8291

CITY: Independence
POSITION(S): Internist or Family Physician
CONTACT: Lori Palmer, 620-251-2400

CITY: Independence
POSITION(S): Internist or Family Physician
CONTACT: Lori Palmer, 620-251-2400

CITY: Iola
POSITION(S): General Surgeon, Family Physician (Med/Peds)
CONTACT: Susan Thompson, 620-365-1019

CITY: Parsons
POSITION(S): Internist/Pediatrician, Family Practitioner
CONTACT: Dan Frink, 620-421-0600

CITY: Parsons
POSITION(S): Internist, Radiologist, Family Physician
CONTACT: Jennifer Forbes, 620-421-4881

CITY: Pittsburg
POSITION(S): Pharmacist
CONTACT: Carol Puckett, 620-232-0462

CITY: Sedan
POSITION(S): Family Physician w/o OB
CONTACT: Samuel T. Guild, 620-725-3119

NOTE: To list healthcare jobs in Kansas Connections, please fax a Kansas Healthcare Job Opportunities form to Rural Health Education and Services, 316-293-2671. Forms are accessible through the Rural Health Web site, http://ruralhealth.kumc.edu, or by calling 1-888-503-4221.