

Michelle Tracy Externship at Hudson River Health Care Community Clinics Summer 2016

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Throughout my college years, I volunteered within the Vietnamese community at free clinics and youth groups. Although appreciative of the opportunity to give back to my own community, I had always wanted to work with other communities. As a future healthcare provider, understanding the diversity of struggles specific to different cultures will allow me to better connect with my patients. The opportunity to interact with a diverse patient population came this summer when I had the privilege to spend four weeks in New York shadowing at community health centers in Hudson River valley. I rotated through Hudson River Health Care's (HRHC) pediatric, family medicine, WIC, infectious diseases, and migrant health clinics. I am impressed and inspired by the compassion and skill of the staff and providers at each clinic.

In Goshen, I shadowed Dr. Gruber and Mrs. Figueroa P.A., both of whom had worked with the migrant workers' community for more than 10 years. They showed great compassion and understanding for their patients' background. Their insights of the struggles patients face and how those struggles impacted patients' health allowed them to connect with the patient on a meaningful level. Dr. Gruber, being a pediatrician, provided longitudinal care for children in the community, allowing her to establish relationships with the family. I recall a 16-year-old male patient who showed me a picture hanging in the exam room that he drew as a child. I felt incredibly touched to see a physical representation of the relationship Dr. Gruber built with the families in her community. For some of the families, an annual well-child appointment established normalcy in their otherwise tumultuous life.



In New Paltz, I had the honor of attending the grand opening of HRHC's new mobile health services. In partnership with ArchCare, HRHC transformed an RV into a 2-room mobile clinic. The goal of the mobile clinic is to connect populations that lack access to health care to

basic services such as monitoring blood pressure, glucose, and lipids. By providing these basic services, HRHC is able to identify at-risk individuals and refer them to primary care providers as well as help them apply for insurance. During my two days on the mobile health services, I visited two farms and observed the migrant workers receive basic health services they were previously unable to access. It was a rewarding experience to see them get connected to primary care to continue follow up. I am impressed by HRHC's innovation in implementing this new service to address the disparity in health care access in underserved communities.



In Beacon, I was exposed to prenatal care for the first time while observing midwife Joan Combellick. Mrs. Combellick artfully navigated a heavy patient load while ensuring each patient received her utmost attention and care. With her open demeanor and gentle reassurances, she gained patients' trust and confidence. Knowing that pregnancy can be a complicated and difficult process, she took time to check in with patients' emotional states and offered support at every opportunity. Her positivity was reflected in her attitude towards gestational diabetes – as a



learning experience instead of a disease. She encouraged her patients to monitor and record their food intake and glucose levels as a method to learn how their body responded to their daily diet. Mrs. Combellick's belief that patients' awareness of the foods they consumed will help lower their future risk of diabetes struck me as a powerful method of disease prevention. Through patients' practice of carefully selecting the foods they consume, gestational diabetes became a practical educational opportunity that improve their health for

the rest of their lives.

In Yonkers, I had the pleasure of shadowing Dr. Sanchez in her pediatrics clinic. I enjoyed watching her interactions with patients. Her joy in working with children and parents was not only inspiring but also contagious. Her dedication to the patients was apparent in her constant smiles and inquiries into not only the patients' progress but also the parents' well-being. Her approachability allowed families to confide about their difficulties and heart-breaking stories. The stories reflected the diversity of her patient population, each circumstance posing a

specific hardship to be overcome. Dr. Sanchez's compassion towards the family's circumstances allowed her to offer emotional support to the parents while providing care for the patient. Her holistic approach taught me to be cognizant of the many factors affecting a child's health and attempt to address as much of those factors as possible.

Nutrition is an important factor in children's health, and I am grateful for the opportunity to learn how the Women, Infant and Children (WIC) program addressed this issue. Nutritionist Malgorzata Ogrodnik taught me that WIC not only supplied healthy foods to expecting mothers and children up to 5 years old, but also monitored children's growth, encouraged breastfeeding and promoted early transition from bottle feeding. Mrs. Ogrodnik counseled her clients on methods to instill healthy food choices in young children, such as having them choose their own fruits and vegetables at the market. She also provided practical advice to help prevent childhood obesity, such as reducing juice consumption by watering down the sweet drinks and introducing more fruits, vegetables and protein into clients' diets to replace carbohydrates. Her simple tips and emphasis on making one lifestyle or dietary change become a habit encouraged clients to gradually work towards a healthy goal with their children. My time with WIC taught me that addressing the complexity of childhood obesity required patience and an understanding of the motivations of a family's nutritional and lifestyle decisions.



With Peekskill being my home base, I spent the most time with Dr. Nagaraja in her HIV/Infectious Diseases clinic where the majority of her cases was patients with HIV and hepatitis. Her patients faced not only physical ailment from the diseases, but also intricate psychosocial problems in their daily lives. For some patients, finding motivation to take their medications was not a priority in the face of financial difficulties, emotional and mental distress, unemployment, homelessness, substance addiction and myriad

other worries. Dr. Nagaraja dealt with these complications with grace and endless patience, choosing to focus on motivating her patients to care for their health. Working closely with her team of case managers and peer advisors, she demonstrated that patients with complicated illnesses benefit most from a strong network of individuals that support the patients' best interest. Her team tirelessly wrestled with insurance companies so patients can get their

medications free or at affordable prices as well as checked in with patients' progress and well-being. It was the perfect model of how patient care could and should be implemented.

The Michelle Tracy Externship at HRHC opened my eyes to the wonder and potential of community healthcare. I am deeply grateful for the UWSMPH Department of Family Medicine, the providers and staff at HRHC, and the Tracy family for this experience. I am humbled by the opportunity to learn from providers in different specialties whose common goal was to always offer the best care possible for their patients. This experience had not only re-affirmed my passion for medicine but also inspired me continue working hard so I can one day join the ranks of the health care providers in offering compassionate care for patients.