

Ambulance Runs: A Different Level of Experience

Within the first week of the Hofstra North Shore-LIJ School of Medicine, the inaugural crop of students climbed aboard ambulances and set out on 911 emergency calls. Some encountered infirm patients who did not make it. Others were called to the scene of traffic accidents. And all of the 40 students understood that this unique curriculum provided them with immediate patient contact and was part of something big: a new way of teaching medical students that would include a “clinical immersion where they learn basic skills that every physician should know,” said Thomas Kwiatkowski, MD, medical director of North Shore-LIJ’s Center for Emergency Medical Services.

The students are becoming certified emergency medical technicians (EMTs) at the start of their medical training. “The EMT curriculum is hands-on, teaches people how to handle trauma patients and medical patients, and most importantly how to practice emergency medical treatment,” said Dr. Kwiatkowski. He said that the faculty of the Hofstra North Shore-LIJ School of Medicine has added more science to the EMT curriculum so that students can apply what they learn right away. “EMTs don’t generally learn about illness, but we are taking broad topics and breaking them down to the cellular level so the medical students can better understand what causes illnesses as opposed to just recognizing them.”

The students will be going out on the ambulances one day a week for six weeks. “They love the ambulance experience,” said Dr. Kwiatkowski. “They appreciate the level of care. These are experiences that most physicians never get to see.” One of the medical students on the EMS tour was called on to deliver cardiopulmonary resuscitation (CPR) to an elderly patient. She had already been certified in CPR and continued to care for the patient in the emergency room. He had been suffering from a chronic medical condition and did not survive.



The students are becoming EMTs to start their education.

Meeting Eyes, Holding Hands

Daina Blitz was a lead EMT instructor for Boston University Emergency Medical Services, and is one of the new medical students. She was 19 years old when she started training to become an EMT and now she is making ambulance runs as part of her medical school training. One of her first emergency department experiences during her tenure in Boston was a traumatic cardiac arrest. The patient was about 26 years old, and had been shot twice in the chest and an equal number of times in the arm. It appeared to be a gang-related shooting. The young man had long braided hair and had a gang insignia etched into his skin. That was the first time she wit-

nessed someone die. She’s since stitched up her share of kid injuries and there was one four-hour period when she worked on six separate trauma cases.

“This is an incredible way to learn,” Ms. Blitz said.

On her first run in August, the team received a 911 call to aid an 89-year-old woman with altered mental status. She arrived with two paramedics to find four firemen already on the scene. The house was hot and medical supplies were everywhere, suggesting that the patient had a chronic condition. Her daughter and granddaughter gave a cursory medical history that included diabetes, hypertension, chronic low-level altered mental status and a frozen arm and leg. She was overweight, which meant some strategic planning in order to get her down the narrow stairs of the house.

The team secured an oxygen mask. Initially, they could not tell whether she was responsive or not. As Ms. Blitz helped to secure the patient to the backboard, the patient looked her in the eyes and grabbed her hand.

On the way to the hospital the two hands would meet again. “She looked terrified,” said Ms. Blitz. “She didn’t speak but her eyes told her story.” At the hospital, the student learned later, the patient coded twice and was diagnosed with septic pneumonia.

Ms. Blitz realized something about herself that day. She was aware of the fact that she put up “a wall” to separate herself so that she could take care of the patient without her emotions getting in the way. But she understood on this day that her connection to this woman meant something more than patient care. That connection made the elderly woman feel a bit safer. “The family came up to me later in the emergency department and said that they appreciated the effort I made to make a final human connection with their mother and grandmother. That is a powerful interaction,” Ms. Blitz said.

Ms. Blitz has no idea whether or not her patient made it. “I hate not knowing,” she said, adding that there are important lessons

that medical students learn during this course. “Context is important,” she observed. “The hospital is a controlled setting and you can’t really appreciate the context of what provoked entrance to the hospital. At home, you really see what’s going on. You understand the trigger of the vulnerability. Once you are at the hospital, the event is over. You can take the best history in the world, and it’s still just not the same as being there. The rules are different. At home, it is raw; people in real places. Starting as an EMT provides a different level of personal connection.”

— Jamie Talan

Palliative Care

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dedicated to the principles of palliative care makes all the difference in the world during the most difficult of times. Ms. Brower, a Nassau County mother of three teenagers, lost her beloved husband, Chris, in June of 2011 to a very rare form of pancreatic cancer and pulmonary hypertension.

Mr. Brower had been hospitalized for more than three months. “The nurses were specially trained to deal with families going through this awful time, and did everything they could to make sure my husband was as comfortable as possible,” said Ms. Brower. “Even something as minor as running to get a pillow for under his knees was a huge kindness to us.”

Ms. Brower recalled that the staff was extraordinarily kind during what would be the couples last Valentines Day together. “They arranged for a special dinner for us, and did everything they could to help us remember the day,” she said. Finally, with tremendous amounts of support from the staff in the unit, Mr. Brower was able to return home on March 23, 2011. “The staff understood that this was his final wish, and they made it happen,” said Ms. Brower. “Because of their excellent care, and the wonderful treatment our family received at home from Hospice Care Network, we were able to grant Chris’s wish for an additional two months,” she said. “He passed away at home on June 13th, surrounded by so much love and support from his family and friends. We should all be so lucky.”

“While it wasn’t easy for me and my family, I can’t tell you how fortunate I feel to have had Chris home at this time,” Ms. Brower concluded. “It is my hope that this unit continues to expand — everyone should be so fortunate to have such caring and loving professionals around them when their end is near. My children and I will forever be grateful for the tremendous caring hearts of the nurses of the Palliative Care Unit.”

If you or a loved one wishes to learn more about palliative care, please call the Palliative Care Unit at North Shore University Hospital at 516-562-3015.

— Michelle Pinto