UNC KIDNEY CENTER

Podcast Transcript:
Dr. Ron Falk
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"How to educate physicians"

How to educate physicians. So, on a regular basis, for example, we try to educate nephrologists, rheumatologists and pulmonologists about these diseases. But remember, the average nephrologist, the average rheumatologist sees a lot of kidney disease that has nothing to do with vasculitis, a lot of osteoarthritis that has nothing to do with vasculitis if you're a rheumatologist, a lot of rheumatoid arthritis.

We've actually done a study asking the question of "How many physicians did the average patient see before a diagnosis was made?" I'm sorry that Caroline Jennette's not here, I think the number's four, or something of that nature.

But I've already talked to you about specialists. Now you're asking the question, should the vast group of internists and family practitioners know about this disease? And I surely hope that they do, so, for example, in the re-certifying course for internists, the medical knowledge self-assessment course, we have a whole section on vasculitis—I wrote it. We plopped it in there. Same for family medicine. Okay, did they read it? I don't know whether they read it or not. But that's a different question-do they know about it, can they identify it, when first seen?

To a certain extent, I think there's a limit to what we can teach physicians. What I keep on trying to do with physicians is to encourage them to get consultation. Please, ask for help. If you don't know what's going on, please ask somebody else. But there's a culture of not doing consults across all of medicine. It's as though people think they have to know everything about everything, and of course they don't.

So I'm hoping to use the Internet, actually, to make it very easy for physicians and patients to figure out about their disease. So much so, that across the whole range of different kinds of autoimmune kidney diseases--and we're not there yet-I want a patient to hear their diagnosis, go on our web site, and hear a patient education blurb, and take it to their physician and say, "Hey, this is what I have, and here's what's going on, and here's a person you can call or e-mail to get help from.

I think that's eventually going to be the fastest way. And Joyce, who's sitting here, will tell you that she gets calls on a regular basis of "Hey this is what's going on, help!" and Joyce is incredibly effective, astonishingly effective, in my mind. Joyce and Dianne-of getting you to know, getting patients to the right place. So these kinds of support networks and centralized support groups are really important. How about that for your vasculitis support plug? (They paid me earlier).

What we're doing today, and what we're trying to do repetitively, and you folks can help us, is to have physicians and patients have a spot where there's well done patient education. I firmly believe that if patients are educated, they will educate their physicians. Enough to get their physician to either say, I don't know as much as you do, I need to refer you. Or, at least I know whom to call. I think that's the approach.

So, your question is, how are we doing with medical education? That's in general the question. So, in the first place, I can tell you, in most medical schools, the subject of vasculitis is taught. Why? Because there's so much material out there for people to download, that giving a lecture on vasculitis right now is a piece of cake. You can steal all of our slides. I mean, so in that regard, it's become easy. Number one. Number two, your other question is an attitudinal question. And it's not, are we teaching medical students and young physicians to consult, I wonder if are we bringing in the right kind of person into medical school to start with. The competition for medical school is ferocious. And we tend to bring in the best and the brightest, who all think they know everything about anything at any given point in time. And you want them to feel that way, quite frankly, so that they get over the giant hurdle of all the information they're supposed to learn. You're asking for an attitudinal event called humility. And unfortunately, humility is only learned with experience.

I ask questions constantly, and the reason why we have this combined renal-rheumatology clinic is, I'm absolutely clear I don't know what Mary Anne Dooley knows. And I like to ask questions constantly. Humility comes from having been beaten up for multiple years and I don't think you can educate physicians to be humble. I think you as a patient population, are what engenders humility, for sure. If you had all the answers, it would be easy, but we don't. Can I teach this to medical students? We try. Teaching some young buck, who are positive that they know everything about everything, is interesting. Humility is a vaccine that I would like to give every departing resident. The vaccine for humility is experience.

What is a hospitalist? You guys are going far field. A hospitalist. Internal medicine, the Marcus Welbys, you're old enough to know who Marcus Welby was. The era of internists who are comfortable taking care of you from when you turned an adult to when you died, in an outpatient setting and in an inpatient setting, has become a rare breed. It's a rare breed, because our government has decided that we ought to reimburse physicians on the basis of what we do to people, not on the basis of thinking time. So, for example, you can have an internist spending an entire day seeing patients one after the other, and they'll make a fraction of the gastroenterologist who does one colonoscopy. So there's a huge physician shortage in our country. In 2015 we'll be down 200,000 doctors.

And so, in this new generation of physicians who appropriately who want to watch their time, they have discovered that they can't do both outpatient and inpatient medicine. So a lot of internists are not going into the Marcus Wellby, MD camp, into people who take care of everything, but in fact are only in the hospital and are very good at acute hospital medicine which is a complex area, and they're excellent. Excellent at taking care of you in the hospital. They typically work in shifts. 12 hours on and 12 hours off, so they get to go home. I will also tell you that they are paid incredibly well. And a hospitalist is excellent as a way of being cared for, while you're in the hospital.

But there's a huge problem. Because there's no continuity of care from those people who are going to take care of you before you get in the hospital, and those people who take care of you after you get out. Unless there's very close communication. So you as a vasculitis patient, need to make sure that the physicians taking care of you on the outpatient side communicate with the hospitalist, know what on earth they're doing with you, what has happened to you lo these many years, and just as importantly that the hospitalist calls your physician and says "Hey this is what I did while the patient was in the hospital". So don't be afraid of a hospitalist, but make sure that the physician in the hospital tells your own doctor what they did.