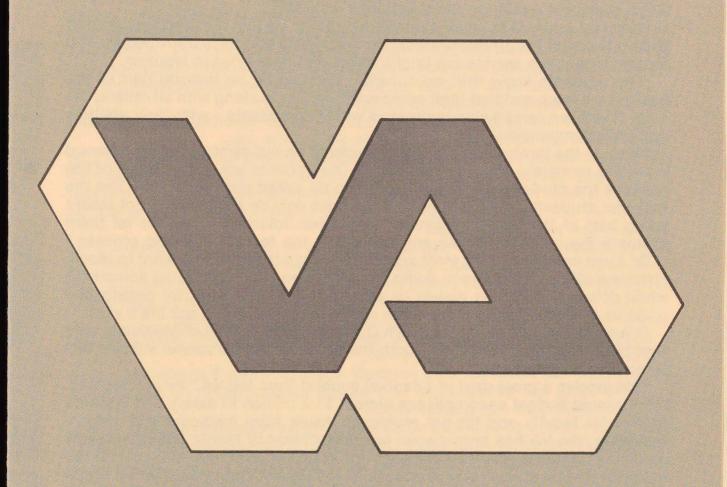


Fall 18/ JIL #3 HealthNews School of Medicine University of Nevada Reno



Affiliation between the School of Medicine and the Veterans Administration Medical Center

Veterans Administration -School of Medicine

Affiliation between the University of Nevada School of Medicine and the Reno Veterans Administration Medical Center "is a program where everyone wins—the veterans, the community, the students, the hospital and the medical school" is the way former governor Mike O'Callaghan explained the successful give-and-take between the two institutions at the recent dedication of the hospital's new clinical wing.

His impressions – formed as a newspaperman, politician, Korean War veteran and Reno VA patient – are upheld by the administrators, faculty and students involved in the programs sponsored under the affiliation agreement.

"The whole complexion of the VA has changed since our affiliation with the School of Medicine six years ago," Paul Jensen, M.D., chief of staff, stated unequivocally when asked about the presence of medical school faculty, residents and students in the hospital. "We've expanded our clinical services and the quality of our staffing has been greatly enhanced by having medical school faculty providing care.

"And my administrative opinion is reinforced by the feelings of our patients, who are overwhelmingly favorable about our affiliation with the medical school. The increased attention they receive from residents and medical students in the learning situation gives them a chance to tell their story more than once and most of them thrive on the attention."

Dr. Jensen's impressions were echoed by Harry Potter, director of the Reno hospital. "The School of Medicine has placed an excellent group of students and residents in our hospital," he stated. "They are all well qualified and all take their jobs seriously. They've been taught to be patient care-oriented and seem able to really communicate with our patients."

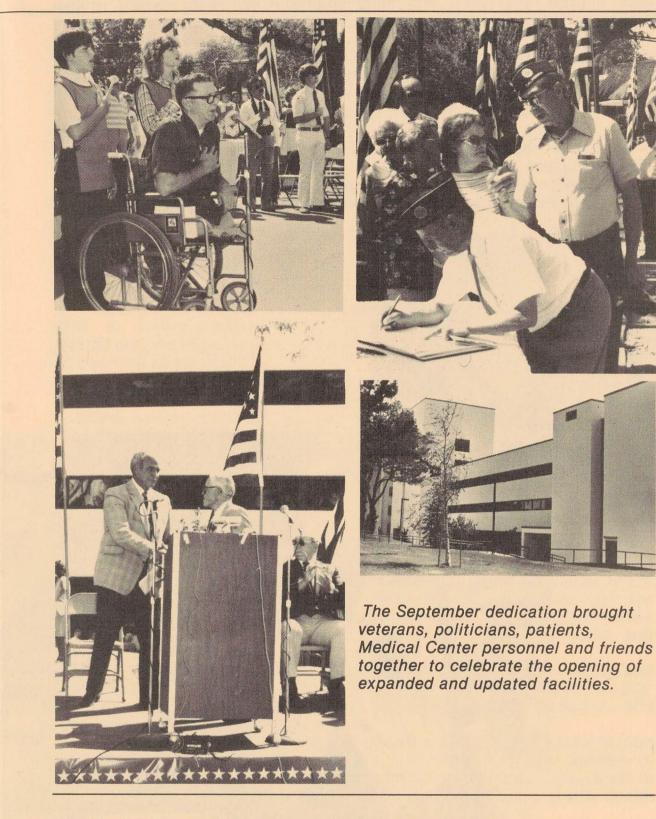
Mr. Potter explained that after World War II, the VA medical system was deluged with veterans seeking medical care and rehabilitation. To help meet the heavy demands and to insure quality care, the VA began affiliation programs with university medical schools throughout the country. While the schools gained access to a well-organized system within which to train their students and residents, the hospitals were able to substantially upgrade their levels of patient care, professional-technical staffing and physical facilities.

According to the Veterans Administration, 104 schools of medicine are currently affiliated with the system. Last year, nearly 100,000 of the nation's medical trainees received all or part of their clinical training in VA medical facilities. That number included 38 percent of the physicians filling approved medical residencies and 32 percent of all medical students in the country.

VA training programs also include dentists in postdoctoral training and students in dentistry, nursing, clinical graduate psychology and clinical social work.

Director Potter pointed out that since the Nevada medical school has been affiliated with the Reno VA, the facility itself has changed dramatically.

A 105,000 square foot clinical addition, dedicated Sept. 15, houses modern ambulatory care services, surgical operating suites, recovery room and offices, a combined intensive/coronary care 12-bed unit, a pharmacy,



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Editor: Kathleen Conaboy, Medical Sciences Information; Editorial Consultants: Edna Brigham, Development Officer; Dr. Robert M. Daugherty, Jr., Dean.

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radiology, prosthetics, reception and admitting sections, automated medical records and sterile supply processing and distribution. Medical and nursing education classrooms, for which space has been allocated, will be completed in the wing by spring 1982.

The director proudly noted that the clinical wing is simply the first stage of expansion, renovation and modernization at the VAMC. A three-stage master plan, in the making for eight years, called next for the construction – currently underway – of a 60-bed nursing home which will be self-contained with its own kitchen, dining area and therapy rooms.

Phase III of the construction will be the modernization of the existing patient care and administration building, which, according to both Mr. Potter and Dr. Jensen, is "cramped and busy."

The rationale for the expansion and modernization was based on two issues, veterans' health care and the medical school affiliation.

"First, and simply, it was necessary to bring ourselves up to date so we could adequately meet the health care needs of the veterans in our area," the director explained. "We serve northern and central Nevada and nine counties in northeastern California, where we've seen a tremendous population increase in the last several years.

"Second, our affiliation with the medical school places demands on the hospital. If we're training the physicians of tomorrow, we have to have a proper setting. And that means sufficient space, modern facilities and equipment, increased programming and staffing, and other state-of-the-art amenities that will enhance the educational experience we provide here."

On another side of the issue, both administrators acknowledged that there are real problems in accommodating the affiliation.

"The pace and level of care at the hospital have accelerated, but the resources to meet increased workload demands have not expanded as rapidly. Because of increased medical staff – and the increased level of expertise among that staff – we can see more patients and treat more acute or complex problems that we formerly referred to California hospitals," Mr. Potter commented.

"However," he continued, "we're suffering from a national shortage of nurses and the inability to compete locally with adequate salaries for the few nurses who are available. Laboratory technicians are also difficult to recruit because federal salary levels often fail to take regional costs of living into account.

"When you have fewer people doing more work, you end up suffering from growing pains. When the pains are indicative of positive changes, you learn to live with them – but you can't ignore them. We're trying to grow while the federal budget is being cut back; obviously, we'll have our difficulties," the director concluded.

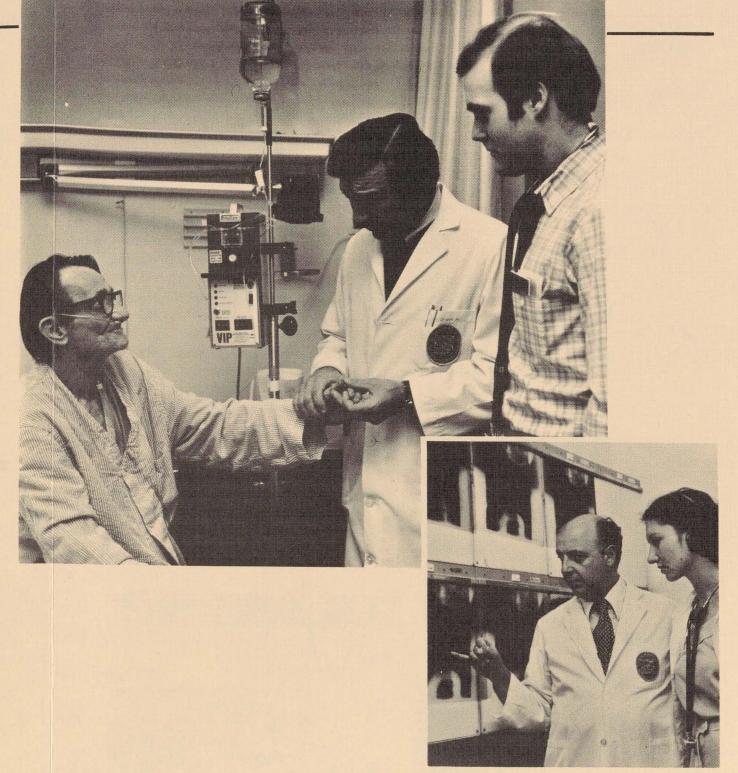
Ernest L. Mazzaferri, M. D., chairman of internal medicine at the School of Medicine, said medical schools and VA hospitals are affiliated for a very simple reason: "It's mutually beneficial."

"The university," he explained, "gets a forum for students and housestaff to care for patients and to assume a substantial amount of responsibility under careful supervision. They see a group of patients with serious and complex clinical problems not ordinarily seen in the private medical sector. And they're not just *watching* faculty care for these patients. With careful supervision, they get the hands-on experience for which there is no substitute.

"The VA benefits, too," Dr. Mazzaferri continued. "The hospital is generally able to attract higher quality practitioners; medical school faculty serve as hospital staff; federal grants for expansion and equipment in the name of education are generally easier to justify. Best of all, the patients at the VA receive high level, intense care and learn to express their needs and identify their treatment with all members of the health care team."

Ralph G. DePalma, M.D., chairman of surgery at the School of Medicine and currently chief of surgery at the VA, expressed strong, positive sentiments similar to Dr. Mazzaferri's.

"The VA is the mainstay in our surgical training program because of the great need that exists for surgical services in the veteran population," he explained. "And the atmosphere of cooperation from the VA administration and the patients has made possible a high quality surgery educational program that is attracting residents from around the country."



"The VA is an excellent medical training forum," Dr. Patmas pointed out. "We see a lot of serious, chronic illness and disease processes that are more advanced than a doctor would generally see in a private hospital. In exchange for the opportunity to learn from our patients, we provide care – the best possible.

"We're not experimenting or having fun; we're trying to do what is best for the patient—in evaluation, diagnosis and treatment. Because we work as teams with more senior residents and attending physicians, we continually learn from their teaching and from the opportunity to observe their knowledge and expertise put into action."

Dana Meyer, a third-year student at the School of Medicine who is working with Dr. Patmas on a clinical rotation, noted that "if you really want to learn, the opportunity is here. It's a lot of hard work, but it's worth it. We have exposure to physicians who have a lot to teach and we have interaction with – and responsibility for – our patients.

"The patients know they can speak out if they don't want to be seen by students, but, by and large, we're very well received on the wards. Even the fact that the hospital is short-staffed has a somewhat positive twist – the students learn a lot of technical skills that will be important in future training."

Both agreed that learning and teaching medicine is taken seriously by the students and housestaff at the VA. "This is a small institution and there's no anonymity," Dr. Patmas commented. "We are all subject - constantly - to peer review. If you make a mistake, everyone knows and you are grilled in front of your colleagues. Because we all work together and share knowledge, we continue to grow, and this translates into quality patient care." In addition to developing clinical resources, the Veterans Administration has, for many years, supported a large and diverse program of research in its medical centers, a program that has yielded, among other important contributions, two Nobel prize winners in medicine. Some 5,000 investigators are involved nationally in VA research activities with annual research support totaling several hundred million dollars. Today, developing research programs is a priority at the Reno VAMC, according to Director Potter. In 1975, the VA and the School of Medicine jointly recruited Aaron Smith, Ph.D., as research coordinator at the hospital. Until that time, Dr. Smith pointed out, the Reno VA had not once submitted a research proposal to the VA's central office. In the years since 1976, Dr. Smith has attracted more than \$1 million to Reno and currently heads the largest Health Services Research Program in the VA. The research director works closely with faculty in internal medicine, surgery, and psychiatry and behavioral sciences. VA department heads echo the positive attitude of the Reno administration toward the presence of the medical school in the hospital. James L. Verdi, Ph.D., chief of the clinical laboratory division, explained that the department of laboratory medicine and pathology at the School of Medicine provides pathology support services for the surgical staff at the hospital. "We could not function without this pathology support," Dr. Verdi declared. "If the school were not here, we'd have to contract on a fee-for-service basis with a lab in town. The program we've established is a natural offshoot of the overall university affiliation. The arrangement fosters interaction with the medical staff and allows us greater opportunity for continuing education programs, mortality conferences and clinical pathology conferences and consultations with attending physicians. "We have a good relationship," Dr. Verdi emphasized. "Within staffing and economic limits, the School of Medicine is providing more-than-adequate support service for us. We have no criticism from the users - the surgeons - and no concerns about the quality of service." Miss Alice J. Meloy, chief of nursing services, said that the students from the School of Medicine are "inquisitive, extremely intelligent seekers of knowledge who are willing to share their knowledge with the hospital staff. In turn, the nursing staff shares with the medical staff, fostering quality health care."

Dr. DePalma praised the modern operating room facilities housed in the VA's new clinical wing.

"The equipment and the support services are among the best in the nation," he said. "Formerly, we had to refer some patients with complex problems to other VA hospitals in the region, simply because we couldn't handle the case. Now, we can do just about everything, except kidney dialysis and heart surgery. And our surgical complications are far below the national averages because of the support we receive from the excellent anesthesiology, nursing and laboratory staffs.

"Last year," Dr. DePalma added, "we performed 497 operations. Because of the increased space and updated facilities – which are drawing cards for our residency program – we project that we'll perform 2,200 operations this year. That means that more veterans will receive the care they need right here in Reno, making it easier on them and their families."

Edward J. Lynn, M.D., chief of psychiatry at the VA and the first clinical chief to be hired after the affiliation agreement six years ago, says the students who rotate through his service are bright, eager and interested in learning.

"The students know that we consider them to be an integral part of the health care team and that their perspective is valued along with all others," he said. "I've been remarkably impressed with the students – with their abilities and their compassion.

"Also, in the three years we've had students on our service, I've never heard a patient complain about the students. The patients are appreciative of the services the students provide; they like to be asked questions; they like the fact that students take the time to listen. Not only do the patients not resent being part of the teaching service, they often volunteer. Then we let them evaluate the students, so all are involved in the teaching/healing process."

Dr. Lynn continued, "My staff are here because they like and want to teach. There's a difference between doing something and demonstrating something while doing it. Teaching makes us careful to practice what we preach and gives us the opportunity to have fun while we're involved in our life's work."

Robert M. Daugherty, Jr., M.D., Ph.D., dean of the School of Medicine, said that the affiliation goes beyond both the services and personnel support dictated by the agreement.

"We receive a great deal of financial support from the VA," he commented. "Our annual budget encompasses almost \$1.2 million in salary and benefits money for faculty and for our residents. Aside from medicine and surgery residents, the VA has encouraged our department of family and community medicine to schedule its residents for training with the sub-specialized disciplines. Our students have access to the library. Our departmental staffs are housed in VA offices. It's a working relationship that really works."

Michael Patmas, M.D., a 1981 graduate of the School of Medicine and a current first-year resident in internal medicine at the VA, emphasized that in spite of any problems, the affiliation is a symbiotic, mutualistic relationship from which both the hospital and the school benefit. As a nurse who has worked in university-affiliated VA hospitals in Kentucky, Pennsylvania, Michigan and Missouri, Miss Meloy feels that the affiliation agreement between VA hospitals and medical schools is "advantageous."

"We're training America's future medical practitioners. We're shaping the future, sharing new and innovative ideas, making accessible the latest in information and the most modern of facilities. We help provide the practical experience that puts the students' didactic knowledge to use. The students learn and we, the staff, continue to learn with them. You can't go wrong."



The Claude I. Howard Medical Sciences Building University of Nevada School of Medicine

Groundbreaking October 8, 1981 11:30 a.m.

Benefactors:	The Max C. Fleischmann Foundation and
	Mr. Claude I. Howard, Las Vegas, Nevada
Architects:	Anshen & Allen, Reno, Nevada
Construction:	McKenzie Construction, Inc., Sparks, Nevada

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