

SPECIAL HEALTH PROGRAMS:  
STUDENT, HOSPITAL, LABORATORY

Health Service Problems

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ADMINISTRATIVE MATTERS

The health service in which I work offers medical care to the student body and the entire employee group. There may be need for interaction with academic deans concerning a student's coursework, with housing and food services regarding a student's special housing and dietary needs, with the Athletic Director over a varsity athlete's eligibility or injury, with the Personnel Director regarding an employee's absenteeism or job-related injury, with the Office for Environmental Health and Safety on precautions for preventing injury or illness, and lastly with a committee of students, staff and faculty to deal with an evaluation of and suggestions for the health service. Failure to maintain contact with these various sectors may lead to loss of effectiveness. This is not a simple feat; for while maintaining lines of communication between all concerned parties, it is essential that the patient's problem remain confidential.

For the most part, our staff is composed of physicians newly entering private practice who work on a part-time basis. Most of them work for us six hours per week, some as little as three and a few as much as ten. They are recruited from the residency training program at hospitals associated with Washington University School of Medicine and, in general, they stay with us from three to four years. Eventually, their practices pick up and they can no longer spare the extra time. We have a perennial task of recruiting newcomers to replace our dropouts. This burden is offset by our ability to have up-to-date, well-trained young clinicians who are knowledgeable in the specialties and services of the local hospitals, and who have no difficulty relating to the current college crowd.

Our nursing staff is also unusual in that we have several part-time employees. Many women with growing families may feel that



full-time employment is not possible but they are nevertheless available for part-time service. We are thus able to temporarily increase our nursing staff whenever the patient load is heavy and then lower it when the load is reduced.

The financing of a health service remains a matter of concern. The health service that is financed through an allocation from general funds competes with other university departments and can be at a disadvantage when the time comes to balance the budget. A combination of an allocation from general funds to cover the cost of maintaining the physical plant and staff salaries and a fee for certain services has worked well for us. Thus, as the demand for laboratory tests increases, our income increases.

In years past, the university purchased health insurance to ward against the heavy cost of hospital care. However, this insurance did not apply to any of our services; furthermore, the policy had a "coordination of benefits" clause that applied in the event that a student was also carried under his family's health insurance. Over the course of years, it became apparent that the dollar amount of claims paid out was but a fraction of the premiums paid in. Consultations with the University's legal counsel, the State's insurance officer, and the University's insurance coordinator produced a plan that now provides hospital or emergency care as extended benefits of the health service. Identical benefits for a spouse or dependents were provided, if desired, through a private insurance company, and we were able to purchase reinsurance protection for ourselves in the event the claims exceeded the \$60,000 per year deductible limit. The outcome has been an increase in protection with a reduction in cost.

Physical facilities of the health service affect the ease with which services can be presented and utilized. Our unit was formerly a dormitory, an old building with a floor plan that left much to be desired, but its location could not be better. It is adjacent to the assembly chapel, the bookstore, the student center, and about 100 yards from the main library. It is readily accessible from the administrative, academic, athletic and residential areas. Renovation of the building has given us a central reception area, records room, surrounding services, and clinics. The reception



area is often crowded; however, we prefer the crowding in the present building to the isolation of a new building on the edge of the dormitory complex.

## SERVICES

Two internists on 24-hour duty in the out-patient clinic see patients on a walk-in, first-come, first-serve basis. Appointment scheduling for follow-up with internists has not been successful, but we do have a fairly effective system for telephone reports as part of the follow-up. We are able to schedule appointments with the specialty physicians who come to our service. We have a surgeon three times a week, a dermatologist for one morning each week, and a gynecologist for three half-days a week. Each specialist has a nurse as an assistant. In addition, a competent laboratory technician provides "stat" blood counts, urinalyses, smears or stains, throat and urine cultures, and a few blood chemistries. A large midwest clinical laboratory provides pick-up service and 24-hour results for most other diagnostic tests that are needed.

A modest supply of common medications is available at the health service. Otherwise, the student may have his prescription filled by an outside pharmacy, or we can get it for him from our supplier. All medications obtained through the health service pharmacy should be carefully identified as to source, recipient, and identity of the drug. Several years ago one of our "hippie"-type students was stopped by a traffic officer for speeding. His car was searched and an envelope containing Donnatol was found. Had this not contained our identification, his identification, a date, and a prescription number, he would have been arrested for having a supply of "downers."

With over 2,500 dormitory students and over 1,000 freshmen who are away from home for the first time, there is often a need for an intermediate level of care that is comparable to that of a private home. To meet this need, we have a 10-bed infirmary that is open from Monday morning through Saturday noon; it is staffed by registered nurses and a physician who makes daily rounds and is available by phone for evening consultations. At one time



this infirmary was open 24 hours a day, seven days per week. However, we soon found that students wanted to return to the dorm area over the weekend; thus, our Saturday and Sunday census was usually very low. This suggested that it would be preferable to hospitalize the rare individual who was not able to return to the dorm by Saturday noon rather than to keep the infirmary open through Saturday and Sunday. There is always a doctor on telephone call and the Emergency Room of our hospital is only two miles away; Security Officers on the Campus are ready to take anyone over who needs emergency care.

Our mental health clinic consists of a full-time faculty member of the Department of Psychiatry assisted by fourth year residents in the Department of Psychiatry training program. This clinic is separated from the general clinic. Students who are unwilling to seek psychiatric care, lest the fact be noted on their academic record, are assured that such records are highly confidential; as such, they are kept and are reviewed or released only by specific written authorization of the patient. Another fear that we face in this area is that our psychiatrists are merely "pill pushers". While it is true that our Department of Psychiatry is pharmacologically oriented (particularly with the depressed patient) we remind the student that each patient is fully evaluated, and medications are not used unless the doctor feels they provide an appropriate addition to psychotherapy.

The Health Service also provides health supervision to the athletic program. Each varsity athlete must have a complete physical prior to participation. This is easy to provide, but to have an orthopedist at all games and for all injuries is another matter. In recent years we have been fortunate to have the major sports teams in St. Louis come to the Department of Orthopedics at the Medical School; this has fostered interest and special expertise in the care of athletic injuries and thus benefits our students.

To alleviate the congestion in our waiting room, of students with very minor problems, a health education and outreach clinic has been established. Each floor of a dormitory has a student "health aide" who is equipped with a first-aid kit and several over-the-



counter medications. In addition, the recently published book "Take Care of Yourself" is available on loan to every dormitory student. By this means it is hoped that the very minor problems will be recognized and handled by the student or the health aide; whereas, the serious problems will be recognized and sent to us without delay.

A problem that has long existed among employees and is now being encountered with increasing frequency in the student population is alcohol abuse. A program has evolved that is two-pronged. One is directed toward the employee sector to assist persons whose job performance has deteriorated, whatever the cause. The other prong is directed toward the student group and is, in large part, an effort at education. This program has been titled the "Campus Assistance Program" and is modified after industry's approach to absenteeism and poor job performance.

#### ETHICAL AND PROFESSIONAL RELATIONSHIPS

Statutes and laws vary from state to state, especially in areas of confidentiality, privileged communication, minority rights, informed consent, and reportable conditions. Where possible, we try to use the same guidelines for minors that we would use with adults. Our medical records are held in strict confidence; we have even refused to employ students in our center lest they gain access to another student's records. No medical information is shared with administrators, academic persons, or residential directors without the specific written consent of the patient. We encourage students to share any significant medical information with their parents; but only in the case of serious illness or injury requiring hospitalization do we contact the parent or guardian, and an attempt is made to obtain the consent of the student in advance of such notification.

The management of pregnancy of an unmarried minor requires the cooperative effort between the patient, the Health Service and other agencies. It is important that the Health Service maintain a reputation for confidentiality in this area so that women students with personal problems will feel free to seek help.

Students with religious conviction against the use of the Health Service may ask that health requirements be waived. Whenever possible their requests are granted; however, religious conviction does not relieve them of the need to observe public health measures. No attempt is made at medical intervention or indoctrination, but the student must demonstrate freedom from any infectious or contagious disease.

One last note. In this day and age of the Buckley Amendment, any student who requests a review of his record is entitled to such a review. It behooves us to be as discreet as possible in making our notes in the record. On one occasion, a staff physician who was exasperated by the hypochondriacal nature of a student from Taiwan, recorded as a recommendation, "Rx: a slow boat to China."

In closing, there are many problems in the delivery of health care to a student group; however, in my experience the pleasures outweigh the pains!





# OCCUPATIONAL SAFETY AND HEALTH SYMPOSIA 1977

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Public Health Service  
Center for Disease Control  
National Institute for Occupational Safety and Health

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