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However, he couldn't
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into a patient's home.

THE BEST DAY OF THE WEEK

BY MEGHAN HOLOHAN

LEAN ON ME

Rich Julyan walked up steep stairs that bowed in the middle, making his way to the door on the third floor. He knocked. No one answered. Then he pounded. Still, no one answered. Julyan had called Mary Jones a few days before to tell her he would be visiting. He continued pounding. The neighbors probably thought he was crazy. Finally, Jones opened the door.

Loud noises boomed from the TV. As Julyan walked into the apartment, he saw trash on the floor, flies in the kitchen, and dirt ground into the yellow shag carpet. He could smell rotting food and garbage simmering in the heat. The paint, grimy from neglect, peeled off the walls. Dirty palmprints lined the walls at waist level where Jones, a blind, elderly, homebound woman, braces herself to maneuver around the apartment.

PHOTOGRAPHY | C.E. MITCHELL

It was similar to culture shock. Julyan had not expected to see Jones, or anyone, living in these conditions.

After sitting down at the rickety kitchen table, Julyan asked Jones some questions about her life.

“Huh?” or “What?” was the common response.

Julyan would ask again.

“Huh?”

It soon became clear that Jones’ hearing aids weren’t working. Julyan spent the next two hours screaming at an old woman. It wasn’t exactly what he thought it would be like when he’d signed up for Geriatric Experiences for Medical Students (GEMS), a program that pairs students from the University of Pittsburgh School of Medicine with mostly homebound elderly patients.

And then there was another miscommunication that had nothing to do with her hearing. Jones had lost her sight because of glaucoma about five years before. She thought that Julyan was going to examine her eyes and, perhaps, restore her sight.

At first, Jones barely showed any interest in Julyan. He was just another person showing up at her door, another person who couldn’t help her see. A lot of characters—nurses, doctors, cleaning people—came in and out of her life. She wasn’t quite ready to talk with this new guy. But after several visits, Jones felt she could trust Julyan and started to talk to him. Mostly Jones complained: about her neighbors—she was convinced they were selling crack; and her family—they were stealing her money; and her doctors—they didn’t deserve to have degrees because they couldn’t cure her blindness.

Even though Jones spent the first visit giving short answers and grumbling, Julyan left her apartment determined to help her. He knew he wasn’t qualified to treat Jones, but he could try to get her placed in a safer environment. The dilapidated staircase could cause a serious fall. And it probably wasn’t healthy to live in that waste. Julyan approached Andrea Fox, the faculty adviser for GEMS, explaining that Jones was in a dangerous situation; she would be safer and probably happier in an assisted living facility, Julyan thought. Besides, why would anyone want to live like that? He called Jones’ home healthcare nurse with the same concerns. The nurse said Jones could make her own decisions. Fox agreed.

Fox explained to Julyan that he can’t just take Jones out of her apartment. Jones wants to live there; and though she is a disabled elderly woman, she is competent and has a

right to manage her own life.

Two years later, Julyan recalls that first encounter with Jones. He had joined GEMS after hearing Fox talk to his class. GEMS is one of several “buddy” programs at the School of Medicine—including OPALS, which pairs students with children who have cancer; PALS, which pairs students and teen mothers; and now SHADOW, which pairs students with homeless people. Like the other programs, GEMS gives first-year students, who spend a lot of time mired in books, the chance to meet patients and form a significant social relationship with them, giving students an in-depth perspective on doctor-patient relations.

“A lot of students forget what they are here for. There’s a lot to learn, and they become detached from patients,” Fox says. “Medical education is reductive—you learn about cells, then an organ. You don’t get to experience a whole person until you see someone in the hospital.”

And GEMS, as well as other buddy programs at Pitt, does more than offer students an opportunity to interact with a patient as “the whole person.” They often get med students out into the community to learn about the practical problems patients and their families face.

Fox’s own experiences caring for older adults started when she did house calls during medical school at Boston University through a social medical program at her school. She’d found she particularly liked talking with older patients whenever she was upset or feeling a lot of stress. At Pitt, Fox, who is now an associate professor in the Division of Geriatric Medicine, regularly works with elderly patients. In 1997, she explored the idea of a mobile clinic in a van. That way, at least one day a week she could work in the community, and many homebound patients in underserved areas would have access to care. After a year, the van started doing rounds in the Hill District and Homewood; now it also serves the White Oak community. As Fox developed this Veterans Affairs-sponsored program, one of her students noticed that many of the elderly patients she talked to were lonely and depressed. The student suggested starting a group that gave medical students a chance to get to know elderly patients—hence GEMS.

Julyan recalls sitting in his doctor-patient relations classes. Over and over, he would hear that where people live affects how they care for themselves. He could never figure out how people’s houses could affect their health. Then he met Jones; he saw that her stairwell ham-

pered her ability to leave her house, whittling away at her social life and mental health. The mess in the apartment also introduced hazards.

Fox urges GEMS students to investigate a number of issues that the elderly face when it comes to care. Yet Fox starts with the basics. The first task she asks students to complete: Call the patient. “They’re learning how to talk to strangers,” Fox says of students. “I want them to make their own discoveries.”

Each month, Fox gives students another assignment, ranging from completing a functional assessment to, finally, taking vital signs—the task that seems to be the most difficult. Suddenly, the student must try to examine a friend.

The more Julyan visited Jones, the more she seemed interested in befriending the young man. And the more Julyan learned about her situation, the more he worried. People were breaking into her apartment, splintering doors, shattering locks. They even cut holes in the walls when they couldn’t break through the door—all to steal her medication and Social Security money.

“It was hard for me to accept that someone was living in that type of condition,” Julyan says. “You want what’s best for elderly people. You want them to live in a place that’s safe, you want them to have good treatment to help them out; and, as a doctor, that is what you would want for your patients, as well.”

Jones chose a life that was arguably unhealthy—she lived in an unsafe neighborhood and in a hazardous and filthy apartment. She could barely walk with her cane, limiting her contact with others. But, as Julyan learned, even though her lifestyle prevented her from getting the best care, the important thing to Jones was that she was controlling her own life.

On one of the last warm days of a long Indian summer, first-year medical student Brian Miller hopped into his Jeep to drive to Earl “Mince” Mincemoyer’s home in a southern suburb of Pittsburgh. He had a sheet of functional assessment blanks to fill in, but during the drive, Miller started thinking about other things he wanted to know about Mincemoyer. For one, Miller, as a Mennonite, didn’t have any veterans in his family, and Mincemoyer had been a scout during World War II: *Did he have permanent damage from the frostbite he’d suffered during the war?*

“Hey, guys, how are you?” Miller asked as he walked through the door, passing Denise Advent, a home healthcare aide.

Mincemoyer pushed himself out of his new chair to greet him. (Mincemoyer later showed Miller how, with the push of a button, the seat

will lift so high that its occupant ends up standing.) Miller plopped down in the chair facing Mincemoyer and started asking him about big bands. Since learning that Mincemoyer has played in several, Miller has researched the music.

"So you play all the brass instruments and stand-up bass?" Miller asked Mincemoyer, who was a band director for 36 years.

"When I perform, I prefer brass, but I had to learn how to play woodwinds, too," Mincemoyer explained.

In between talking about big bands, Mincemoyer's experience in the service during World War II, and wondering what happened to the Steelers, Miller asked questions about Mincemoyer's ability to get around—does he dress himself in the morning? Can he shower? How does he get in and out of bed? Sometimes the transitions between casual conversation and Mincemoyer's ability to get around weren't smooth; Miller kept trying. He needed the information for his functional assessment, but at the same time, he was really interested in Mincemoyer's life stories and thoughts. He jokes

later that the reason he thinks the program is called GEMS is because he gets to meet a "gem" like Mincemoyer.

Advent, who has been Mincemoyer's nurse for the past three years, said in front of the two men during their visit, nodding toward Mincemoyer: "For two days, he has been saying, 'You know, he's coming at 2.' He likes Brian."

"Ah, I don't like him," Mincemoyer said. Then, with the wave of a hand, he made it clear he was joking:

"He's a very, very nice person."

As they chatted, Miller learned about Mincemoyer's history of heart attacks and strokes, which started in the 1960s. Mincemoyer mentioned how he always had a bottle of nitroglycerine close by, and Miller made a mental note to look up nitroglycerine when he had a moment.

"Pennsylvania 6-5,000," Mincemoyer chanted. "That's a very nice song."

"I thought you can't sing," Miller said.

"Naw." Mincemoyer's voice softened. His wife died recently in a bed in the dining

room—the room adjacent to where the two sat talking. As she lay on her deathbed, Mincemoyer held her hand and sang to her.

"I know she could hear me," Mincemoyer said.

"Yeah, she could hear you," Advent said.

Miller listened attentively to the exchange, nodding his head. He made another mental note to talk with Mincemoyer about death. He doesn't think that Mincemoyer is afraid of dying. Mincemoyer began saving money for his wife when he had his first heart attack in the late 1960s; he always thought he would be the first to go. Miller wonders how Mincemoyer copes with the recent loss of his wife.

Fox notes that though students are learning more about patients, they are not the only ones to benefit from GEMS. The older adults often gain a new sense of purpose because they are now, in a sense, teachers, helping to educate doctors.

Mincemoyer enjoys talking to his family and neighbors, but doesn't meet a lot of people. Through GEMS, a new friend came to him.

"One of the things you learn is how



Brian Miller meets with a "gem" of a new friend, Earl "Mince" Mincemoyer.

much of an impact you can make by stopping by, showing that you care. That means more than memorizing facts,” says Matthew Reese, who is cocoordinator of GEMS with Arvind Srinath. (Both students are in the Class of ’06.)

“This is the best day of my week,” Miller adds. “You can learn as much in this case as you would in the classroom.”

Cory Nordman kept losing. At first, he thought he was letting 11-year-old Billy Johnson win at Memory, a card matching game. After a while, the then-first-year medical student realized he was actually losing at a child’s game that required him to memorize pictures on a card. All that studying for exams must have hindered his ability to remember where the card with the kitten was.

“You can only watch TV for so long. This is a new face who is interested in them and won’t do anything to hurt them—there are no needles.”

After meeting Billy in January 2003, Nordman had been spending a lot of time in 8 North, a unit for cancer patients in Children’s Hospital of Pittsburgh. Billy had recently been diagnosed with osteosarcoma, a cancer that develops from the osteoblasts and affects mostly children and teens during growth spurts.

Nordman had spent a year between his graduation from Grove City College and his first year at the School of Medicine doing research at Children’s. At the hospital, he helped breed mice that were lacking a cancer-related gene as part of the lab’s research on leukemia. When he first heard of Oncology Patients and Loving Students (OPALS)—a program where medical students visit pediatric oncology patients during their stay at Children’s—he knew that he wanted to participate. Nordman wanted to see whom such research would help.

Whenever Billy is admitted to the hospital for a long stay, social worker Dennis Lee calls. That’s when the Memory marathons begin. Nordman will visit between classes and studying. If he is too busy during the day, he’ll stop by late at night. The nurses of 8 North know Nordman and let him peek into the room to check up on Billy and his mom, even though they’re often asleep by then.

Billy’s mom always stays with her son in the hospital. As soon as Nordman arrives,

she’ll pick up a book or leave the room to take a walk.

“Any time [parents] can be away and get outside of the room and sort of get some free space from a stressful situation, it helps them cope better,” Lee says. “Everything in their schedule is unnatural. It becomes something that is difficult to deal with at times.”

Both Billy and his mom seem excited to see Nordman. And just playing a game or watching a movie with Billy seems to comfort his whole family—especially the relatives who cannot always be at the hospital. They know that Billy’s mom has some support.

It’s almost as though Billy thinks Nordman is his age. As soon as his mother leaves, the normally quiet child starts chatting away, explaining to Nordman what chemotherapy drugs he is on, or explaining the details of his condition. As a student, Nordman isn’t sure if Billy is correct, until a nurse or a doctor comes in to ask Billy which drug

he has an adverse reaction to or if he had a particular x ray.

Billy also talks about camping and fishing with his family—how much he would rather do that than be in the hospital, but he rarely complains. Nordman is most surprised by how much energy Billy has, even though he is undergoing intensive therapy. The only time Billy ever stayed in bed, rather than playing Memory or video games or watching movies, was after he had some tumors removed.

“He knows when he’s in the hospital, I come; it’s one of the things he associates with being there,” Nordman says.

Third-year Ryan LeVasseur started organizing OPALS after arriving at Pitt for medical school. LeVasseur was a middle school teacher and had worked at a home for abused children before deciding to become a pediatrician. As an undergrad at Georgetown, she participated in a program in which she visited children with cancer. The Jesuit priest who started the Georgetown program found that the relationship between the student and child helped boost the child’s morale and added to the patient’s overall health.

Once at Pitt, LeVasseur approached Kim Ritchey about starting a buddy program. Ritchey, director of hematology and oncology at Children’s, agreed to help. LeVasseur kept

busy her first year working with hospital staff to ensure the program would best serve the kids and their families. When LeVasseur started her second year, though she wanted to have a buddy of her own, she dedicated the year to helping other students find buddies.

LeVasseur asked students who were interested to submit an essay about why they wanted to participate in OPALS. She selected 14, then paired them with children who had either solid tumors or leukemia.

“We choose patients who are in the hospital a long time. They suffer from claustrophobia, hospitalitis, boredom, whatever,” Ritchey says. “You can only watch TV for so long. This is a new face who is interested in them and won’t do anything to hurt them—there are no needles.”

After a year, LeVasseur turned the OPALS reins over to Nordman, Heather Sanders, and Andy Beck, all now second-year students. Nordman and the others are hoping to expand OPALS.

“As more families learn about it, more are willing to join,” says Nordman.

But it is a slow process, and sometimes a student is without a buddy. So the coordinators hope to start a new volunteer program—sending buddyless students to talk with some patients in the ward. Also, Nordman, Sanders, and Beck hope to throw 8 North parties for patients and perhaps help the staff organize parties for the siblings who don’t have cancer so they can get some attention.

Participating students meet monthly to discuss their experiences with patients. (GEMS students do as well.) They also hear talks on hematology and oncology. Nordman feels lucky that he can see Billy throughout his whole treatment program; medicine has become so specialized, he notes, many doctors often see only one part of the process. He has learned that doctors can miss out on other things as well.

One day, as Nordman was sitting with Billy in his room, Billy’s doctor came in, explaining the latest round of tests. Billy and his mom listened, but became confused by what the physician was saying. When the doctor left, Billy asked Nordman what the doctor had said. Yet Nordman felt just as confused as Billy. As it became clear that the student was unable to clarify what they’d heard, Billy turned to him, making him promise that he would never talk like a doctor. ■

Throughout this story, some patient identities have been obscured.

As we went to press, we were saddened to learn of the death of the boy we call Billy Johnson in this article.