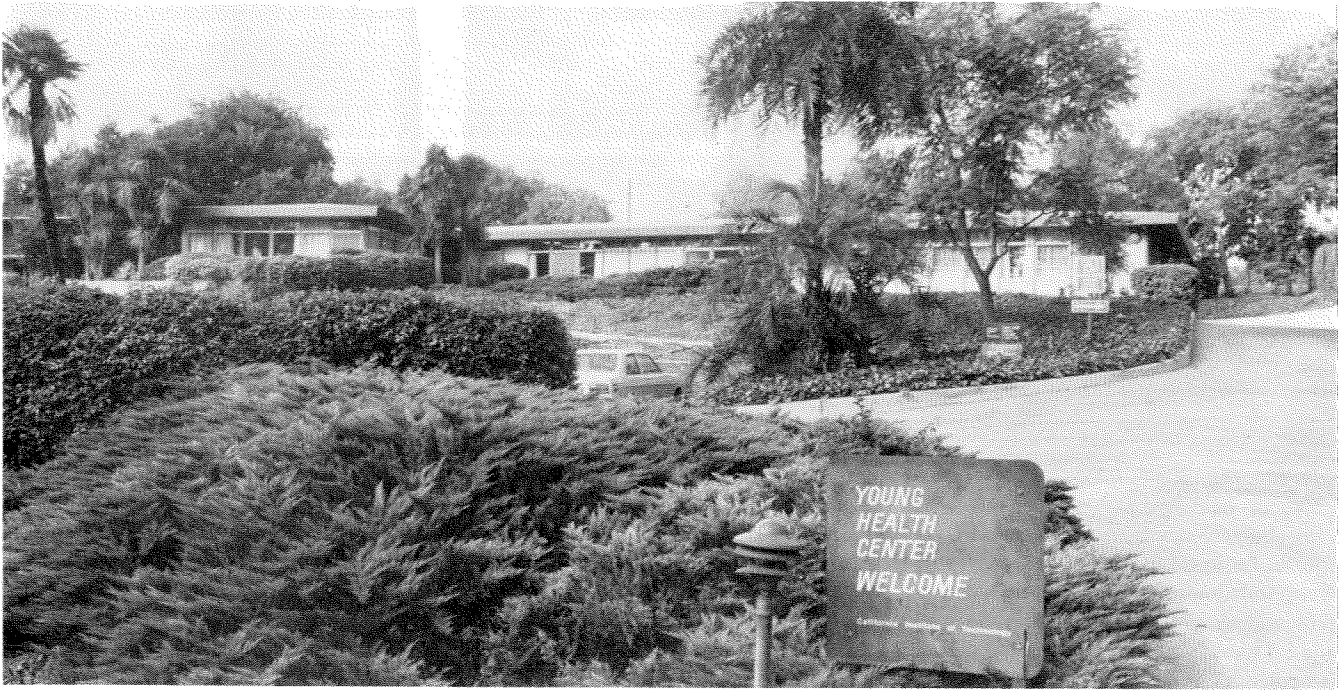


On Campus



Healthful Change

THE floor-to-ceiling black plastic curtains that hung at either end of the main hall of the Health Center this last summer were anything but handsome. Handsome is as handsome does, however, and they were effective at screening out the even less handsome clutter that went with the major remodeling project going on behind them. The purpose of the project was to realign some of the building's geometry to accommodate the changes in the nature of student health care that have taken place since the Health Center was built in 1957.

Even at that time the design of the building represented a conservative approach to medical practice. Emphasis was on providing for treatment of the physical problems of patients, and much less attention was given to the need for helping them with emotional problems. Many aspects of that kind of philosophy have now changed, and recognition of this fact dictated this summer's reconstruction, which makes way for an enlarged staff of counselors without displacing medical personnel or services.

The Archibald Young Health Center was the gift of Mrs. Editha Young in memory of her husband, a Pasadena attorney and philanthropist and a member of

The Associates for over 25 years. At a cost of \$200,000 a building was erected that had a 10-bed infirmary (two 4-bed wards and two isolation rooms), three physicians' offices, and three treatment rooms, plus X-ray, physiotherapy, and waiting rooms. There was also a convalescent room, a kitchen, and a lounge that could be converted to a 6-bed ward in case of need.

The staff in those days consisted of three part-time physicians, and consultants in radiology and psychiatry. A nursing supervisor managed a white-uniform-clad staff of RNs who worked with the doctors in the general medical office care of patients and the minor surgery performed in one of the treatment rooms. The nurses also did some laboratory tests and operated the infirmary 24 hours a day, 7 days a week throughout the academic year. There was a faculty committee on student health that served in an advisory capacity on matters of policy and administered the Emergency Health Fund, the only available source of funds to help students defray the cost of illness or injury.

The faculty committee still keeps in touch with Health Center activities, but the Emergency Health Fund has been re-

placed by health insurance, and there have been some basic changes in the way doctors deal with many illnesses. "The whole philosophy of medicine used to be to put patients to bed, keep them warm, give them a rest," says Dr. Gregory Ketabgian, director of health services. "Sometimes, of course, we couldn't do much else for them, but these days we have many effective treatments — like antibiotics, for instance — that get patients on their feet pretty rapidly. Also, we've learned that most of our student patients will recover from their illnesses in about the same period of time whether or not they go to bed. If a student is seriously ill, we may put him to bed here for a day or two, but we try to get him back to his room and his classes as soon as possible."

The result of this attitude is that though the stream of patients through the Health Center remains about the same in numbers year after year, the infirmary section of the building and all of its supporting facilities are largely unused. Out of a total of about 5,500 patient visits per year, only about 40 are actually admitted to the infirmary because of illness.

There are some other changes in medical attitudes too. The staff looks more in-



Dr. Gregory Ketabgian

formal, for instance, because they don't wear white uniforms any more; and the professional relationship between MDs and RNs seems to have changed too. That is mostly because nurse practitioners (NPs) have replaced registered nurses (RNs) on most of the shifts. NPs have all the training in standard nursing procedures that RNs have, but they have additional training and supervised experience that enables them to take an expanded role in patient care. The Caltech NPs see the patients first in many cases, make assessments of their condition, and decide whether an NP is capable of handling the situation or whether it should be passed on to a physician. As a result the NPs actually see more patients than the MDs, a procedure that frees the doctor to spend more time on the cases that need his attention.

This may sound a little free-wheeling, but there's nothing haphazard about it. The NPs act within the framework of written "protocols," which describe in detail the procedures for each of the major problems they are likely to encounter, specifying what they may and may not do and in what circumstances. If there is any doubt at all, the patient is sent on to the physician. Incidentally, this procedure is explained to each new patient, and he or she makes the choice of going along with the NP or seeing the doctor.

Another kind of safeguard is an "internal audit" procedure in which a staff committee makes a monthly review of a random selection of the charts that are kept on all patients. If the chart fails to meet the standards for completeness, clarity, and other criteria, it is sent back to the

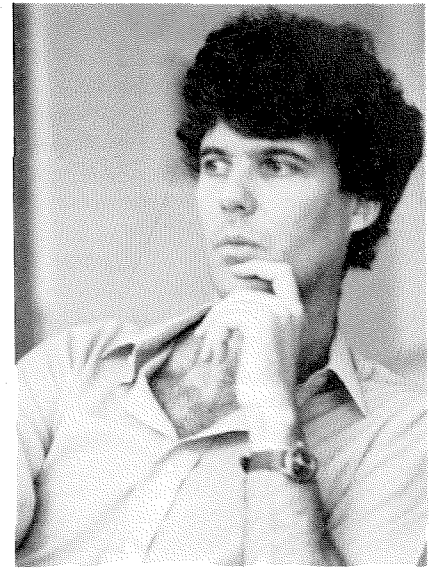


NP Rhonda Campbell

person responsible, and that may be (and has been on occasion) a physician. This assures adequate charting, which is important in a situation where a different staff member may see the patient at different times, and it is also educational for everyone concerned. Education is a big project at the Health Center; in fact, one of the items that is supposed to be found on each chart is that the patient has been "educated." The medical and nursing staffs try to make sure the patients understand the nature of their illnesses, what complications might arise, and when they should call the doctor or come to the Health Center.

One of the strong proponents of more emphasis on health education for the students is Rhonda Campbell, who is supervisor of nursing services. A ten-year veteran of the Health Center, she is enthusiastic about the changed and changing approach to patient care and about student participation in bringing about the changes. One of the groups she has worked with is the Student Health Advisory Committee (SHAC), a group of student volunteers interested in health. Over the last year or so they have conducted a survey of health-related questions among students and organized a seminar on crisis intervention, and they are preparing a booklet on health. This year most of the staff will also be participating in a year-long training program for a group of students who hope to become volunteer paraprofessionals able to provide peer health services and counseling.

One of the most popular student/Health Center interfaces has taken place on the



Dr. Bruce Kahl

pages of the student newspaper, *The California Tech*. Under the leadership — and some prodding — of NP Lynnette Wilmoth, a weekly column discussing some aspect of health problems and care appears as "The Body Shop." Some 20 columns were written last year by five different members of the staff on such topics as tanning, warts, acne, jogging, sleep, flu, hiccups, mononucleosis, colds, contraception, poison oak, stress, diet, acid burns, appendicitis, exercise, and longevity.

All of these activities — and more — are covered by the Health Center medical staff of four part-time physicians. In addition to the director of health services, Dr. Ketabgian, there are Drs. Judson James, Marlene Coleman, and Haig Manjikian, attending physicians. Dr. James is a surgeon who takes care of most of the athletic injuries and is an enthusiastic spectator at a lot of the athletic events, and Dr. Coleman acts as a counselor for students interested in pre-medical academic work. There are three NPs on regular duty — Campbell, Wilmoth, and Leila Costa — and two or three RNs give part-time service. Barbara Montgomery is the one who usually handles the middle-of-the-night problems. Secretary Anita Duran directs patient traffic during clinic hours, types charts, and deals with insurance.

This adds up to very little growth in the numbers of medical staff over the past 25 years. The situation is quite different in the case of the counseling staff. From one part-time consulting psychiatrist, that has grown to the equivalent of 2½ full-time professionals. Dr. Bruce Kahl is a psychi-

arist who spends half time as director of counseling services. He is joined by two part-time clinical psychologists, Drs. Barbara Fass and Robert Drezner, and psychiatric social worker Jenny Fuss.

In the course of this growth, the accommodations found for the counselors have tended to be makeshift, inconvenient, and carved out with some loss to the medical people. Finally, last spring the decision was made to convert the west end of the infirmary wing to counseling use. The counselors now have four offices, a separate entrance (from the parking area on the west side of the building), and their own clients' waiting room. This leaves the old infirmary wing with five beds (in three rooms) and the lounge, and all other medical activities (including a new staff conference room and enlarged lab space) are consolidated in the north end of the main wing.

Everybody seems happy with the new arrangements, including troubled students who appreciate the privacy made possible by the new counseling setup. The lower visibility for those waiting to see a counselor because they don't have to share a waiting room with a fellow student waiting to get an allergy shot is important. The separation from both the idea and the reality of illness is also important.

The counseling staff tries to emphasize that they are not in the business of treating illnesses but rather of helping people solve problems — and everybody has problems.

A lot of the ones the Caltech counselors encounter grow out of the fact that Caltech students are quite young and very bright. Many of them are trying to establish their own identities in terms of their concept of themselves and their vocational choices. There are students who are depressed, many because of transferring from the security of a predictable home and academic environment to a dormitory and new academic and social pressures. They have study problems and relationship problems and questions about the rightness and wrongness of their decisions — and a host of other problems quite natural to high achievers in their age group.

What the counselors try to do in their sessions with these students is to help them come to understand why they do what they do (or don't do) or feel the way they feel (or don't feel). Most of the sessions are one-to-one, and most of the therapy is fairly short term. Some people come in just to get clarification on a particular issue and/or validation for their point of view, and that doesn't usually take many meetings. The majority see the counselors from 5 to 15 times. For a few, longer term therapy is indicated, and occasionally there are serious crises, statistically less often, interestingly enough, than in the general population. Occasionally, as a last resort, a student must be hospitalized, though none was in the academic year 1980-81.

Somewhere between 10 percent and 15 percent of the students consult the counseling staff in any given year, and the staff spends about 1,600 hours with them. A good many of those hours are then reviewed in a weekly staff case conference — a time-honored way of sharing experi-

ence, problems, and ideas. Occasionally outside experts are brought in to make presentations, and local psychiatrists are available as consultants.

Not all the activities of the counselors are directly involved in therapy. Along with their medical colleagues, they are also dedicated to trying to educate their constituency. One approach is through a peer counseling program with undergraduate students — about 10 or 20 a year — who are not in the program to learn to do any sophisticated counseling but to spot potential problems among their peers, to talk with those who need someone to talk to, to suggest going for help to some, and to alert the appropriate people — counselors, RAs, and deans, for example — if they suspect major difficulties in the offing. Career counseling seminars have been conducted by the staff, and some have taught academic psychology courses for the Division of the Humanities and Social Sciences. Right now they are working on ways of increasing communication with graduate students and with the RAs and on establishing closer ties with the Dean's Office and the Master of Student Houses.

The black plastic curtains are long gone now, and the new paint already has a scratch or so, but the two halves of Caltech's student health services are comfortably settled into their separate areas in the Young Health Center. This doesn't mean in any way that they are divided; they confer regularly on mutual problems, they refer patients back and forth, and they enjoy each other's company. But two halves make a whole, and the alterations have certainly made it a lot easier for everybody to get on with the important business of caring for Caltech students. □ —J.B.

