

## On Returning to Clinical Practice

By Oliver Goldsmith, MD

I began practicing internal medicine and gastroenterology for the Southern California Permanente Medical Group (SCPMG) in 1969. Over the years, I became interested in medical group management and, in 1989, I left the clinical practice of medicine to take on the role of Area Associate Medical Director for the SCPMG West LA Medical Center. I then had the honor of becoming SCPMG's Regional Medical Director in 1994. Thus, I haven't seen a patient in 13 years.

I'll be retiring as Medical Director at the end of 2003 and am determined to regain some of my medical skills. I have already spent four months at our Inglewood medical offices studying and being proctored. I want to thank Dr Manny Myers in internal medicine for helping to guide me through this process (ironically, I hired Dr Myers in 1979 while I was Chief of Medicine at West LA). I'm finding that the medical journals I've skimmed through in the last 13 years haven't

prepared me for so many changes—it feels like I've been in outer space. While the interpersonal aspects of medicine have largely stayed the same, the differences in the technical aspects are striking. I would like to describe what I have encountered upon returning to clinical practice.

The nurses, physicians, and staff members are just as wonderful as ever, but now seem *very* respectful toward me (maybe they've realized I sign their checks—hmm ...). They also seem a lot younger than they were 13 years ago. In contrast, the patients are definitely older these days, and it's very encouraging to see our members living longer, healthier lives. Wow ... the number of things that have to be done to meet the needs of elderly patients! Thank goodness the chief of service is scheduling me lightly until I get up to speed.

Additionally, I now have access to an endless array of systems

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Dr Goldsmith returns to practice at the Inglewood medical offices.

and technology that simply were not in place before 1989. When I was practicing then, a patient might come in and ask for the results of a cholesterol screening performed the previous week. It would take me up to 20 minutes to find those results—getting the patient's name, calling the lab, finding the chart ... Now, all of the information available on the computer makes interactions like this effortless. Online test results, online appointment schedules, e-script, e-referral—all of these technologic advances have made managing the care of patients

easier. I am also able to make my progress notes appear erudite by taking information from the Permanente Knowledge Connection (PKC).

I've noticed a reduction in the frustration level of our members as a result of access improvement. In the past, patients would spend the first few minutes of their appointment talking about their difficulties with the phones and how long they had to wait to see somebody. This doesn't happen nearly as much as it did in the '70s and '80s. Of course, members can become frustrated, but the remarkable improvement

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Dr Goldsmith consults with patient, Mildred Grissett.

in access, especially on the phones, is a wonderful accomplishment.

The number of drugs, tests, and therapeutic options available to me are simply awesome. I've had to become familiar with new drugs for diabetes and to choose from countless medications—all while trying to follow the clinical guidelines. And for each patient I've seen, there has al-

ways been an additional way to provide care—a test, a medication, a referral—whereas 12 to 15 years ago, I would more often have to tell a patient that there was nothing more to be done. There are fewer instances of that now.

In some respects, I feel as if I never stopped practicing medicine. My techniques of physical examination and diagnostic

skills have returned to me easily. Also, I haven't lost my bedside manner—my ability to get close to a patient—something of a surprise after more than a decade of dealing exclusively with physicians, staff, and administrators.

More than anything, I realize that I've been missing out on the fun of interacting with patients. Recently, while examining an 84-year-old patient, I explained to him and his wife that because I was just recently back in practice, another physician would review my work. His wife recognized me because she had been a nurse in the ICU at Kaiser Permanente in the '70s. I appreciated her confidence —

as far as she was concerned, I didn't need any help treating her husband. Of course, I can't expect all of my patients to trust me so quickly. But, as always, my demonstration of caring elicits the same level of confidence it did when I was actively practicing medicine. Returning to patient care after being away for so long reminds me how fortunate I am to be a physician.

After more than a decade of working in a leadership role, returning to clinical practice has really made me happy. The array of options has broadened, but the satisfaction that comes with caring for a patient remains the same. It feels so good to begin the journey home. ❖

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## Hope of Joy

There is no hope of joy except in human relations.

— Antoine de Saint-Exupery, 1900-1944, pioneer aviator, poet and novelist