Fall/Winter 2015-16
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IN THE FIELD
A day in the life of a third-year medical student

IN THE FIELD

Campbell's charter class of third-year medical students is already making an impact on their first round of rotations.

STORY & PHOTOS BY BILLY LIGGETT

EDITOR'S NOTE: *Campbell Magazine spent five days shadowing five Campbell University Jerry M. Wallace School of Osteopathic third-year students during the first few days of their first rotations at Southeastern Regional Medical Center in Lumberton. SRMC is also home to 25 new resident doctors learning in Campbell's program.*

Editor Billy Liggett was granted almost complete access to these students' experiences as they talked to patients, observed complex surgeries and other procedures and even participated in a few surgeries. The "shadowing" covered five days — a full first shift for each student on five different days — but is being presented in this feature story as a composite "Day in the Life" to better portray the goings-on of an average day of rotations at SRMC.

No patient names are used in this article, and all photos featuring patients are published with the expressed written consent of that patient.

SOUTHEASTERN|HEALTH

SINGH, RAJBIR
STUDENT DOCTOR
Cardiothoracic Surgery

6:00 AM

The hours are long, and the pay is nothing.

Yet Rajbir Singh is eager to get to his car outside of his Hope Mills apartment and make the 26-mile trek south on Interstate 95 to Southeastern Regional Medical Center in Lumberton.

He is one of 40 third-year students from the Jerry M. Wallace School of Osteopathic Medicine in Lumberton going through rotations — a series of month-long real-life, hands-on learning experiences that make up most of their third and fourth years as med students. It's the ideal learning environment for a guy like Singh, a 27-year-old "city kid" from Miami who admits he's not what you'd call a "classroom guy."

Already — after just a few days in Lumberton on the cardiothoracic surgery rotation — he's a better student. He's scrubbed in for surgeries. He's stitched up living, breathing patients (as opposed to the cadavers students work with back in Buies Creek). He's been asked his opinion by real doctors and physician assistants.

"It's exactly what I hoped it would be," he says. "Other students picked Raleigh [for their rotations] because it's a great place to live, but I didn't care about that. I didn't want to be competing with my classmates or residents for a doctor's attention. I wanted to get the most out of these two years that I could."

He's even getting the most he can out of the nearly 30-minute commute. Instead of music, Singh is listening to the monotone delivery of a doctor's lecture on cardiology and disorders relating to the heart. By the time he's reached Lumberton and its seven-story, 319-bed hospital at 6:30 on this day, he's ingested more knowledge than breakfast. And the day has just begun.

Wearing a T-shirt under his short white coat with the Campbell medical school's logo on the left sleeve (the coat gets longer when he becomes a DO), Singh heads straight to the cardiovascular intensive care unit to look at patient charts so he's not playing catch-up when the rounds begin.

With his preceptor — the on-staff doctor

designated to show him the ropes — gone this week, Singh seeks out Albie Simeone, a certified physician assistant and recent graduate of Duke University's PA school (the CVICU in Lumberton is managed by Duke). The two are roughly the same age, but Albie has been working at SRMC for nearly a year. That experience — combined with two years as an emergency department technician in Connecticut before PA school — proves invaluable for someone like Singh.

Their morning flies by. Over the next two hours, they visit five patients, and Singh scrubs in to watch doctors remove pacing wires from a heart patient. The rookie even gets to help. By 8:45 a.m., he's practically giddy.

"I didn't do badly my first two years [in med school], don't get me wrong. But being here, seeing these patients … seeing what it all means. It's different. I'm different," he says. "The getting here early and extra studying … I just don't want to be an OK physician. I want to be a great physician. This is the start of that for me."

SOUTHEASTERN|HEALTH

BROTZMAN, ERICA
STUDENT DOCTOR
Obstetrics/Gynecology

7:36 AM

It's early in Erica Brotzman's day on the obstetrics and gynecology rotation, and already, she's wondering if her shoes — thin-soled, worn-in tan tassel loafers — are a bad idea.

In her first 30 minutes, she's walked up and down the halls of Southeastern Regional Medical Center's labor and delivery wing multiple times, checking in on expecting mothers with her preceptor, Dr. Connie Mulroy. In between visits, they've read heart monitors and noted contractions on the flat screens at the nurses' station. Now Brotzman's heading to the other side of the third floor to follow up with a few new moms whose little miracles came the night before.

The fast pace excites Brotzman, an energetic hopeful pediatrician from Richmond, Virginia. It's a far cry from the 12-hour graveyard shift she drew during her first week as a third-year med school student — hardly the experience she had imagined and hoped for when she first arrived in Lumberton. Those first five nights — each a 7 p.m. to 7 a.m. shift — produced exactly two deliveries on her watch. The other 58 hours consisted of a lot of chats with nurses and buckets of coffee and sodas to help her get through it.

"It wasn't all bad," she says defensively. "The doctors and midwives only came in when they were needed, so I spent a lot of time with the nurses, and they had a lot of time to answer every question I threw at them. For the most part, I feel like I eased into things … learned the basics. Read a fetal heart monitor and learned what contractions look like."

Dr. Mulroy overhears this and calls Brotzman's week "painfully slow."

"With labor and delivery, it's feast or famine," she says. "We do our best to spread them out, but you'll have days where it all happens at once."

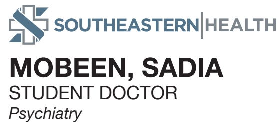
Mulroy's veteran advice is another reason Brotzman is so excited about this week. The New York native and graduate of Wake Forest School of Medicine has run her own OB/GYN clinic in Lumberton for eight years, and she very recently joined Campbell's School of Osteopathic Medicine as an assistant professor of OB/GYN.

She's the model of the type of doctor Campbell is hoping to mold — someone who'll work or set up a practice in the most underserved parts of the state and region. In Robeson County, about 10 percent of all new mothers give birth after receiving very late or no prenatal care, which has contributed to the county's staggering 12-percent infant mortality rate — double the national average.

She's also already a role model for Brotzman — a wife and mother of two boys who successfully

juggles career and family. It's where she sees herself, hopefully she says, in the next 10 to 15 years.

"I don't know if I could handle being on call 24 hours, though," Brotzman says. "I need more structure. Yesterday, Dr. Mulroy was literally jogging between rooms, and she said that was a slow day. If that was a slow day, I don't want to see a busy day."



8:30 AM

Their usual morning meeting takes place in an unimpressive office/storage room — much more cramped the past few weeks since four third-year Campbell medical school students have been added to the mix — behind doors that remain locked at all times.

It's the way most mornings begin at Third East, otherwise known as the third-floor psychiatric ward at Southeastern Regional Medical Center. The locked doors are for the safety and security of the doctors, patients, staff and students as many patients on the other side often suffer from serious mental disorders, such as schizophrenia, bipolar disorder and depression. Some are considered a danger to themselves. Some are considered a danger to others.

It's a different kind of rotation and one that some third-years enter timidly. But for Sadia Mobeen, who wants to enter the OB/GYN field after med school, it's a rotation that must be approached with an open mind.

"I'm not going to be a psychiatrist," says the Brooklyn, New York, native and University of Albany graduate. "But no matter what part of medicine you choose, you'll have to deal with patients with psychiatric issues. It's an extremely important rotation. So you keep an open mind. A lot of doctors enter their rotations knowing they're going to follow one field, and they end up finding something they like more. You never know."

The morning meetings are an opportunity for Dr. Sid Hosseini, a veteran DO, to go over new patient records with the students and his staff of doctors, nurses and directors. The records are highly confidential, and the content is sobering. Suicidal patients. Homicidal patients. Drug problems. Criminal histories.

They're all on the other side of that locked door, and the majority of those patients are walking the hallways, sitting in the common room or eating in the dining area. They're anywhere but their own rooms, as psych ward patients are encouraged to be social and interact with other patients.

Walking those hallways among the patients can be intimidating to a student, especially one entering their first rotation. On Mobeen's first day, there was one Code Gray — called when a patient becomes combative with staff or another patient. The following day, there were two.

"I was in the room for one of them," Mobeen says casually. "I've seen a lot of things I didn't expect coming in already. We learned a lot about mental disorders, diagnosing them and the proper medications for them in med school. We also learned how to stabilize a patient. But it's one thing to learn it in school and another thing to see it happen."

A big part of Hosseini's job is determining whether a patient stays at Third East. The courts can also make this determination. The reality is about half of the patients walking the hallways today won't be here tomorrow. Their rooms won't be empty for long.

9:01 AM

Cherie Dickson wastes no time breaking out her Osteopathic Manipulative Medicine skills in front of her MD preceptor, Dr. James McLeod, a well-established and much-loved family physician in his hometown of Lumberton.

McLeod's second patient of the morning at the Dr. A.J. Robinson Medical Clinic a few miles south of the hospital is complaining about his sinuses. His ears feel like he's on an airplane, and he's getting regular headaches.

"I know some techniques," Dickson offers. "I'm ready to try them, if it's OK with Dr. McLeod."

It's not the first time on this rotation that Dickson has stepped up and suggested an osteopathic approach, and it won't be the last time on this day. What the 28-year-old Charlotte native and UNC-Wilmington graduate lacks in the knowledge that only comes with experience, she makes up for in confidence, curiosity and a genuine compassion for the patient. The future OB/GYN feels at home on her first rotation in family medicine, and it shows.

"I'm so grateful to ease my feet in the water in the first month," she says. "Family medicine offers a good smattering of everything. I think sometimes, I get lost in my reading and studying, so it's nice to actually be in a clinic and see real patients."

She's also thankful for a preceptor who asks her a lot of questions — often on the spot in front of his patients — and encourages her to speak up. For the next patient, who's in because of lower back pain, Dickson suggests a series of stretches in addition to pain medicine.

At 9:30, it's a woman in her 60s who has regular dizzy spells. Shortly after that, it's a follow-up with another woman in her 60s who recently had rods inserted into her foot.

Dickson has helped with eight patients in her first two hours, and already, her feet are sore. She and McLeod finished their final patient at 6 p.m the day before, and today looks like it's going to be another busy one.

"I'm exhausted … more than I thought I'd be on this rotation," Dickson says. "And when I get home, it doesn't end because I'm studying for another four hours."

The next patient is a man who has reinjured his back while moving furniture. He tells McLeod the pain often registers at a 10. For this one, the doctor lets Dickson take over. The third-year medical student works like she's done this for years, noting the patient's recent weight gain isn't helping his back and suggesting he get a bike or find access to a local pool.

She asks him if he's heard of "osteopathic medicine." Minutes later, her patient is lying face down on the table as she checks his back. "He's here 10 minutes, and you've already got him on the table," McLeod jokes.

Dickson explains she's performing soft tissue OMM work on his lumbar spine. "I'm trying to help him relax his muscles a bit," she says. "They're pretty tight."

When she's finished, McLeod asks the patient how it felt. "Good," he answers, "feels a little better."

The doc still suggests surgery.

"And no more moving furniture," he quips.

SOUTHEASTERN|HEALTH

BROTZMAN, ERICA
STUDENT DOCTOR
Obstetrics/ Gynecology

9:15 AM

Erica Brotzman's morning has finally slowed down a little. She and Dr. Connie Mulroy have left the fast pace of the hospital for Mulroy's OB/GYN clinic, about a five-minute drive away when you factor in traffic and a few red lights.

This clinic — an office with assistants, secretaries, a waiting room and regular appointments — this is what Brotzman hopes her future looks like. It also feels a lot like her past.

Her mother is a rheumatologist, a physician who specializes in autoimmune conditions affecting the joints, muscles and bones. Brotzman spent a lot of time in her office growing up, often given little tasks around the pharmacy or in the mail room.

"I grew up around medicine," she says. "My mom is my biggest role model, so I decided pretty early that this is what I wanted to do with my life."

Brotzman earned her bachelor's degree at the University of Richmond and took part in a post-baccalaureate program at Virginia Commonwealth. Three years later, she was accepted to and had already paid her deposit at a nursing school when she learned she was also accepted into the charter class of Campbell's new osteopathic medical school. She instantly fell in love with Campbell and its program.

"I remember getting this little pamphlet with all the osteopathic medical schools in the country, and there was this little addendum about three new schools," she recalls. "I remember seeing Campbell and thinking, 'Buies Creek, North Carolina? I don't know where that is, but I want to go there.' I'm a Southern-kinda girl, and I wanted to stay in the South, and the more research I did on Campbell, the more amazing it sounded."

She says her first interview "felt like a big bear hug," and the campus reminded her of Richmond. The three-year wait for med school was worth it, she says. "Everybody was so welcoming and so family-oriented."

You can sense why these qualities are so important to Brotzman in the way she approaches Dr. Mulroy's second appointment on this day — a 68-year-old woman in for a routine check-up. The doc steps aside and allows her to ask her questions about her medical history. Campbell students have spent countless hours in mock exam rooms that look exactly like this one and have practiced patient interaction ad nauseum. Still, it's different with a real patient with a real history. Brotzman applies a little Southern charm and comes off as having done this for years. She performs her first Pap smear and pelvic exam, and her patient is happy to be her first.

"How will you learn if you're not trying it on someone," she assures Brotzman. "May as well be me."

It's as she's writing her first real SOAP [Subjectives, Objectives, Assessment and Plan] note when Brotzman's one hour of relative calm is turned on its head. Dr. Mulroy has received a call from the hospital that she's needed for a possible emergency C-section on a young woman in just the 29th week of her pregnancy. The two begin gathering their things and walk hurriedly (almost jogging) to the parking lot.

"This could be nothing," Mulroy tells her student. "Or it could be much worse."

SOUTHEASTERN|HEALTH

SINGH, RAJBIR
STUDENT DOCTOR
Cardiothoracic Surgery

10:00 AM

Rajbir Singh and Albie Simeone stand at the foot of the bed of a frail elderly woman who's lying on her side fast asleep and clearly benefiting from the pain-killing IV drip at her side. Sitting next to her bed is her son, who hands Simeone his cell phone so the physician assistant can speak to the woman's daughter.

The conversation isn't easy.

Simeone must convince the daughter that her ailing mother needs her leg amputated. The procedure — a BKA (below-the-knee amputation) — is far too common in Robeson County, where the death rate linked to diabetes is more than double the state average. But these phone calls are anything but routine for Simeone, who spends more than 15 minutes explaining the procedure and explaining that if it's not done now, it could be much more difficult (and more of the limb might need to go) if the family waits. Simeone avoids the medical jargon in their talk, and after he hands the flip phone back to the woman's son, he gives Singh a knowing nod that the conversation was a success.

"You can be the best surgeon or the best clinician in the world, but if you don't know how to communicate with your patients, they're not going to trust you, and they're not going to want you to see them," Simeone later says. "It doesn't come off well if someone thinks a doctor, PA or med student is talking down to them or using terms they don't understand. One of the big differences between PAs and MDs or DOs is we have to log 1,500 patient-care hours before we go to school. We've had that experience of talking to patients. One of the biggest compliments PAs get is that we communicate well."

Singh says these learning moments are just as important as the ones in surgery. It reminds him of why he wanted to become a doctor in the first place — a revelation that hit him when he was 17 and visiting India for the first time since his family moved to Miami when he was 4. During that trip, he met the doctor for his family's village — a man who worked for very little money, yet had a tremendous impact on the community.

"I asked why he basically worked for free, and he told me, 'This is where I'm from. If I don't take care of my people, who will?'" Singh recalls. "I even got sick at some point during that trip, and my grandfather took me to his house in the middle of the night for meds. It wasn't life threatening or anything, but I could have been much worse. I saw first-hand how important a doctor can be. It's hard to understand that need if you haven't felt that need yourself."

The first in his family to graduate college, Singh earned a degree in biology pre-med from the University of South Florida and spent two years shadowing physicians and working on the application process for medical school. During that process, he discovered Campbell — a school he'd never heard of before then —and liked the idea of being in a charter class.

"It was out in the middle of nowhere, and at first I was taken aback, coming from Miami," he says. "But it reminded me a little of India. Quiet, calm, surrounded by farmland. I liked it. I wanted to get away from the craziness anyway."

WHAT'S A ROTATION?

The terms "rotation" and "residency" might sound similar to those of us outside of the medical field, but they're two very different parts of a doctor's education.

While a resident is an MD or a DO with a degree (yet not a fully licensed physician), rotations are viewed much like internships, and for students at the Jerry M. Wallace School of Osteopathic Medicine, they make up the third and fourth years of their four-year med school education. As with most schools, Campbell students spend the first two years in the classroom, and rotations give them a more hands-on education in a hospital setting.

Third-year students at Campbell are required to complete 10 clinical rotations, each about a month long. All students must complete the core rotations — which include internal medicine, family medicine, general surgery, OB/GYN, pediatrics and psychiatry — plus several elective rotations.

"We train physicians in many of the medical specialties to ensure they have a well-rounded education that will prepare them to be safe and effective physicians and ready for residency programs in whatever specialty they choose," says Dr. Robert Hasty, associate dean for postgraduate affairs at Campbell and vice president of medical education at Southeastern Health.

Simeone wakes his patient up moments after his phone call ends to inform her of the decision. With Singh at his side, Simeone tells her that her left leg will be amputated.

SOUTHEASTERN HEALTH

SOKER, TOM
STUDENT DOCTOR
Cardiology

10:14 AM

"There he is, going to save lives."

Tom Soker nods and smiles to the classmate who says this as they pass each other in the maze of hallways that make up Southeastern Regional Medical Center. Soker doesn't have time for much more than the nod, however, as he's trying to keep up with his preceptor, Dr. Sydney Short, a cardiologist of over 30 years. The two meet up with resident Dr. Danielle Eagan, a graduate of the Edward Via School of Osteopathic Medicine and Campbell internal medicine resident.

This is an elective rotation for Soker, a soft-spoken graduate of UNC-Chapel Hill who's seriously considering going the cardiology route in his career. Without a doubt, he's chosen the right hospital in the right region to learn.

Robeson County has one of the highest rates of heart disease and stroke not only in the state, but in the nation. Heart disease has been the No. 1 killer in the U.S. for over 90 years, and in Robeson, it kills about 300 people each year, according to the Society of Public Health Education. A big reason for that is the region is home to the Lumbee Indian tribe, the second largest Native American tribe east of the Mississippi River. Lumbees, according to Duke University research, are significantly more vulnerable to heart disease, and with more than 50,000 living in and around Robeson County, the need for more physicians and surgeons is great.

Short, Soker and Eagan's next patient on this morning's rounds isn't Lumbee, but his is a fascinating case. He's a young man who a day prior collapsed with no warning while working a morning shift as a convenience store clerk. As Short checks his heart and begins asking questions about the incident, the patient offers something better than his story.

"I have video," he says, handing the doctor his iPhone.

The three gather around the phone standing bedside and watch it all unfold via the store's surveillance footage. A few seconds in, their faces reveal the moment he passed out.

"Wow, you sure did. That's pretty impressive," Short jokes.

Now the learning begins for Soker, and Short begins going over several possibilities of what could have caused the patient's blackout. They discuss his drinking three to five cups of coffee every morning instead of eating breakfast. They discuss a potential drop in his blood pressure. He also doesn't rule out a rare condition called Brugada Syndrome, a potentially life-threatening heart rhythm disorder.

"His heart is functioning normally now, so we're going to send him home," the doctor tells Soker and Eagan. "It's rare for someone to come in with footage like that. Sometimes we'll get pictures. This guy is a good case study though. There will definitely be follow-ups."

It's been an eventful first few days for Soker, who began his rotation earlier in the week by watching doctors insert a pacemaker into a heart patient. He's settling in to this new chapter in his life, and calls this part of his medical education both "exciting and scary."

"I'll admit, I'm a little nervous about this rotation," he says, "but I'm excited, too. It's not a core rotation, so I don't have to stress over a big test coming up. I'm just soaking everything in and learning as much as I can."

SOUTHEASTERN | HEALTH

MOBEEN, SADIA
STUDENT DOCTOR
Psychiatry

10:25 AM

There's a chip in the table in the psych ward's interview room, a half an arm's length away from where the patient usually sits when he or she is answering questions from Dr. Hosseini or a nurse practitioner — "Do you see things?" "Do you hear voices?" "Do you feel hopeless or worthless at times?" "Do you have severe mood swings?"

That chip in the table becomes the focus for many of these patients — digging it deeper and deeper with their finger, or rubbing it with their thumb to avoid giving their full attention to the moment at hand. It's easier to chip away at a table than accept the reality of the moment … or to answer questions they've likely heard before.

Sadia Mobeen has joined one other med student, Dr. Sid Hosseini and a nurse practitioner in the locked room to interview a new patient. The young woman's Southern accent is thick and grammar is elementary school-level, and Mobeen — a native New Yorker — is finding it difficult to understand much of what the patient is saying.

Following the interview, Mobeen is asked to perform a routine physical exam on the patient. Minutes into it, the woman asks her to stop and politely requests the nurse practitioner finish the exam. Mobeen accepts the patient's demand, also politely, but when she steps out of the room, she's frustrated.

"We've been trained to do physical exams, and we've done countless exams since our first year," she says. "It wasn't that I was doing it wrong; she was just uncomfortable that somebody new or somebody without a degree was doing it. I respected her wishes, but it's frustrating when you know you're capable. I'm a student, and doing it is the only way I'm going to learn."

Part of the frustration stems from Mobeen's genuine desire to help people like this patient. In her two years between undergrad and med school, she worked for AmeriCorps, helping homeless and less fortunate patients after their ER visits get medications, find shelter and find follow-up care.

"It might sound corny, but I really like helping people. Making a difference," she says. "I want to do something good for society, and I like the role of a doctor in doing that. Patients believe in them, and if a doctor really does care, that goes a long way. That's why I wanted to go into medicine."

BETTER DOCTORS

Lumberton family physician Dr. James McLeod admits having Campbell students following him around keeps him on his toes.

"When you know some smart person who's reading, studying and learning with the latest and greatest stuff is looking over your shoulder while you practice medicine, you tend to think things out more than if no one was around," he says. "It forces you to be as good a doctor as you can be."

Bringing medical education into the hospital makes a hospital better, says Dr. Robert Hasty, associate dean for postgraduate affairs at Campbell and vice president of medical education at Southeastern Health (soon to be the founding dean of Montana's first medical school on the campus of Montana State University). Joann Anderson, CEO and president of SeHealth, agrees, and she's seeing the results first-hand in just a few short months since cutting the ribbon on the hospital's new Medical Education Center.

"I believe this has changed our organization," she says. "You walk down the hallways, and you feel it. The energy level has been turned up. The discussions you hear at a nurse's station or around the classrooms — they're exciting. I ran into a physical therapist at the cafeteria here, and asked him how things were going. He said, 'It's great. This thing with the students … it's just wonderful.' I've known this guy for years, and for him to say this was truly significant to me. He sees that partnering with Campbell has changed our world in a positive way."

SOUTHEASTERN|HEALTH

DICKSON, CHERIE
STUDENT DOCTOR
Family Medicine

11:02 AM

Dr. McLeod's next patient on a busy morning at the Dr. A.J. Robinson Medical Clinic is a woman in her 60s who suffers from plantar fasciitis, causing great pain in her foot when she walks. During a discussion with her doctor and Cherie Dickson about lotions and stretches that might help, the woman talks about her husband, whom she lost just weeks prior.

The man she met when she was 15 and shared an up-and-down marriage with for 40 years was gone, and the void he left in her life was too much to bear, she says.

"God I miss him," she says, tears welling in her eyes. "It's hard … but God's given me strength day by day. Life goes on … but it's just so hard."

A few seconds of silence is broken by Dickson, who takes a step toward the sitting patient and offers another form of healing.

Prayer.

"Would it be helpful if I prayed with you?" she asks.

She kneels in front of the woman, and the two hold hands as Dickson begins to pray aloud.

"Be a constant reminder that she's not alone," Dickson says, eyes closed. "That you're with her, Lord."

The minute-long moment ends with a whispered "Praise Jesus," from the woman. It's not the first time prayers have been shared in Dr. McLeod's office, and it's not the first time Dickson has prayed with the people she's been called to help. She describes herself as a strong Christian who believes God has led her to medicine, and she believes spiritual care is important in overall health.

"Last summer, I was in a spiritual care program in California with the Loma Linda University School of Medicine, where you learn to integrate your faith into your practice," she says. "I learned a lot there, like what's OK to talk about with your patient and whether it's OK to talk about God.

"As a provider, you're granted a high level of respect from your patients, so if you ask them, 'Can I pray with you?' there might be pressure on them to do it whether they want to or not because you're in a position of authority. Asking if it would be 'helpful' to pray, however, lessens that pressure. If faith is important in their daily life, then why not help them use it to heal?"

SOUTHEASTERN|HEALTH

SOKER, TOM
STUDENT DOCTOR
Cardiology

11:30 AM

A little over an hour after watching cell phone video of a man pass out at work, Tom Soker, Dr. Danielle Eagan and their preceptor, Dr. Sydney Short, are gathered around another patient's bed, this time joined by a room full of health care professionals.

Three registered nurses and an echocardiographer are there to help Short perform a transesophageal echocardiogram (or TEE) procedure, where they will guide an ultrasound transducer down the patient's throat as he's sleeping to get a close-up look at the heart's valves and chambers without interference from the ribs or lungs.

The patient came in after an atrial fibrillation (or afib) flutter, which can cause the heart to contract irregularly and less efficiently than normal. Short is checking this particular heart for clots, and if he finds one, he won't be able to follow up with an electrical cardioversion procedure (a brief "shock" to the heart), because such a procedure can cause a clot to come loose and cause a stroke.

The patient, a slightly overweight man in his late 40s or early 50s, is given something to swallow to help "lube" his throat for the procedure. The man consumes the bitter-tasting liquid before he lies down to let the anesthesia do its work. Minutes later, he's snoring, and Short goes to work.

As Short guides the ultrasound carefully, his resident and student stand behind watching both his hands and the monitor as 2D images of his heart begin to appear.

Soker's eyes light up as he focuses on the images, trying to find the clots his preceptor is looking for. He was a junior in high

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school when he first decided he might want to go into medicine. A former YMCA camp counselor who loved working with kids, Soker was dead set on being a pediatrician before med school. His plans were put on hold when his applications were denied his first year after college.

He responded by getting his Certified Nursing Assistant license, doing research at Wake Forest University and shadowing a neurosurgeon in Greensboro over the next two years. He also worked as a patient transporter just to get his foot in the door and get some experience and build his pre-med school resume. It was upon entering his third application cycle when he discovered Campbell University and its yet-to-be-built School of Osteopathic Medicine. Upon reading more about the school, he introduced himself to osteopathic medicine and liked that Campbell and a DO education aligned with his own personal health care values.

In 2013, he learned he would become part of the 160-member charter class of the school that fall.

"My first reaction was joy, then relief that I wouldn't have to go through the tedious application process again," says Soker, who never swayed in his dream of med school despite the rejections. "I have plenty of friends who had been rejected once or twice. I also have a great support system at home telling me I'd be a great doctor one day. I also have faith in myself — so the encouragement was there. I didn't see a reason to stop. This is what I wanted to do."

On the monitor, a small clot appears in the patient's heart. He will not receive a shock, Short tells his team as he reels in the tube.

"Cardiology's never boring," he tells Soker and Eagan.

SOUTHEASTERN|HEALTH

BROTZMAN, ERICA

STUDENT DOCTOR

Obstetrics/ Gynecology

12:12 PM

Erica Brotzman hasn't eaten in over five hours, and for a moment, it doesn't look like lunch will be an option. Dr. Connie Mulroy offers part of her "lunch," a small bag of peanut butter crackers.

The last two hours have offered more on-the-job experience for Brotzman than her whole first week on the night shift. It began with the call from the hospital, and at precisely 10:07 a.m., the two were leaving Mulroy's clinic to rush back to the labor and delivery wing at SRMC.

At 10:15, Mulroy was assessing the situation — a woman in just the 29th week of her pregnancy was in labor — and three minutes later, Brotzman was scrubbing in outside of the operating room.

At 10:23, she walked into a room full of at least eight to 10 hospital personnel — doctors, nurses, anesthesiologists and others at the ready. At 10:27, a nurse walked out of the room declaring a 4-pound baby boy, premature but otherwise in good condition.

"It was nine minutes from the decision to go with a C-section," Brotzman says. "It was all so fast … bang, bang, bang. Very exciting."

In just a few days with Mulroy, she has experienced a valuable lesson from her preceptor — the patient comes first.

"She basically told the mother, 'My name is Dr. Mulroy, and we're taking you to the C-section room,'" she says. "Everything else was secondary. You skip meals, you get here in the middle of the night. You do what you have to do."

Mulroy herself has benefited first-hand from quick thinking on the doctor's part. One of her sons was a premature baby, born in the 26th week of her pregnancy. While the survival rate is high between the 27th and 30th week (about 95 percent), babies born that early face a higher risk of health

SOUTHEASTERN HEALTH

SOKER, TOM
STUDENT DOCTOR
Cardiology

12:18 PM

When the students do get a break for lunch, they are well taken care of at SRMC. Daily "lunch and learn" discussions and presentations are held in the large classroom on the newly renovated fourth floor, home to the recently opened Medical Education Center.

Tom Soker is skipping the lesson, though, and hiding out in a smaller study room with two classmates, Michael Ouzts and Christina Samaan, to prepare for Friday's lunch presentation — a Jeopardy! style quiz game to help their classmates study for upcoming exams. The trio is having fun with the categories: "You're So Vein," "Quit Playing Games With My Heart," "I Like Big Hearts and I Cannot Lie" … and so on.

"They'll love us and hate us," says Samaan, an Orlando native. "The categories are funny, but the questions are hard."

Soker (cardiology), Ouzts (pulmonology) and Samaan (infectious diseases) feel fortunate to be making Jeopardy! questions and not cramming for the end-of-the-month exams that await those taking one of the core rotations — which include internal medicine, emergency medicine, OB/GYN and others. These rotations will make up their third and fourth years of med school, but the education doesn't end with graduation in 2017.

Osteopathic physicians often spend a year after graduation in an internship if they're interested in further exploring various specialties. Then the residency programs typically last another three to seven years, offering specialized training to the newly minted doctors in particular areas of medicine. Another one to three years can be spent in a fellowship, a formal, full-time training program that focuses on a particular area within a specialty. A fellowship would be required for Soker if he sticks with a highly specialized field like cardiology.

With the next 10 years of their lives pretty much spoken for, it doesn't leave for much of a social life, says Samaan.

"I spend my days in the wound clinic looking at foot ulcers, toes that need to be amputated,

problems down the line. Her son has no lingering effects of a premature birth, but she remembers her experience and her fear at the time.

At 10:39, the baby was wheeled out of the operating room, and with Brotzman at her side, Mulroy began sewing up the mother, who was still under anesthesia. Midway through the procedure, she handed the "needle and thread" to her student, offering another learn-on-the-job moment you can't experience in the simulation labs back in Buies Creek.

It was the first time she has ever stitched up a live patient, and by 11:20, the room began to clear out. Mulroy walked next door to deliver good news to the young father, who clearly looked like he could use reassurance.

Back to now, Brotzman crosses paths with another third-year med student on her OB/GYN rotation, Jessica Herman, and the two begin sharing stories. Brotzman beams as she talks about the past two hours.

At the same time, Mulroy is filling up on peanut butter crackers and offers one to her student. Just as Brotzman is about to turn it down, the doctor looks around at the relative calm in the wing and changes her mind.

"Go ahead and go to lunch," she tells her student. "Just have your phone nearby."

bones through skin and other infectious diseases all day," she says. "When I get home, I just want to take a shower and study."

She and Ouzts live in nearby Hope Mills, renting homes with roommates, while Soker lives with six other classmates just blocks from the hospital in another rent house. Soker says aside from work, the only things he's done in his short time in Lumberton are go to the supermarket, Walmart and the gym.

"A group of us are going to CiCi's Pizza this Friday," he adds. "I'm sure it'll be a big time."

Samaan views the small town vibe as a positive for med school students. She describes coming to Buies Creek for her first two years as a "culture shock," considering she grew up in the Theme Park Capital of the World. Working in Lumberton and living in Hope Mills isn't much different.

"I feel like if you're going to med school, go where there's no distractions," she says. "And definitely go where the people are nice to you."

MOBEEN, SADIA
STUDENT DOCTOR
Psychiatry

1:15 PM

Lunch is over, and Sadia Mobeen and the three classmates joining her on this month-long psychiatry rotation — Andrew Lee, Richard Baggaley and Jeffrey Sobecki — are in waiting mode, back in the locked office from this morning's meeting and on stand-by until Dr. Sid Hosseini returns with a new set of rounds and other assignments.

The group teases each other about who's Hosseini's favorite and compliment the meatloaf and chicken served at the buffet line during lunch today. They throw guesses at what will be on the exam following their core rotation and reveal what rotation each will be taking in the second month.

Before long, the conversation turns to the social lives — or lack thereof — of the four third-years. The four lead different lives — Lee is married with two children ages 2 ½ and 10 months. Baggaley is newly married to a physician assistant student from Campbell whom he met at the ribbon-cutting ceremony for the med school building they now share. Neither Sobecki nor Mobeen are married; Mobeen even rolls her eyes at the suggestion there's even time to go out and meet somebody during the all-consuming four years of med school.

"It's hard to put the effort into building a relationship right now," says Sobecki. "I mean, you might meet people you could be interested in outside of med school, but if they don't understand the time commitment, you don't really have a choice. That's why there's a fair amount of inter-dating for the students."

The group starts counting off at least four or five relationships — current and past — within their class in the past two-plus years. Baggaley is almost included in that count, being married to a PA student. It's easier to find someone who understands the amount of work it takes to get through med school, he says, and even easier when that person is going through the same type of struggle.

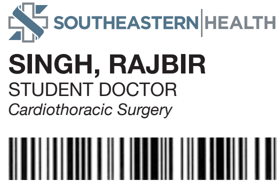
"We get home at the same time, study together, take a break together, maybe watch some TV, stop, then start studying again until it's time to sleep," says Baggaley, a Utah native who married Brittany on Dec. 20, 2014, a year and two months after that ribbon-cutting ceremony. "Our knowledge base is basically the same, and we're always bouncing questions off each other. Her understanding of what I'm going through has definitely made it easier."

Lee's wife is not a medical student, nor does she work in the medical field. The couple had their first child, a daughter, two months before Lee's first interview with Campbell during the application process. Their daughter was 9 months old when he began classes in August 2013. Their son was born in October 2014. They make life work by keeping an open line of communication, Lee says.

"It can be tough, don't get me wrong. It's a balancing act," he says. "I'll spend a few hours studying at the hospital because it's so hard to concentrate at home, but then I'll spend the new few hours at home with my family. It's crazy now, but it will get better. I'm hoping to go into a family practice residency [after med school], and the hours are more regular. It would be nearly impossible for me to go into surgery or OB/GYN, because those hours are crazy and very unpredictable."

Campbell resident Dr. Courtney Maiden has bad news for the group. This third year of med school — the same one that sucks up all of their time and social life — is the easy year.

"Enjoy it before it gets hectic," the recent Pikeville (Ky.) College School of Osteopathic Medicine graduate says. "This is calm. In the fourth year, you start worrying about getting into a residency, and it's far from enjoyable. It can be very competitive, depending on the field. Even the non-competitive specialties can be a challenge. So no … this isn't hectic yet."



1:27 PM

Rajbir Singh is preceptor-less on this day, but those who have stepped in to teach him are more than capable. None more so than Dr. Lina Vargas, a vascular surgeon who came to Lumberton in 2014 after nine years of residency training at The Cleveland Clinic Heart & Vascular Institute, the No. 1-ranked heart program in the United States.

Vargas has already achieved "rock star status" at SRMC, appearing in advertisements, YouTube videos and radio shows promoting the hospital. Her expertise — surgery for aortic, artery and venous diseases — is in high demand in a place like Robeson County, which ranks near the bottom nationally in smoking prevalence, obesity, physical activity and life expectancy.

Of the nation's 3,143 counties, Robeson ranked 3,087th in "recommended physical activity" for men in 2011.

Vargas is leading Singh and the physician assistants on rounds and going over patient records after a lunch break, and in no time it becomes clear she's in high demand. Vargas' discussion with Simeone and Metzger are interrupted every other minute by her cell or office phone.

"She's been in the operating room so much, my time with her has been limited," Raj later says. "When I do get to sit down with her and talk or stand by her while she's in surgery, she's amazing. She'll explain what she's doing without my asking. She'll tell me what structures she's working on, what this procedure is and why she's doing it. And she has no obligation to do it. She's not my preceptor, but she's taken me under her wing this week."

Vargas' importance to not only the hospital but now the community has inspired Singh in his short time in Lumberton. He entered med school with the idea that he would one day become a general surgeon, which he says fits the "primary care component" that Campbell encourages.

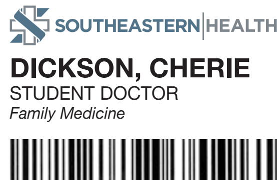
He now sees himself spending a few extra years as a resident and specializing in cardiothoracic surgery, which involves treating diseases mainly of the heart and lungs.

"I love cardiology and the heart, and this combines the two," he explains. "More importantly, there's only one cardiothoracic and cardiovascular surgeon [at SRMC]. You have a hospital like Duke where there are a whole mess of them, and Lumberton doesn't have that luxury.

"If I can practice a field of medicine I love and do it in a place where I'm needed, then that's the best opportunity for me."

Singh follows Simeone and Vargas into a patient's room, and the doctor begins comforting the elderly woman as she unwraps her newly amputated leg to check the stapled-up wound.

"You've been through a lot," she tells her as Singh leans in to look at the amputation performed above the knee. "So get some rest and make sure we stay on top of this wound."



1:32 PM

Not long ago, Cherie Dickson wanted to be a politician. She could see herself as a senator or representative, and she marked political science as her major entering her freshman year of college.

Medicine, she says, was the farthest thing from her mind. In fact, the sight of blood made her queasy.

"I had to leave biology class when you just mentioned the word 'blood,'" she recalls. "I started enjoying those classes later in high school, and I can't tell you what happened. It was probably a God thing. I went from the kid who never wanted to be a doctor to one day telling my mom in the car that I was ready to change majors and go for it."

That queasy teen could have never imagined that a decade later, she'd be spending the second part of her Wednesday med school rotation in a wound clinic — where blood, pus, sores, tendons, bones and all sorts of things found under the skin are on full display.

Every Wednesday, McLeod spends his afternoon at the Southeastern Wound Healing Center, located across the street from the hospital's parking garage. Over the years, McLeod has seen every wound imaginable, he says.

The afternoon's first patient is an easy start for Dickson — a man with large sores on his shin and ankle from years of wearing work boots. Patient 2 is having wounds looked at as a result of a botched breast enlargement surgery (the procedure was not performed at SRMC). It gets progressively worse.

Next is an 86-year-old woman who will need a below-the-knee amputation. One of her toes is so gangrenous, McLeod says, and will only get worse if left untreated.

A 65-year-old man's ankle wounds reveal tendons in his leg. Patient 5 is unique in that her skin is ossifying around her wound. In simpler terms, the skin is as hard as bone.

Through each case, Dickson remains focused and doesn't show any signs of uneasiness. The once-queasy med student is feeling more comfortable in her new setting, and curiosity kicks in with each new patient. She has seen worse prior to this. Prior to med school, she worked with a medical missionary group at a women and children's hospital in Pakistan.

"I was elbow deep in people's bodies on the first day," she says. "And I loved it. I fell in love with the Middle East, loved doing procedures and loved seeing patients there."

Cherie took post-baccalaureate courses in Tennessee before applying to Campbell's new medical school. She says she fell in love with the school during her first visit and interview in Buies Creek. The people, atmosphere and new dean's passion for missionary medicine shot Campbell to the top of her wish list.

"Campbell is truly about getting doctors out there to serve the underserved," she says. "That's also why I chose Lumberton for rotations. I wanted to be in a community with a large disparity of income and access to medical care.

"I haven't regretted a single decision."

SOUTHEASTERN|HEALTH

SOKER, TOM
STUDENT DOCTOR
Cardiology

1:35 PM

If watching a TEE procedure up close was cool, standing in the surgery control room while a heart stent surgery is being performed on one side and a peripheral artery surgery on the other takes "cool" to the next level.

And that's before the physician for the latter procedure enters the room, fully scrubbed and carrying an iPhone that has Nirvana's "Smells Like Teen Spirit" going full blast.

Tom Soker and Dr. Danielle Eagan are spending a little downtime from Dr. Sydney Short to observe the two surgeries not only through the windows, but also on the several computer monitors in the control room. Much of their time today has been spent at patients' bedsides, but also standing around their own computers and patient folders discussing illnesses and treatments and learning to fill out the proper forms.

Eagan is in her first year as a resident, but her experience in rotations at VCOM have her light years ahead of Soker. Her field is internal medicine, and her residency will last at least another three years. She has empathy for Soker, and hopes his experience is nothing like hers.

"I once had a preceptor who treated me like I'd already been there for four years, and expected way too much out of his students," she says. "He'd spend three to four hours a day quizzing me and expecting me to know complex procedures."

Even though she's only been in Lumberton three months, she enjoys the energy Campbell's medical students have brought to the hospital.

"It's great to put more smart minds together," she says. "I'm still learning, too, and I'm still getting asked questions. Sometimes Tom will get a question that I secretly don't know, so I'm learning something there, too. It's good for all of us."

She tells her new friend that the flood of information over the next few years will seem a bit overwhelming, but one day, it will all just click. Soker thinks his strengths coming in are his ability to bond with a patient and come off as trusting, but his weakness is his confidence. He's not a "see it once and do it" kind of learner. He prefers lots of practice, he says, and he needs to get comfortable in not being perfect every time.

"There's so much about medicine I don't know, but I understand it all comes with experience. I recognize that," he says. "But just seeing where I'm at today, my progression of knowledge and ability to recognize things compared to where I was three years ago is just incredible. It's a testament to the great teaching at Campbell. Without a doubt."

With the surgeries and Nirvana behind them, Soker and Eagan connect again with Short, who's on his way to check with a patient who's had six heart stents in the past 25 years and another who's in need of another bypass surgery.

The man's wife sees Soker and tells him he looks like he should be in high school. Soker answers with an embarrassed smile and thanks her for the compliment.

As they leave the room, the wife has one last thing to tell the doctor.

"You take care of these children."

SOUTHEASTERN|HEALTH

SINGH, RAJBIR
STUDENT DOCTOR
Cardiothoracic Surgery

2:45 PM

Rajbir Singh has already seen a lot in his few days as a third-year medical student at Southeastern Regional Medical Center, and one story will probably be brought up in lunch-time conversations with other doctors or chats with future students and residents for years.

Two days prior, a man in his 50s came in because of sudden difficulty breathing. A scan of his chest revealed a pleural effusion — fluid building around his lungs — and doctors ordered a VATS (video-assisted thoracoscopic surgery), which requires a few small incisions in the chest and includes a small camera to assist the surgeon.

Singh was allowed to observe the routine bedside procedure and assisted by holding some of the equipment. Minutes into the surgery, the story took a turn.

"They went in thinking it was fluid, but the build-up was like a liquified pus. A bacterial infection … maybe pneumonia," Singh recalls, adding that a strong and unpleasant smell "took over the room" at once.

The procedure continued, and as doctors suctioned out the build-up and blood, Singh held his ground. The smell, he says, was enough to alter one's concentration, but the doctors and assistants remained focused and professional.

"I held it in," he says. "I didn't want to look like a student in front of everyone."

When the pus was removed, doctors peeled a "rind" off the lung's outer wall, and when all was said and done, Singh was rewarded by being allowed to stitch the patient up.

Nearly nine hours into his day, Singh and Campbell resident Meredith Beeler are back in that patient's room for a PICC (peripherally inserted central catheter) procedure, which allows the doctor to insert a long-term antibiotic into a deeper, stronger vein. The patient is in good spirits as he and Beeler put on radiation vests, which are required for anyone in the room, even those merely observing.

His experience makes for a good story — he told it to a fellow third-year during lunch on this day — but it's also cause for reflection for Singh.

"A lot of people in this community don't go to the doctor right away," he says. "Whether it's because they can't pay for it or they think they're better off leaving it alone … many wait so long that minor problems turn into life-threatening conditions.

"For us, we'll never see some of the problems we're seeing here if we move on to larger cities. You see how dire the situation is here and how important it is to have more doctors who want to work here."

Singh's own father was that way, he says, up until very recently. At his white coat ceremony during his first year as a med student, Singh learned his father had lost 15 pounds and was coughing up small amounts of blood. He ordered his father — a diabetic — to see a doctor. That doctor told his father he was about a week away from going into a diabetic coma.

"I didn't know a whole lot then, but I knew something was wrong," he says, "and by stepping in, I saved my family from a lot of heartache."

When med school stresses him out or when he's up late at night cramming for a particularly hard test, Singh thinks of his family.

"That's why I'm here," he says. "Being here and seeing what we do for other families reminds me of that."

THE HOSPITALS

Third- and fourth-year medical students at Campbell are being trained on a rotational basis at eight hospitals throughout North Carolina. By fall of 2016, more than 320 Campbell University medical students will be working their rotations split up among these hospitals:

- Southeastern Regional Medical Center, Lumberton
- Cape Fear Valley Medical Center, Fayetteville
- Wake Med, Raleigh
- Wake Med, Cary
- Harnett Health, Lillington
- Betsy Johnson Hospital, Dunn
- Novant Health Rowan Medical Center, Salisbury
- Wayne Memorial Hospital, Goldsboro
- Sampson Regional Medical Center, Clinton

BROTZMAN, ERICA
STUDENT DOCTOR
Obstetrics/ Gynecology

3:00 PM

Yes, the loafers were a bad idea.

Erica Brotzman declares her feet are killing her after eight hours, three deliveries, countless check-ups with new and soon-to-be new mothers, that shortened trip to the clinic and just trying to keep up with Dr. Mulroy. The day has been a physical challenge, but it doesn't compare to the mental challenge that Campbell's med school has presented to Brotzman and her 159 classmates during their first two years.

"You can have 50 people sit and tell you, 'Oh yeah, med school is going to be tough. I hope you're ready.' But you really don't understand what they mean until you go through it yourself," she says. "It's emotionally challenging having to put your life on hold to go to class and study constantly. It's physically challenging, too. I remember we'd have to treat each other in the OMM labs because our backs were hurting from sitting in the same position to study for hours and hours.

"It's a challenge in every sense of the word," she adds. "But it's worth it. It's worth it. All that we're going to be doing to help people; it's worth it."

Brotzman was fortunate to have time for lunch today, but it was cut a few minutes short after a text from Mulroy called her back to the third floor at 1:20 p.m. She and classmate Jessica Herman followed Mulroy and a few other nurses into delivery room, drew the curtains and offered support in the form of a few "There you go!" and "That's it! Push!" chants for the next 30 minutes. As she did in the operating room, Mulroy allowed her student another "first" during this more traditional delivery — Brotzman got to deliver the baby, suction the nostrils and throat, clamp the cord, clean the newborn and finally deliver the placenta.

"It was surprisingly similar [to the simulation robots at med school], except a real baby's a lot warmer. A lot messier," Brotzman beams afterward. "I'd never done that before, though. It was really, really cool."

"You did good," Mulroy says, smiling.

Brotzman's four-week rotation will end with an exam, just months after her class' COMLEX USA Level 1 exam they took over the summer. That Level 1 test "was probably the hardest one we'll ever take," she declares, adding that she took both the MD and DO exams and did pretty well on both. Her next rotation in Lumberton will be in pediatrics, the field she wants to practice in.

Wherever the coming year takes her, it will

be difficult to top the roller coaster day she experienced today.

"It's been a crazy day," she says to her preceptor, tired and excited at once. "Yeah, it's been a day," Mulroy answers. "Welcome to OB."

SOUTHEASTERN|HEALTH

MOBEEN, SADIA
STUDENT DOCTOR
Psychiatry

3:30 PM

Her handwriting much too clean for a doctor, Sadia Mobeen writes her first patient admission order — with help from her preceptor, Dr. Sid Hosseini — for a man who overdosed while on a Greyhound bus traveling on Interstate 95.

The two are on the second-most heavily monitored portion of the hospital, the sixth floor patient wing. The rooms and nurse station look just like the other wings of the hospital, but here all rooms are equipped with video cameras, and all patients are monitored in a nearby control room by a staffer sitting in front of about nine black-and-white screens.

Hosseini recalls some of his most bizarre cases to his student. Odd cases are actually a major reason Mobeen chose Lumberton for her rotations. She knew coming to SRMC would introduce her to some "great pathology," she says, and a few short days in the psychiatry rotation, she's proven correct.

"In poorer communities, patients tend to wait longer to see a doctor when they're sick," she says. "And that makes things worse. Here, we're seeing a lot of things we learned in our first two years … cases we might not have seen in other places."

Mobeen often talks about life as a third-year with her younger sister, Sidra, also a third-year medical student entering her rotations with the Lake Erie College of Osteopathic Medicine in Pennsylvania. The two come from a family of nine children, five of them either doctors or studying to be doctors. Seeing that Mobeen and her classmates don't have upperclassmen to learn from at Campbell (being charter class members), she benefits from having siblings to bounce ideas and questions off of and to share experiences.

And four of those five who are in medicine have chosen the osteopathic route, she says.

"We like the philosophy better," she says. "Believing in the whole-person approach and focusing on the person, rather than just the medical issue at hand."

Mobeen, like many in her class, had never heard of Campbell until it came up during her application process. She was drawn to the school because of the weather mostly, but also because she liked reading about its big expectations. Meeting the staff and faculty during her interview sealed her decision.

"Everyone was so nice, and just the culture down here is so different," she says. "I'm not used to having a 15-minute conversation with the clerk at a grocery store. I'm not used to people holding a door for you or when you signal to change a lane, they actually let you in."

The Brooklynite who talks at a breakneck speed also likes the slower pace of life, which surprises her somewhat.

"It's hard to get used to at first," she says. "But you do. The only thing I really miss is 24-hour grocery stores. Back home you can go down to the corner and get what you want any time of day."

Speaking of slower pace, today has officially been labeled a "calm one" by Hosseini. He tells Mobeen these admission orders will one day become second nature for her, and at the end of her third day in the psych ward, she seems less on edge and more comfortable in her role.

"Are you learning?" Hosseini asks her with a smile. "You're paying too much to not get a good education here."

"Oh, I'm learning a lot," Mobeen replies. "Definitely."

SOUTHEASTERN | HEALTH

DICKSON, CHERIE
STUDENT DOCTOR
Family Medicine

3:45 PM

The final stretch of Cherie Dickson's day begins with a morbidly obese man who's at the wound clinic to have several sores on his body looked at. The 34-year-old man's mother does most of the talking for him, but despite the potentially embarrassing predicament of having to strip down in front of three nurses, a doctor and a student, he has a sense of humor about him.

"Make sure you get my good side," he says, noticing a camera in the room.

Two rooms over, a man paralyzed from the waist down is having sores examined. McLeod explains the patient fell down after eating breakfast one morning a few years back and hasn't walked since. The paralysis is a result of a neurological disorder called transverse myelitis, and the wounds that have developed as a result of inactivity and muscular atrophy are "huge."

"The pain is excrutiating, all day and all night," the patient says. "But I'm a warrior."

Both men have seen Dr. McLeod several times before this, and both are comfortable sharing very personal information in front of both him and his student. That trust is the result of McLeod's personality and his roots, Dickson says.

"He was a banker for 20 years, but said God was calling him to med school when he turned 40," she says. "He went to Wake Forest, got his degree and ended up back in his hometown to practice at a clinic in an area of town that isn't always the safest place to be."

"Today, we saw the richest and poorest people in Robeson County sitting side by side in our clinic," McLeod adds. "That's one of the things that drove me to medicine — hoping we can do something like that. I'm very pleased with the clinic we have and with what we've been able to do."

McLeod says he's thrilled to see Campbell students in Lumberton, and a big reason is that he feels it makes him a better doctor.

"When you know some smart person who's reading, studying and learning with the latest and greatest stuff is looking over your shoulder while you practice medicine, you tend to not take the shortcuts you might otherwise take," he says. He asks Dickson how many medical terms they've had to look up in her few days in the clinic. The answer is "too many to count."

"It forces you to be as good a doctor as you can be," he says. "These third-year students on their first rotations have no experience, no expectations. It's now that they're taking all the facts they learned in their first two years and learning what to do with them. It's a big responsibility on our part to help them along."

And the students in Lumberton, he says, are encountering diseases and conditions they'll rarely see in other places. Today, Dickson has seen everything from Ehler Danlos syndrome (an inherited disorder that affects connective tissues) to transverse myelitis.

"This is a good rotation for you," McLeod tells her at their desks. "You're seeing things they probably never mentioned in medical school; things you may never see again."

Throughout the day, McLeod has been asking his student several questions about this disease or that diagnosis or prescription. "It's OK if you don't know the answers," he tells her.

"Good," Dickson smiles. "I haven't known any of them."

"You're a good seven or eight years away from knowing everything," he tells her.

It all comes with experience.

IMPORTANT TO LUMBERTON

Since the inception of the North Carolina County Health Rankings in 2010, Robeson County — home to the city of Lumberton and Southeastern Regional Medical Center — has consistently ranked last or near the very bottom. Despite this, Robeson has seen slightly improved health outcomes in several categories year over year.

It's the type of county Campbell had in mind when it launched North Carolina's first new medical school in over 35 years in 2013 — a school that would graduate doctors who would go on to practice in underserved regions of North Carolina, the U.S. and the world. Currently, 40 of the 160-member charter class of the Jerry M. Wallace School of Osteopathic Medicine are doing their rotations at SRMC.

"Places like Robeson County really are central to our mission statement, and I know that training physicians there will make a big impact in improving access to patients and enhancing quality in the long run," says Dr. Robert Hasty.

The data is clear, adds Hasty, that being in a teaching hospital decreases costs, decreases hospital stays and improves patient satisfaction. President and CEO of SeHealth Joann Anderson had these results in mind when she fought to add Campbell's new med school as a teaching partner for her hospital. SeHealth cut the ribbon on a new Medical Education Center in July, and a few months in, she's already certain she made the right call.

"It's not just the better health care, it's also the perception in our community that this organization is doing something great," she says. "Hopefully, many of these students and these residents will choose to continue their practice in Lumberton. It's an exciting time for us. It's an exciting time for this community."

ROBESON COUNTY RANKINGS

(Out of 100 N.C. Counties)

- Health outcomes: 97
- Health factors: 100
- Diabetes: 100
- Premature mortality: 96
- Food insecurity: 91
- Uninsured adults: 100
- Uninsured children: 85
- Median household income: 100