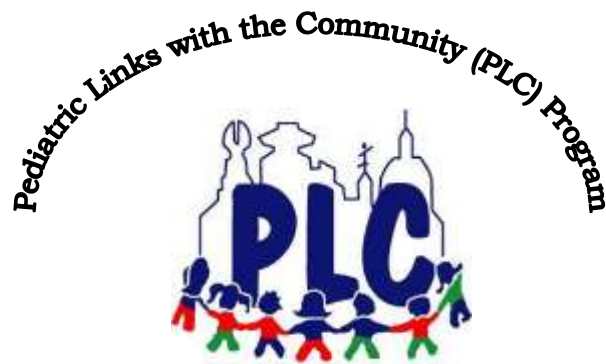


Pediatric Links w/the Community (PLC)



*PLC Resident Reflections
2014-2016*



Mission Statement:

To inspire and enable health care professionals to participate in community-based partnerships, evidence-based programs, and advocacy to improve the health of children and families.

What is the Pediatric Links with the Community (PLC) Program?

The Pediatric Links with the Community (PLC) Program was founded in 1996 as a resident education program, and has trained over 714 residents and students. Each year, pediatric, family medicine, medicine-pediatric residents, and pediatric nurse practitioner students participate in an individually crafted, two-week community-based rotation.

Community Partnerships:

During this time residents have the opportunity to learn, teach, and be involved with approximately half of our over 70 community-based organizations in the Rochester area. Residents provide medical information and engage in health promotion activities for underserved children and families, and gain exposure to a broad variety of community resources and organizations.

These partnerships represent a diverse resource network for Rochester area children and families including: schools and preschools, community health centers, in the Monroe County Department of Health, the legal system, community resource centers and outreach programs.

Why is this an important part of training?

As physicians, we recognize that our common responsibility is advocacy for all children. Our challenges include failing schools, poverty, malnutrition, and violence. We believe that by linking with other community resources and caregivers our ultimate goal may be realized that all children achieve their fullest human potential.

We welcome you to enjoy the individual resident reflections and pictures throughout this book from the 2014-2016 academic year.

We thank all of you for your continued dedication to the PLC Program!

THANKS TO ALL OUR PARTNERS!



*Baby Love Reep
Community Center*



Camp Broncho Power — Asthma Camp



trust. healing. justice.



New York State Unified Court System

Bethany House



Grace Community Village, Inc.



Early Intervention Program



ROCHESTER CITY SCHOOL DISTRICT



Discover the Excellence

Rochester, New York



a Community Health Center



Family Resource Centers of Crestwood Children's Center

NYSDOH
Refugee
Health
Program



A Safe
Haven

Crisis Nursery
of Greater Rochester

203 Genesee Park Blvd.,
Rochester, New York, 14619
585-235-5750





Opening Doors...Changing Lives



Jennifer House



Spiritus Christi Prison Outreach - Jennifer House
Visiting women and men in prison and journeying with them as they re-enter the community.

Regional Early Childhood
Direction Center
(RECDC)



LAKESIDE FAMILY
CENTER



Rochester Committee on
Refugee Resettlement



at the Rochester
Museum & Science Center

an Expeditionary Learning School



GILDA'S CLUB NEW YORK
ROCHESTER
An Affiliate of the
CANCER SUPPORT COMMUNITY
*Touched by cancer.
Empowered by hope.*



Parents as Teachers



THE NIELSEN HOUSE



Nazareth
college
Play Therapy Center for
Children and Families



Abdelaziz Farhat

Surviving Rochester

Rochester is poor. There is no pretty way of saying that. The numbers do not lie. It is the fifth poorest city in the country, and the second poorest among cities its size. And this doesn't simply mean people are living in poor conditions or aren't finding food. This poverty feeds into deeper aspects of different communities, destroys neighborhoods, and stands in the way of the entire region's future. It drains the community's resources. And it annihilates the victims' sense of independence, of dignity, and of purpose.

I believe the CONCENTRATION of poverty is the issue.

I can't explain why it is like that. Maybe some of the problems are recent, stemming from the fall of the old giants, Kodak and Xerox. Losing this industrial base while not being in a position to become a financial or entertainment / tourism center left the city with few options to support its population. But I can't ignore the fact that the city is segregated with the poor (Blacks, Hispanics) concentrated in the center. So, you have poor people with little options for work around them, with poor public transportation options for work around them, with poor public transportation options to take them out to the suburbs for possible work opportunities (I tried this it is a 2-4 hour round trip). And there are no options to live outside the city on a limited income (few rental units available, all \$700 @month, a far throw from the \$300 that an inner city family may be able to afford).

So you get this poverty concentration. And then there is a city trying to respond to this population (socioeconomic) dynamic, what happens? If you look at the city's budget over the past 10-15 years, there are some alarming figures.

Property Taxes:	↓20%
Sales Tax:	↓3%
<u>State Aid:</u>	<u>↓92%</u>
Public works expenditures:	↓6%
Public safety expenditures:	↓30%
Parks, recreation:	↓30%
Libraries:	↓24%

Looking at these numbers, from my point of view, is a very objective way to explain the effects of the poverty on the city and its residents. The figures reflect a city adapting/adjusting to the needs of its population. But these needs are a result of the city's composition and not necessarily addressing the population's "higher needs". Almost as if we are at the bottom rung of Rochester's "Master's Hierarchy".

What could all this mean? Poverty is a vicious cycle, one that is hard to break out from. This is partially because a lot of effort is spent on trying to address its symptoms, not its causes. There is a lot of good work happening in this city, and a lot of good people and organizations I met during these two weeks. But it is always playing catch up, addressing symptoms of a terrible disease. To quote Taylor Swift, "Band-aids don't fix bullet holes." I strongly believe that this situation will not get better without a major intervention. I cannot claim I know what it is. But I hope that one day I can be part of it.

Adam Bracken

Alone
No Hope
Nowhere to Turn
New to the Area
How to help the Children?
Need food, job, daycare, addiction recovery
Ask, maybe neighbors know solution to problems
Referral to doctor, resources available. They are on my side.
Information is power, there's strength in the community
WIC, Nielsen House, RECDC, 211, Early Intervention, Bethany House
Resources provided, food available, can stop addiction
Now I can tell neighbors where to turn
Empowered to start a new life; reborn
Children happy, infinite potential
Content, peace, strength
Looking Forward
United

~~~~~  
Ajay Tambralli

PLC provided an honest perspective on some of the social issues affecting patients. From a bilingual 20 month old who could only speak 2 words to a 70 year old refugee who just come to Rochester a few weeks ago, there are so many barriers to accessing, much less prioritizing health care as we all clamor for our patients to do. There is a clearly tremendous amount of social context to a patient's health and PLC has helped provide a glimpse of some of it. I plan to have more honest conversations with my patients and openly embrace the social aspects of their health and not shy away from talking about those due to a lack of knowledge of available resources. Hopefully I can incorporate this in providing better care for my patients. More, than that though, there is also such a spirit of hope and generosity among the many organizations that provide the incredible services that they do. More than anything, what I will take away from PLC is the feeling of confidence that there is always someone who can take of the varied issues facing my patients in the community.



## Alecia Fields

*"DON'T ASK YOURSELF WHAT THE WORLD NEEDS. ASK YOURSELF WHAT MAKES YOU COME ALIVE AND THEN GO DO THAT. BECAUSE WHAT THE WORLD NEEDS IS PEOPLE WHO HAVE COME ALIVE."*

-HOWARD THURMAN

What I appreciated most about the FMLC rotation was the time to reflect and self-evaluate. Intern year has been stressful, chaotic, exhausting, and at times, depersonalizing. I started the year with well-intentioned plans for staying healthy, maintaining balance, and exploring Rochester. Sadly, as the days got shorter and the weather got colder the Saturday trips to the market, the bike rides along the river, and the regular yoga classes all slowly dwindled away. FMLC offered me the opportunity to re-connect, re-engage and re-boot.

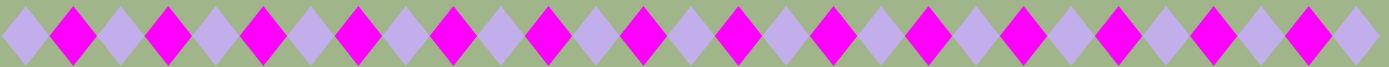
I spent a lot of time the past two weeks just thinking. Thinking about the path that led me to where I am today. Thinking about the choices I have consciously made and the times that I have taken a leap of faith. Many times this year I have felt disconnected not only from others, but also from myself. Disconnected with the reasons I decided to become a doctor in the first place and disconnected from the things that I am most passionate about. FMLC has been a good reminder not only to look beyond the hospital doors, but also to take time to self-reflect.

I also spent a lot of time these past two weeks getting comfortable with emotions again. At the Jennifer House, the group was instructed to check in with "how we were feeling" and "what we wanted from the group." As the women went around sharing their feelings of hopefulness, frustration, and sadness, when it came to me all I could think of was gratitude. Grateful that I could join their group for one evening and have a presence in their circle. They let me in. And what did they ask for in return? Honesty, openness, and love. Sometimes it is far easier not to feel, than to sit comfortably or uncomfortably with your emotions. It is the wealth of emotions that we have access to that make us uniquely human. It is good to be reminded of the experiences and lives our patients live once they leave our clinic, but it was much more powerful to just sit and be present with them in a small part of their existence. Sitting with them, I did not feel like a doctor or a resident, I felt like an individual, I felt connected to humanity.



## **Amanda Black**

*Before beginning this rotation, I was mostly looking forward to learning the variety of services for children with developmental delays in the Rochester area, as I have an interesting developmental pediatrics. However, in going through the rotation, while I greatly enjoyed my visits to the Mary Cariola school, Hillside, and CP Rochester, the most valuable experience was visiting the Jennifer House. I've always recognized that I have lived a very privileged and sheltered life, but listening to the stories of the women living in the Jennifer house, or the alumni of the house who continue to come to meetings for support, was truly enlightening. Many of the women had lived lives I can barely imagine, and even the women who ran the house discussed their past histories of drug abuse, alcoholism, and homelessness that the Jennifer House helped them to overcome. I was in awe of these women and their abilities to work so hard to better their lives after enduring such adversities. I realized how truly lucky I have been in my own life, and how the "struggles" in my life are really no more than inconveniences. I hope that by meeting and talking with these women that now when I read about similar social situations in my patients' charts, instead of being frustrated by the "complicated social situation", I can better empathize with these families, commend them for doing their best, and help refer them to the appropriate resources.*



## **Amanda Pannu**

### **HOME**

When I think of home, I think of belonging, of family, of love. In Family Medicine, we spend much of our time focused on homes and the families that live in them. Throughout this rotation, homes are a common theme in all of the organizations that I visited. Each organization, in its own way, addressed the fact that not all people have a home to call their own. Some organizations, like Bethany House or Jennifer House, actually provided a physical home in which people could live. Other organizations, like ArcWorks or Mary Cariola, provide a home-away-from-home for those who have special needs.

Having a home to call my own is something that I have often taken for granted. However, it is not something that my patients always have. It is important that I, as a family physician, be aware of this and be ready to provide my patients with access to programs that could improve their sense of belonging. While I was visiting each facility, I was truly overcome by the sense of belonging that each person had while they were there. At Jennifer House, I spent quite a bit of time talking to the women who lived there. They all had very different individual stories but Jennifer House had provided each woman a lifeline. Likewise, at Bethany House, each woman obviously felt that they were at home there. When I arrived, I immediately felt as though I was being welcomed into someone's home. From sharing chores and cooking together to supporting each other as sisters would, Jennifer house was a consummate family home.

This rotation has taught me so much about the resources available in Rochester for my patients. More than that, it has given me pause in my intern year to remember to always ensure that my patients have a place to be at home.



## Amber Robins

As I reflect on my time in FMLC, I think about all the places I have been and things I have seen. I have been on ride-alongs, to community agencies, coffee shops, and child advocacy agencies. I would like to write about the police ride-along and some agencies that I visited during FMLC

I started my FMLC rotation on a ride-along with a local Rochester police officer. I have to admit when I first heard that I had to do a ride-along I was very scared. I had no idea what I would see or do. I told myself that no matter the feelings, I would have to go with an open mind. As I sat with the police officer, he told me many stories about his experiences as a Rochester Police Officer. He told me about how he was part of a special group of officers who would be called for mental health arrests. By taking part in this special group, he is able to use his background in psychology. While on the ride along, he showed me how he used psychology to talk to drug dealers, agitated citizens, and people with whom he met on the street. Overall, the ride along was a success. It was not scary at all.

I then had experiences at several agencies in Rochester. I went to LifeSpan, Rochester School District, and CP Rochester. Going to these places was eye-opening because I was not aware of these resources prior to my FMLC experience. I enjoyed meeting the dedicated employees at each of the agencies. I am sure I will be in contact with them as I continue to practice medicine in Rochester during residency. I especially enjoyed working with a Child Abuse Pediatrician. I loved that through her work she was able to not only take care of a patient's medical needs, but also is an advocate for a child who has been abused.

Overall, I had a great experience on FMLC. It was wonderful seeing Rochester as a community than as just a place where I work. I look forward to exploring even more of Rochester in the future. I also hope that I can help improve Rochester through my service here as a resident physician.





Amy Burris– Duflo

PLC was a wonderful opportunity to see aspects of our community that I otherwise would not be aware of. One particular aspect of the rotation truly stuck out in my mind. At Coffee Connection, women who are in recovery from substance abuse are employed and have support groups to help each other navigate the difficult road in recovery. Substance abuse, particularly heroin, is practically ubiquitous these days. Substance abuse is prevalent in every sect of society. It was inspiring to see these women accepted as productive members of society because Coffee Connection gave them that chance. Addiction is a constant struggle and often leads to criminal behavior during the dark times when one is drug seeking. Unfortunately, this often leads to addicts having criminal history that prevents them from being employed at many places. It is inspiring to see an organization that helps empower these women and support them in their sobriety. After seeing this group, I was moved to further identify resources for addicts in our community. Unfortunately, the way our laws are by heavily limiting the number of patients a suboxone prescriber can see and the frequent behaviors of addicts (being late, no showing to appointments) often leads to addicts getting denied continued treatment. After this experience at Coffee Connection, I wrote a letter to my state senator further urging him to support making suboxone less heavily regulated and to increase the patient load allowed for prescribing physicians.





Andrew Peckham



| Neighborhood Stats (Around Pulaski Park) |        |
|------------------------------------------|--------|
| Population                               | 681    |
| Households                               | 214    |
| Violent Crimes                           | 6      |
| Median Household Income                  | 15,323 |
| Property Value Assess.                   | 33,700 |
| Unemployed                               | 42.49  |
| High School Diploma                      | 7.34   |
| Public Assist                            | 28.04  |
| Poverty Rate                             | 61.68  |
| Child Poverty Rate                       | 56.43  |
| Demographics:                            |        |
| Asian                                    | 0      |
| Black                                    | 423    |
| White                                    | 131    |
| Other                                    | 170    |
| Own House                                | 50.97  |
| Rent House                               | 49.03  |



CORNER GROCERY STORE #1







CORNER GROCERY STORE #2



CORNER GROCERY STORE #3



CORNER GROCERY STORE #4



## THOUGHTS & OBSERVATIONS

- ◆ Poverty may be hidden within nice-looking neighborhoods. The built environment was nicer than I expected: houses and lawns were well-maintained, there was little trash in the streets, houses had cars that were in good shape the neighborhood park was very clean but lacked a playground. The Rochester bus system is clean, buses were on-time, and prices were affordable (\$1).
- ◆ Some Neighborhoods don't seem to have much racial diversity within them.
- ◆ Corner "grocery" stores mostly consisted of convenience store/gas station items, almost entirely processed foods, possibly some basic hot food such as burgers or pizza, without any fresh fruit or vegetables or meat. This would be a barrier to our typical dietary recommendations for patients with obesity.
- ◆ The streets did not have lot of people loitering around, and in my brief time visiting there was no obvious evidence of drug use or drug dealing or gang activity.
- ◆ I wish I had asked someone about what it was like to live there.
- ◆ Neighborhood stats were very discouraging and I would not have known how bad they were just walking around the neighborhood casually.
- ◆ What it looks like to be poor in one of the poorest neighborhoods in one of the poorest cities in the United States looks much different than what it looks like to be poor in a developing country.



## Angela Kristan

I was raised in a small town outside of Oklahoma City, Oklahoma. In 1995, I lost two friends in the bombing of the Federal Murrah Building in OKC. This gained nationwide attention as the first domestic terrorist act on United States soil. I remember an incredible sorrow hovering over our state but, in the midst of grief I witnessed something beautiful manifest: resilience, commitment **to service, hospitality, strength... These virtues were broadcast across the globe and I remember** being very proud to be an Oklahoman, even in the midst of mourning the loss of my dear friends. As an adolescent, every Sunday my family trekked the same path from our rural farm to a larger suburb of OKC to participate in mass at our parish. I remember that drive and its landmarks like the back of my hand. Most of those landmarks have disappeared as a result of destructive F5 tornadoes, the first in May 2000 and a second in May 2013. There is nothing like seeing a mangled **chair or sofa wrapped around a treetop or a misshapen hunk of metal that was once someone's** family car. Tornadoes transform beautiful homes into shacks; some homes with nothing but a **foundation and the scattered remains of a family's belongings. Just a few days ago, another** tornado hit this same area. As was the case in the aftermath of the Murrah Bombing, a spirit of resilience, volunteerism and community spirit reign in the aftermath of destruction. A friend shared the following reflection in the wake of the recent storm:

*People keep asking why anyone in their right mind would live in south Oklahoma City/Moore--well, let me tell you: (my children) Elizabeth Jacks, Ian Jacks, and their friend Savanah Robinson drove to Southgate Elementary today to help...too many volunteers, recommended they drive to Wayland Bonds Elementary to help move books to other school...too many volunteers, drove to another area...no ID for the area so had to leave for protection for the homeowners, and finally drove to Savannah's neighborhood and spent multiple hours helping neighbors with their homes. Please note: too many volunteers, watching out for community, and teenagers with a day off of school that could have played video games all day and chose to help one another... **AND THAT IS WHY WE LIVE HERE AND WILL STAY HERE**-- fabulous people with heart! Very proud!*

*<continued on next page>*



What does this have to do with my time on FMLC and the Rochester community? I married a **native Rochesterian and I now call this city "home". My mother**-in-law has rheumatoid arthritis and has had over 50 surgeries in the past 30 years. Thanks to services within this community, she is able to live independently and run her small business. My father-in-law gradually lost his eyesight and by age 35 had completely lost his vision. With the help of ABVI of Rochester, he has learned to live independently. The ABVI assisted him in obtaining a guide dog and put him in touch with others who were coping with similar loss. My husband had unique struggles as the only son of parents with severe disabilities. His parents were able to receive the assistance needed to support their child both emotionally and physically.

Touring the various sites through PLC/FMLC has provided ample opportunity for personal **reflection on what attributes make a city feel like "home". The aforementioned events in my home** state have made me somewhat accustomed to tragedy and loss and I have developed an appreciation for how such circumstances are able to bring out the best in people. Rochester has suffered in the wake of a different kind of storm, an economic storm or sorts. The downsizing of Kodak, Xerox, and Bausch and Lomb has obviously had a devastating effect on this community. Once again, I find myself inspired and encouraged by the artistry and generosity of the people I have met on FMLC. They are offering their time and talent to others.

Beauty is seen in the face of those who suffer as well as those who come to the aid of their fellow man. In my early 20s, I was privileged to engage in an in-depth study of the writings of the late Pope John Paul II. From him, I learned that in order to find oneself, one must give oneself away. The future pontiff discovered this truth as a young orphan in his native Poland. He came to a deeper understanding of this reality as a young man, trying to help his fellow countrymen survive the Nazi occupation. He boldly proclaimed this truth about the human person during the Communist reign in Poland, seeing how communism stifled authentic freedom; if man was not free, he could never make a sincere gift of self and would never discover his dignity. John Paul II understood that the human person must have an authentically human experience in order to flourish. The person finds their truest self precisely in and through the offering of their life as a Gift. When this gift is received by the other and reciprocated, community is born. This exchange is at the heart of community and transforms the ordinary into the extraordinary. I have no doubt that Rochester is ripe with opportunity to contribute to the flourishing of human life. It has been edifying to see how many people are involved in building and strengthening this community. I am pleased to be a part of this community and its rich spirit.



## Anna Pfahl

*Particularly after leaving Bethany House and Jennifer House, I felt this profound distance from the people I met there and my own patients as I drove over to my yoga class. In family medicine residency, we talk a fair amount about self-care and ways to recharge, and this is one of the things I have been practicing. However, being there on those evenings I felt a little disgusted with myself. I spent those days (and most days in clinic at HFM) opening my ears (and I hope my heart) to people who are really struggling. Struggling with socioeconomic misfortune, discrimination, violence, poor life choices, substance dependence, family histories defined by depression, obesity and diabetes. I felt so overwhelmed listening to their stories that I went to my expensive health club and practiced deep breathing until I found the peace I needed to go home.*

*I am so grateful to all of the people I met over the last 2 weeks (and the last 10 months) for sharing a small part of their lives with me, and I hope to be the kind of person who can truly listen, even though I will never be able to truly understand what it feels like to be separated from my family, lose my home or leave jail without any place to go.*

*PLC has heightened my awareness of the huge number of people who are doing incredibly important work in Rochester, and how the resources they have created should be celebrated and shared with the people who can use them. I hope I can take the awareness I have gained over the last 2 weeks to better connect people with local resources. It is often as easy as a quick google search or a call to 211 while someone is in the office.*



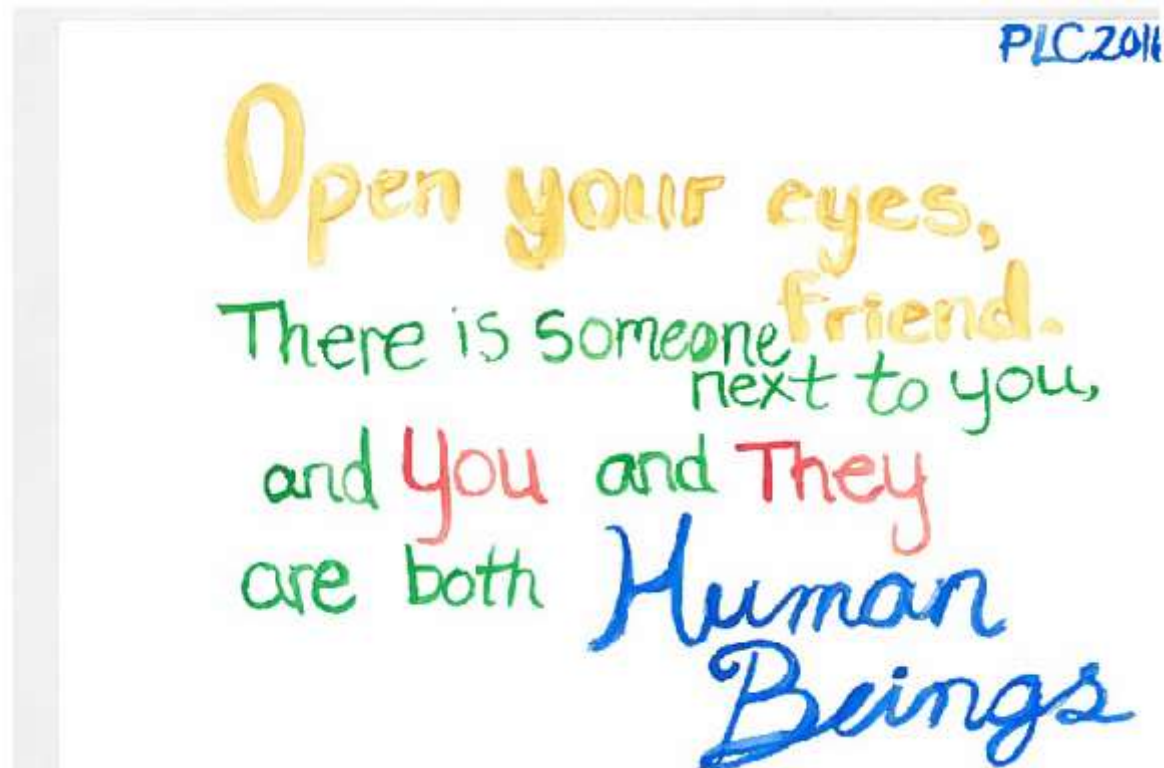


## Ariel Reinish

One of my favorite moments these past two weeks happened during my visit to Hillside. We were touring the residential facility, and our guide pointed out one girl, A, who was drawing an intricately detailed anime comic. "Isn't she an amazing comic strip artist"? Our guide asked as A blushed. "No, she's not amazing, she's perfect!" one of the other girls, B, answered, with the most sincerity I have heard from anyone in a very long time. I was very touched by this genuine display of support and kindness between two girls who have been through exceedingly difficult emotional and social circumstances. A and B smiled at us, and we continued on our tour.

Prior to that day, I did not know much about Hillside other than that it was a youth facility located on a hill in the woods, but during my visit, I learned that it was so much more. My visit to Hillside was emblematic of my experience during PLC as a whole; I knew the names of various community resources and organizations, but I did not truly know what they did or how they worked. I also got a glimpse into the lives of patients my patients that exist beyond their presentation of illness; a glimpse that, due to many limitations (one of them being time) I often do not get. By going on the different site visits, I gained a much better understanding of the community resources that are available and how I can help my patients beyond medical care. As the name of the rotation says, I feel so much more "linked to the community". Rochester is an amazing place, and as a pediatrician, I am grateful to practice and learn here.

## Ashley Dunfee





Aubrey Duncan

*I'm going to give you a prescription for...*

(Why are there so many forms???)

*That's normal...*

*She looks great, I will see you again in...*

*You should try...*

*Well, he isn't doing that right now...*

*How do I get...*

*I waited in that line for...*

I wish you would ask me about

*I only remember an eighth of what you said...*

*I don't have time to...*

*I don't have a car...*

*You only see 15 minutes of...*

*Let me give you some information on...*

*You should go to...*

*Every day I worry about...*

*That's too far away for me to...*

*I can't afford...*

*You have no idea...*

*How do I get to...*

*I can't, I live...*



## **Benjamin Meyer**

We walk in the house to dogs vociferating and a cat climbing in the Christmas tree.

-GET OUT OF THE TREE JOEY!!!!

-That doesn't usually happen in an exam room

She greets us in pajamas and invites us into the living room; she sweeps away some stacks of laundry to make room for us to sit down.

-is this girl ready to be a mother?

Since her nurse's last visit she's discovered she's having a girl—no one expected that—and now her mother can't help but christening the child repeatedly anew:

Abigail

-no mom

-but we could call her Abbey

-no mom

Allison

-I don't like that one mom

Alyssa

-There's a girl at school named that, I don't like her

Annie

(no response)

Moving a few piles of pants, we sit, the Disney Channel still blaring on the TV, and discuss what's been going on recently...

-I spent last night in the emergency department, my belly hurt after I ate a cheeseburger

After confirming a lack of serious condition, her nurse gently segues into discussing nutrition and foods that could alleviate her indigestion.

-I haven't really eaten much today, I woke up around noon and just had a bowl of cereal...

Her mother comes out carrying an unknown antibiotic and tells her to take it for her infection 'down there.'

-It's the same one that I'm taking right now, how's that for a coincidence

Her boyfriend sits beside her on the couch—the first visit where he's been present—and corrals the creatures that tumble through the tree and piles of clean clothes.

- He seems to do well wrangling a kitten, but is he ready to be a father?

She runs upstairs and brings down the 3D reconstructions from her ultrasound, her nurse deftly takes the opportunity to review fetal development and reference the size of her baby using easily identifiable fruit.

<Continued on the next page>



Her nurse asks her to pick the fruit that coincides with the size of her baby currently, like many children she is silent for a time and then hands the sheet over to her mother to make the selection.

*-She's the size of a melon!!!*

Her mother takes the silence as an opportunity to tell us about the not infrequent squabbles she has with her boyfriend whose house they are currently living in.

*-hopefully she still has a safe place to raise a baby in 4 months*

Her lack of future pre-natal visits comes up, and her nurse tenderly encourages her to call and make her next appointment; subtly ensuring close follow-up.

She calls the appointment number; after being put on hold and unable to understand the receptionist without the phone to her ear, she tosses the phone to her mother who finishes the call.

*-You'll miss school for this appointment*

*-I've only been to school 2 days a week anyway because I haven't been feeling so good*

Her nurse reassures her that with completion of the first trimester, healthy nutrition, and her new medications she should be much more fit for continuing her scholastic activities soon.

As the visit comes to a close, her nurse asks if she'd like to schedule another visit

*-You can if you want to*

*-I would really like to see you again in two weeks, is there anything you would like to talk about then?*

*-I don't know*

*-Why don't you keep this list of topics and pick one you would like to learn more about, maybe we could talk about preparing for the birth...*

*Faith*

*-no mom*

*Faye*

*-Don't we have a cousin named that?*

*Ooooh Felicity*

*-No*

*-But I need to know soon so I can decorate the baby's room*

In a fleeting moment with her mother out of the room, her nurse assures her that she will find the right name and that her time frame is the only one that matters.

*-Can she really do this alone?*

Fortunately, she doesn't have to.



## Bohdan Klymochko

Overall, this has been a truly wonderful and informative rotation. Giving residents time during their busy schedules to allow them to explore a tiny portion of the Rochester community and a fraction of the hundreds of free community resources available to people has been truly eye opening. As a person who grew up about 30 minutes outside Rochester and identifies Rochester as home, I was absolutely shocked by the number and variety of free services and resources available to people in Monroe County and beyond. It would take weeks for me to discuss and explore every resource listed in the PLC List of Partners, but the several sites that I had the pleasure of visiting were such a great introduction to the work that so many organizations and people have been doing and are continuing to do.

Of note, I was especially surprised and delighted to learn about the Crisis Nursery of Rochester and how this is the only resource of its kind in NYS, as well as only several others existing throughout the country. To be able to give support to children, ranging from neonates to teenagers, and families in need of help, completely free of charge, with almost no questions asked, is truly mind blowing. In addition, almost every single person dedicating time to the Crisis Nursery is a volunteer! They are open 24/7/365 and always have a volunteer(s) on call to accommodate a crisis at any time. A crisis can mean so many different things, homeless after recent eviction or a mother being hospitalized with no one to care for her children. Another example, a single mother or father with three kids and no family or friend support has a job interview at 1PM, but has no one to watch the children for 2 hours in order for them to go the interview. The Crisis Nursery has helped many families in this situation, with the hopes that by giving the parent the opportunity to interview for a new job, he or she could potentially create a much safer and more stable life for the entire family.

In my opinion, this rotation is crucial for residents and other healthcare professionals to be introduced to the many community resources available to patients and their families. There are many trained professionals in the community who specialize in these resources and help people utilize them. The role of the healthcare professional needs to include the offering of these services to patients and their families. When unsure of which services are available or exist, referral to other trained professionals who can further assist and guide the person in right direction must be done in order to ensure people are receiving the highest quality of total healthcare.





## Branko Matich

Over the past two weeks I was reminded about the psychological theory called Maslow's Hierarchy of Needs. In summary, our more basic needs like food, shelter and safety must be met before the higher needs like health can be achieved. There are two examples that came to mind.

During a visit to the Finger Lakes 211 Call Center I watched as a counselor was chatting online with a middle aged man who was having thoughts about suicide. He recently graduated from school with pending student loans and wanted to make a career change. He felt like he did not have any options and wanted to end his life. The counselor adeptly built trust and was able to provide some possibilities for work. He also provided a referral to a local counseling center for further work up. Sometimes it is a new perspective that our patients need to help get see around the obstacles that are in front of them.

At the Bethany House I was amazed by the sense of community and safety. During the morning we helped unpack food donations from Wegman's and Food Link. Afterwards we sat at a large table and we ate lunch and talked with women who lived at the house and the volunteer staff. During the meal we were all at the same level. In the limited time I was there I felt like I belonged and felt comfortable. I can see how a program like the Bethany House can provide the foundation for building health and well-being.







Caitlin Metzger

*Reflecting on my experiences during PLC, it is hard not to feel bittersweet. Throughout the course of the 2 weeks, I met so many people helping improve this community. Each person was dedicated and enthusiastic about their job, whether it was educating developmentally delayed kids to assisting elderly people navigate the complex health system. I heard impassioned talks on how to better address my patients' many needs and took down phone numbers of various community specialists encouraging my colleagues and me to touch bases with them any time we thought they could help. Truly I was uplifted by all of the warmth and hope that I encountered.*

*So it is hard to have this time come to an end, and not primarily because of the difference in work hours that I know is coming my way. It is difficult to leave PLC because, unlike any other rotation I have been on, it is a space that allowed me to feel connected to the bigger picture. This worldview (service to the community) has always been important to why I and most people go into medicine, but it is so easily lost in the daily grind of trying to find the right order in the EMR or page the right consultant because you were told to do so – not to mention all the people in the ED or office whose cold you just won't be able to fix. PLC not only taught me about my new community, it reminded me that getting connected is the part that will save me from bitterness in the coming years.*

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Carolyn Stwertka

PLC taught me the unspoken answers to the questions I ask my patients. Through home visits and support groups I learned about the challenges that my patients face that I wouldn't know about if I were seeing them in my office.

What barriers are you having to making it to appointments? "I missed the bus." Or "I don't have a bus pass." Or "I don't have a ride."

When I was on the bus the woman across the aisle from me was nodding and it made me really want to use again. I got so mad at her for making me feel that way. Then I got so anxious about all the people around me and feeling the need to use that I had to get off the bus before my stop. I have been so overwhelmed by emotion since I have been clean that I don't know how to deal with it.

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I don't have money for a bus pass. I spent the little money I get from child support on diapers and food for my two kids. I can't get a job because I have to be home to meet the therapists for early intervention for my youngest daughter.

I live where the bus lines doesn't come and I cannot afford a car. The baby's father has a car but he is at work all day and my parents refuse to provide any assistance.

How many fruits and vegetables does your child eat? The AAP recommends 5 servings a day "A couple, he likes fruits."

I went to the Bethany House for emergency food this morning but they were only able to give me a few oranges. They are running out of food and do not have enough to give everyone a three day supply.

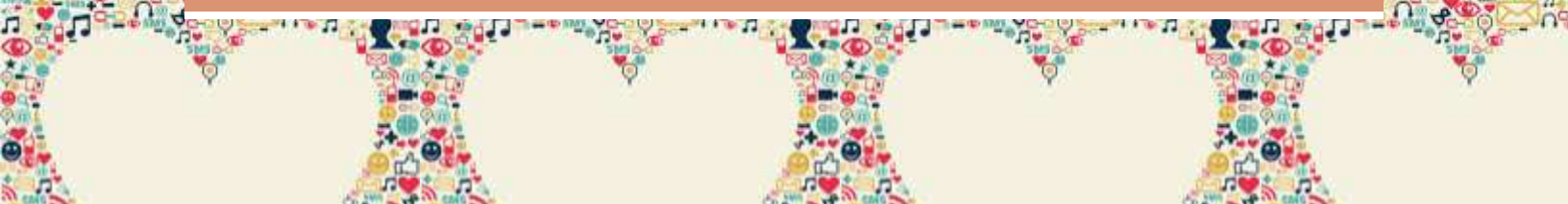
How are you doing, mom? "Fine."

I just got the baby back a month ago so I am still trying to get into a routine. I struggled with post-partum depression and psychosis for a while. I lost a job opportunity because of my mental health history and now I cannot afford child care. I sleep on the couch next to my baby's crib in the family room because it costs too much money to heat the upstairs. Because of my physical disability I can hardly lift the baby when I need to. The baby's father goes to work before the baby wakes up and doesn't get home until after he goes to bed so I do not have any help at home.

I just got out of jail and I have to go to court tomorrow. I'm worried that they won't let me have my daughter back. I was supposed to see her for her birthday but her foster family wouldn't let me. I had a whole celebration planned with balloons, a cake, and a present that she never got to see. I have been away so long that I feel like I don't even know her any more. I am trying not to go back to using drugs but it's all I can think about when I get so stressed out.

How is school going? "Okay."

I am failing most of my classes because I have trouble with my school work. My mom thinks I have a learning disability but my school refuses to test me. I also struggle with mental health issues. I have depression and I have recently been cutting myself. My mom has been trying to find me a psychologist for months but nobody takes my insurance. My mom is at work and school all the time so I have to help take care of my younger siblings.



Christina Wu

“We don’t have a substance problem, *we have a living problem*. We use to cope with the problems of living, and until we recognize that, we can’t live without using.”

Before starting PLC, I was aware of the problems of poverty in Rochester. I saw it in the plight of my patients’ families, who struggled to provide food for their children or afford bus fare to the doctor’s appointment. I heard about drug violence in the city’s rough neighborhoods and read about the appalling dropout rate of the city high schools. As a native Rochesterian, the great needs I encountered in the PLC site visits were not unsurprising yet still heartbreaking.

What I did not expect to encounter, however, was such beautiful people. A group of former female prisoners and drug addicts welcomed me into their home and opened their hearts at a support meeting. The above quote is from one of these strong women trying to describe the daily dedication it takes to remain clean. I was privileged to help teach English to a group of adult refugees and watch them bravely apply themselves to learning their adopted language. I was overwhelmed by love and sticky hugs several times throughout the day when sitting in on a preschool class of children with disabilities. These people taught me so much in ways that I am sure would surprise them.

Those working diligently to help were equally as beautiful. The woman leading the support meeting, an addict herself, radiated strength as she shared her experience with the others. The English teacher, a former immigrant himself, enthusiastically engaged each student and beamed with pride as he talked about his own pursuit of a doctorate’s in education. The teachers and aids patiently applied loving discipline and encouragement to their young charges. Each encounter with these people left me feeling uplifted.

Rochester is a place of poverty. But as PLC helped me discover, it is also a place of hidden richness and relationships. I look forward to applying the wisdom and understanding gained from my experiences in PLC to better the care of my patients and their families.



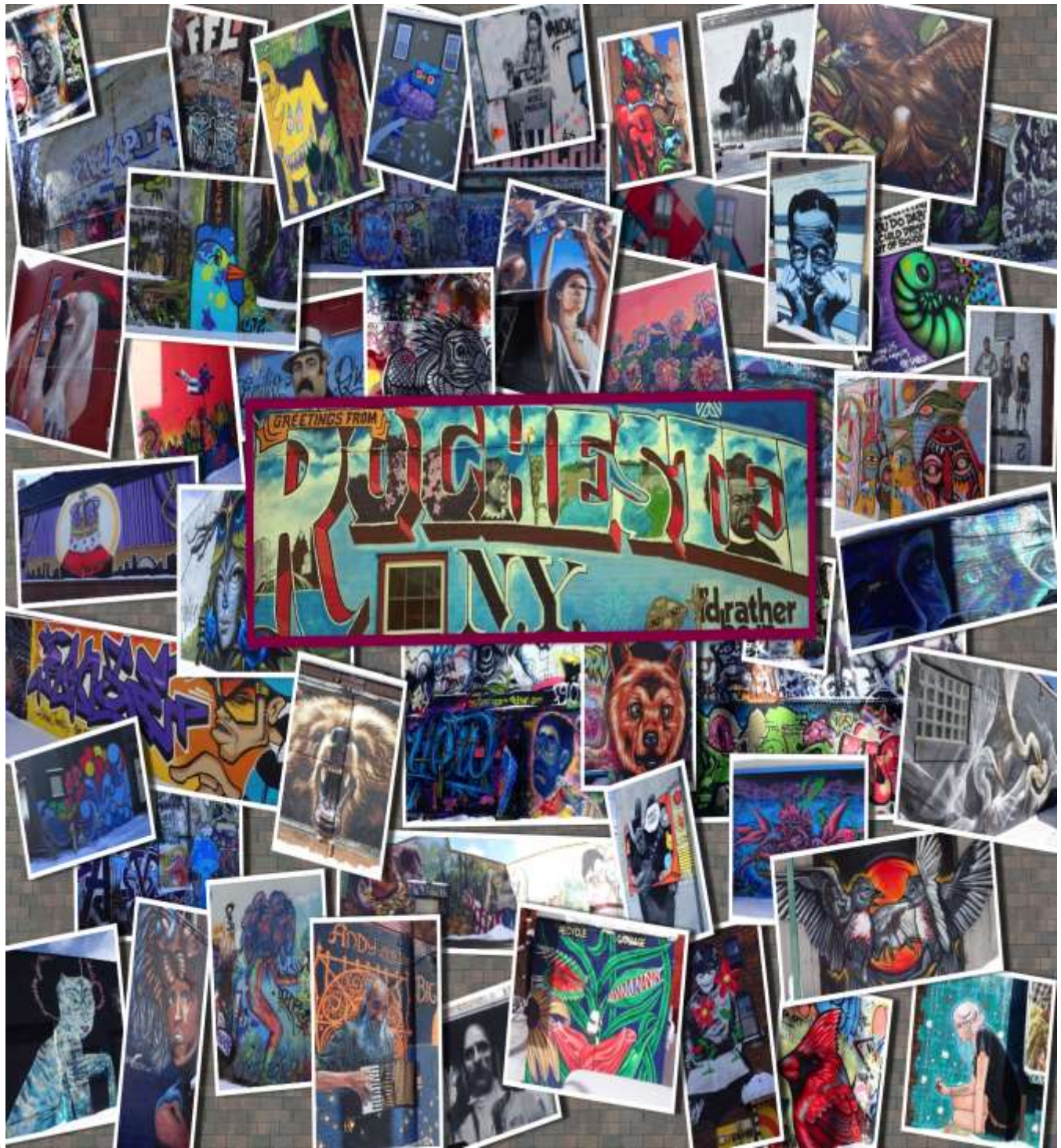
Dan Anderson

Coming into PLC, I wasn’t sure what to expect. I knew it was a break from clinical duty and I had a basic idea that I would be “getting out into the community,” but I really had no idea what was to come. Now that it is nearly over, I am so pleased with how it went. This rotation gave me an opportunity to see many of the resources that are available in the Rochester area. It also gave me a chance to meet with all different people, from those who were in the middle and adversity and were working their way through it, to those who had been at the bottom and had now found their way out. All of them had something in common: they had help from many of the resources I was learning about. I feel that, after rotation, I can now offer more than just medical care to my patients. I can offer support in finding food, clothing and shelter. I can help a child find support when they have special needs. I can give a mom a hotline to call about anything. I can now help the entire patient and their family. And let’s face it, isn’t that what a Pediatrician is supposed to do?

Danielle Fleissig



Elizabeth Gabel



Elizabeth Haworth-Hoeppner (Lizzy)

I drive a 2001 Honda Civic. At first glance, the car appears very plain, albeit old, with patches of rust spattered around its bodice. If you spend a few extra minutes looking, though, you see that time has taken its toll. There is a large demarcation on the front left fender (it happened to be falling off about a year ago), which my dad so eloquently “fixed” with loads of duct tape. On top of that, when the key rolls over in the ignition, it sounds as if I’m carrying several squealing pigs to market.

I mention this only to set the stage. This car is the one I’ve been driving around Rochester for the last 9 months and it has literally been the vehicle by which I have observed many disheartening interactions and scenes. Driving this car allowed me to see firsthand what it’s like to be profiled by the police; it allowed me to observe a community living in extreme poverty using make-shift tents; indirectly, it allowed me to witness racist remarks and behaviors. As a result of these experiences I felt extremely powerless and had no idea how to make changes that might actually benefit the people of the community.

One of the main reasons I moved to Rochester is because I craved diversity. I was beginning to feel burned out from working solely with middle-class Caucasian individuals and I wanted a change. When I arrived here, I had no idea what the town had to offer. My total lack of knowledge about the city, and the powerlessness I’d been feeling about how to effect change here have really made this PLC rotation worthwhile. The rotation itself has been incredibly eye-opening. Although I already had a sense about the degree of poverty and the presence of racism (I would hazard a guess that I would find it in any city), I had no idea that there were so many resources available for the people of Rochester. I feel that the community has really properly assessed the needs of the people and geared the resources accordingly. Furthermore, I feel that I have been educated about what these resources are and how to find out about them, so that I can help my patients and advocate in whatever way I see fit. I am proud to say that I live here and that I am a member of the community. Obviously I have only just begun to learn about the resources and opportunities for my patients and their families, but I feel enlivened and optimistic to continue my practice here.



Francis Coyne

The past two weeks have been invaluable in my education for working in Rochester. They have really brought me back to some fundamental principles that I try to incorporate in my everyday living and practice. It seems that the fast pace of inpatient medical services, emergency departments, overbooked clinics, etc. has cast a shadow over them. However this time to breathe has let me reaffirm the goals of my own career: take time with patients when needed and working to limit the influence of my own biases/assumptions on my medical care.

Regarding the first, taking time with patients when needed, I was inspired by the Nielsen House and Health Reach. At the Nielsen house, I learned so much about all of the men there – their stories, weaknesses, desires, and goals – over the course of a few hours. It took time to build trust and rapport. Granted, such a relationship can be crafted over the course of a few visits, but I still feel that sometimes more time is required to partner with patients. This I observed with Dr. Jenkins at Health Reach. She spent a long time (up to an hour) with some of her patients, especially her new ones.

I was reminded of my second point, limiting personal bias and assumptions, mostly from all of the stories heard and conversations had. Every person I was fortunate enough to meet had a unique set of circumstances, problems, and, most importantly, strengths. It was very humbling and I will continue to approach each patient with humility and patience.

Garrett Coles



Gregory Mak

The last two weeks in Rochester provided both a relaxing and informative experience that ferments the best of learning for the years to come. Not only was it a welcome break during intern year, it provided a solid framework for which to practice medicine in Rochester. It gives providers a way to learn about the available resources the city offers and the opportunities that the provider's patients can take advantage. In a city which has a higher crime rate than most cities with similar sizes and also one of the highest income gaps in the nation, it is heartening to see many people and groups attempt to staunch the flow of a post-industrial boom town's fleeting resources and wealth. However, being briefly immersed in PLC experiences also showed an overabundance of need and it was overwhelming as well.

During my time in public health school, I still remember something a physician, who was a guest speaker, had told our class. She was commending our class for our public health endeavors. She also made a statement during her presentation that continues to sit in my mind which frequently resurfaces when I toil on the hospital floors or intensive care units. Having practiced for a few years, the guest speaker had decided to go back into public health and the reason she gave was simplified in one sentence; 'Why do we keep mopping up the water when we can try and turn the tap off.' My experiences in PLC showed powerful tools to help the current ailments of our healthcare system. However it was also a window to the sheer size, work, and resources that are still needed. At times of great stress and workload, I often think that the work we do in the hospitals are akin to applying band-aids to gaping wounds; ineffective stop gap measures that appear to fix the problem but are only masking the issue while doing some damage with neglect. Eventually the skin around the band-aid frays, the wound enlarges, and we continue to eschew sutures and needles because patients do not want to feel the pain of the needle. Despite it being the only effective method to close the wound, we defer to the idea of respecting their decision and autonomy and continue to place more band-aids.

So where do we stand? In our current time and healthcare system in flux, there have been multiple small fixes for our current failings but I wonder if these measures are enough. Solutions do exist but they remain expensive and prohibitive giving the culture of our country. These solutions tend to border on paternalism but in order to achieve these goals they should be employed in order to provide effective interventions. These can be seen in some of the PLC site experiences. Many of the programs provide resources to help patient and their clients to retain their choice and autonomy. However they also have a degree of paternalism that is perceptible. The men's support group for recovering drug addicts from prison has strict guidelines that their clients follow, less they be discharged from the place. However, this is also in the context of understanding and self-realization that is pervasive during their stay in the form of nightly meetings with the members and alumni of the program. As these two eventful weeks come to a close, it is heartening to see the enthusiastic efforts and their powerful benefits these programs provide. One can only imagine what they can accomplish with significantly more funding and greater authority and management of their clients.

Gunther Wagoner

I sat down to work on my PLC reflection, planning a paragraph or two describing my experience. However, I don't feel that, this evening, I will be able to compose any insights nor thoughts that haven't been said many times over. Not that sharing the same feelings and repeating the same sentiment of others (teachers and students alike) would be inadequate or wrong, I just prefer not to right now. So, I have made a playlist, something I would not have considered without a note saying it was OK. And a task which proved much more time consuming (if more enjoyable) than writing a paragraph. A few observations on the task of making a playlist. First, there are not many popular and inspiring songs about children and their growth and challenges; at least not on my radar. Second, there is not a lack of songs about drug abuse and an unexpected number of songs about domestic violence. Third, the band (hip-hop duo) Atmosphere, from Minneapolis, Minnesota, has a multitude of well-written songs about life's challenging twists and turns and subsequent interplay with health. Thus, we have an "all Atmosphere" musical compilation inspired by PLC. Organized in a somewhat chronological order - based on the life stage of the protagonist in each song and loosely tying together a narrative. I will avoid too much explanation of the music, the band, or each individual song. This music would be inappropriate for children to listen to, it includes adult themes, bad language and distasteful jokes. I hope it is OK that a pediatrician listens

TO THIS MUSIC...

Each song is readily available on you-tube; most with lyrics. Each song contains a story itself, to combine these stories is a bit awkward. However, if one were to connect the protagonists from song to song, you might find:

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A young girl, Jessica, is being raised by a caring father whose job happens to be on the wrong side of the law. As she grows up, the realities of urban life and teen pregnancy begin to challenge the hopeful ness of her youth. Her male partner, struggles with his role in the work force and his role as a father is ultimately neglected. Domestic violence wreaks havoc on their family. When a friend is the victim of random violence, mental illness takes over Jessica's life. Attempts at self medication with drugs and alcohol always end with a significant hang-over. The need to feel better leads to healing through healthy choices. Surviving her blue-collar job and doing OK, Jessica reflects on her own father who is now gone, or is he? The final song is a joyful, if slightly ridiculous, song I simply enjoy. I had always taken the song's meaning in the light of standard pop music or hip-hop bravado. But now status post PLC, I see that perhaps there might be a few lines a pediatrician could recite for motivation before clinic each morning.

Atmosphere - In Her Music Box

Atmosphere - The Dreamer

Atmosphere - Guarantees

Atmosphere - Bad Bad Daddy

Atmosphere - The Last to Say

Atmosphere - That Night

Atmosphere - Panic Attack

Atmosphere - Smart went crazy

Atmosphere - The Things that Hate Us

Atmosphere - Painting

Atmosphere - Your Glass House

Atmosphere - Sunshine

Atmosphere - Yesterday

Atmosphere - The Waitress

Atmosphere - Guns and Cigarettes

Irene Koplinka-Loehr

When it boils down to it, it's all about connection, maintaining connection in a world that fosters isolation, below are >25 ways to stay connected:

- Build an igloo together
 - Go for a walk
 - Smile at a stranger
- Grocery shop at the bodega on your street corner instead of the grocery store
 - Join your neighborhood alliance
- Write a post-card, or two, or thirty
 - Make a phone call
 - Send a text or email
- Go out dancing, to the Tango Café
 - Sit next to someone new
- Make eye contact with the person on the corner
- Start a conversation while filling your car with gas or at a red light on your bike
 - Make dinner, invite friends
 - Have more housemates
 - Visit a prison
 - Play with kids
 - Use playgrounds
- Watch TV with friends, or not at all!
 - Play board games
- Go to the planetarium and sit next to someone new
 - Start a hot-cocoa stand
 - Become a foster parent
 - Give hugs (when consensual)
- Shovel someone else's driveway
- Ask for help when you need it
 - Send thank you notes
- Wear a colorful outfit, conversation starter
 - Go to a community meeting
 - Write a letter to the editor
- Take a Rochester Brainery class
 - Join a book group
 - Go to the spa or hair salon
- Walk alongside another human in their journey...

Jennifer Pier

The last two weeks I spent on the PLC rotation far exceeded my expectations. I was a little hesitant about starting this rotation because I was unsure about what to expect. Although I grew up in Rochester, I was unfamiliar with many of the community resources. However, during the last two weeks I have met many caring and motivated individuals. I am proud to be in a community that offers such diverse and supportive resources. Additionally, I enjoyed meeting many of the clients of these agencies. It was a wonderful reminder of why I went into medicine.

One of my favorite site visits was at CP Rochester. I loved being able to participate in the inclusion classroom. It was motivational to see how welcoming all of the children were together. I remember one young girl readily helped her peer with Down Syndrome throughout the day without hesitation. I also enjoyed working with Health Care for the Homeless. I met a family that recently moved from Chicago and were working on getting housing in Rochester. Although their situation was difficult, they remained positive and appreciative of the help they were receiving. I could feel the love between the family and felt honored to be able to help them on their journey. These were just two of the many inspiring situations I experienced while on this rotation.

After completing this rotation, I have a much greater appreciation for the services and resources offered in Rochester. I feel much more competent in helping my families get the help they need. I hope to continue to work with the agencies as I continue through my residency and throughout my career.



“People Helping People”

Jenny Mosier

PLC has been a wonderful experience. I have been moved by advocacy in our city. The people of Rochester truly care about each other and work together to help each other out. People from all walks of life and socioeconomic statuses can be seen offering and receiving services from others. I was moved most by the love in the Crisis Nursery and Bethany House. On every assignment, I found myself happy to be there and changed after the experience. I truly feel that I understand the people of Rochester better, and I am much more likely to refer a patient to an appropriate service.

Jocelyn Young

When I started this rotation I did not have a lot of information to go on, but I set off with my schedule, my GPS, and a touch of curiosity. Most of the places on my schedule I had never heard of, and when I flipped through the surprisingly large PLC-Pedia to get more information it only increased my interest in getting out into the community. The best way to describe how these two weeks would be eye-opening. I've had attendees tell me that there are support systems out there, and that it is not my job to do it all; but I had not realized the full extent of what that meant. Now I know that even if I can't think of exactly who to recommend to my patients who need more support, I can give them 211 or Lifespan's phone numbers to help them get connected. It was uplifting to realize that there are so many people in this community interested in improving health and quality of life for everyone here.

My time at Crisis Nursery was something that will stick with me for a long time. Their work is filling in a gap that most people do not realize exists until a catastrophe hits. I hope that wherever I end up when residency is finished I can either support or help to start a similar crisis nursery.

Jon-Ryan Burris

It was Tuesday evening and I was on my way to the Nielsen House to attend a group session and dinner with men recovering from drug addiction. As I drove deeper into the city limits, the houses and apartments changed to boarded ruins. Life occupied the streets. Bus stops were lined with people of all ages and police cars lurked around each corner. Spring had arrived a few weeks earlier with flowers in full bloom and trees bearing their leaves. However, finding a patch of grass within the concrete jungle was few and far between. I was about a block away from the house when I reached an intersection of chaos. Ten police cars with their lights flashing were blocking the road. An officer was rolling yellow caution tape from one light post to another located across the street. An ambulance was parked in front of a boarded house and multiple officers lined the barren lawn. Crime, drugs, poverty, and sadness were the prevailing thoughts racing through my mind. Little did I know, hope and resilience also existed in those neighborhoods painted by trouble and despair.

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I arrived at the Nielsen House. The lawn was immaculate and the house looked to be very well kept unlike the surrounding houses. I rang the doorbell and was greeted by a man in his twenties. It was Taco night. The men of the house had prepared dinner and had a seat for me located right in the middle of the dinner table. As we ate our meal, laughter and camaraderie was in the air. You wouldn't have thought by their conversation that these men were former heroin addicts, alcoholics, or dealers who had been in trouble with the law. Prior to getting prepared for the group session, each man had an assigned chore that needed to be completed. They ran around the house like boys in their younger years, eager to have the house cleaned.

As we sat down in a circle, the room quieted. Each man went around the circle discussing the how he felt mentally and spirituality then each shared his troubles. Recurring words such as struggle, hate, scared, lost, and addicted were the prevalent terms in each one's monologue. Although, words and phrases such as love, brotherhood, rise up, be me, strength, fight, and recovery were present too. What resonated most in my thoughts was the silence while each man talked. Everyone was listening. As each man discussed his story of addiction there was something apparent in each one's persona. All these men were united by two things: fear and pain. Each exhibited the fear of the unknown and the pain and suffering from the repercussions of their drug use whether it pertained to their life spiraling out of control or those they loved and lost. One man even stated, "I hide it but I feel like a six year old boy inside." These men embodied a principle which made PLC such a valuable experience. Each individual leads their own path in life, yet we are truly shaped by our childhood experiences.

We are taught throughout our medical training about human development and the importance of the psychosocial model as it pertains to the human condition. As a pediatrician in the outpatient setting, we assess the milestones of motor and speech development. We analyze the social and family setting to understand the deficiencies that may be contributing factors. Each session during the PLC block provided me with tools to better connect my patients and their families with community resources. However, the men of the Nielsen House reminded me how crucial one's childhood experiences play in dictating the trajectory of the rest one's life. These men with worn out hands and faces looking well beyond their years were still "young boys" searching for acceptance, guidance, and ways to make their lives better. They were fighting to make their next day better than the one before.

As pediatricians we have a duty to serve our patients and the surrounding community in all aspects, not just the physical ailments that present acutely in the clinical setting. Certainly these experiences reminded me of my aspirations in why I chose pediatrics to help children in need. It led me to take away an important lesson. I can't always control the outcome but I can react to the best of my abilities and adapt to the situation at hand. Most importantly, I want to strive to be better than I was the day before. It is my desire to acknowledge my highs and lows, to continue strengthening my depth of knowledge, and aspire to be a sound and compassionate pediatrician providing excellent care for the betterment of young people's lives.

Juliana Berenyi

“We make tax payers here.” It was a simple assertion that the director of the Jennifer House made as she was giving me a tour of the place. She said it subtly between pointing out the children’s play area and the vast closet of clothes the women had available to them. Taxes certainly were not meant to be the focus of the evening. However, after a moving night of stories of addiction, abuse, imprisonment and recovery, I could not stop thinking about that initial statement.

My mom always says that my Grandfather loved paying taxes. Growing up, I thought this was ridiculous! Who loves paying taxes?! It turns out it made perfect sense. My Grandfather was a holocaust survivor and the only surviving member of his immediate family. He was an Austrian trained physician who eventually safely made it to America to set up his own practice. Paying taxes to him signified that he was an American. He was safe in his new country and he was a contributing member of society.

As I toured the various community organizations over the past two weeks, I thought more about taxes than I anticipated. Many of the organizations I visited are funded, at least partially, through tax dollars and carry out the noble work of supporting and protecting the most vulnerable and marginalized members of society. But as I continued to learn about each organization, I found there was almost always a deeper, more sustainable purpose. There was the ARC of Rochester who was giving job training to developmentally disabled adults; Coffee Connection who was helping women in recovery gain employment and the Rochester City School District who was ensuring that children get to school so they can be successful in their educations. And then of course there was Jennifer House who was re-integrating previously imprisoned women into society and helping them find housing, safety, sobriety and employment. Each organization was slowly and deliberately turning tax recipients into taxpayers.

My grandfather felt that paying taxes was an honor; it was the ultimate demonstration that he was a productive member of society. I commend these organizations in Rochester for creating new taxpayers every day; for autonomy, independence and sustainability are key contributors to health.



Kate Cicozi

It is hard to put into words what PLC has taught me and the many before. Not only did it afford me the opportunity to learn about the resources in the community, but it built a stronger sense of community within me. Up until PLC I was merely living in Rochester, but now I feel like a part of the city and community. I've learned that everyone whom you come in contact with is a teacher, from the actual, wonderful, teachers at CP Rochester and School of the Holy Childhood, to the women at the Bethany House and Willow Center. I met a lot of amazing people, both volunteers and community members who are striving to make Rochester and themselves better. Often we forget that there are a large number of people out there, bettering the world, and it was refreshing to be reminded of these things first hand. So often in medicine, and in everyday life, we make a great number of judgements and assumptions. In actuality, we barely scratch the surface. PLC has taught me how to better connect and understand the community I serve, and to not be so quick to judge it. There are so many great resources out there for our patients, family, and friends, and I am so happy to understand how to properly utilize these organizations. Rochester is a community I hope to become a positive part of, and I owe that to the experiences I was lucky enough to have on PLC.

Katie Munck

During my PLC rotation, the most important thing I learned was how all the different community organizations were linked together and able to feed off each other's services. Everybody I met knew specifically which services their organizations provided compared to others in the area. This gave me confidence to know that even if I refer a patient to a group that doesn't provide specifically what the patient needs they will know where to have the patient call next. In this way the community feels more like a net rather than individual ropes: hopefully no matter where somebody falls on the net they will be caught.

My most impactful visit was at the Jennifer House, a temporary housing facility for women transitioning out of jail, substance abuse, and/or prostitution. We met Dellenna Harper, a manager of the house who told us that she had once been a resident after struggling with drug addiction, being incarcerated, and losing custody of her children. During the support group meeting that evening, it was clear that the residents respected her highly and looked to her as a role model and evidence that it is possible to struggle and come out the other side to lead a better life. A new resident had just moved in that week after a 3 year stint in jail.

During the meeting (her first since moving in) she was clearly trying test the group's boundaries and see what rules she could get away with breaking. Dellenna very firmly kept her line. All of the people I met on this rotation were clearly working hard to better the community, but after observing Dellenna interact with residents at the Jennifer House I believe that the people able to have the most impact are those who have accessed the services as clients and were able to pull through their struggles.



Katrina Cork

The Courage to Heal

She comes in an hour before the free lunch is served, her grandson on her
hip
And begins cleaning, wiping off tables, cleaning chairs
Sometimes compulsive in her efforts, wiping every plate and cup and crevice
She is grateful for the care she has been shown
She has the courage to help

She reaches in over the side of the bin excitedly, scraping her fingers
through kernels of dried corn
Happily scooping them into buckets sitting in the bottom of the bin
Playing with a large smile, albeit somewhat lopsided
And when asked the corn's color, she points to yellow in her companion
booklet
As she is nonverbal
She has the courage to learn

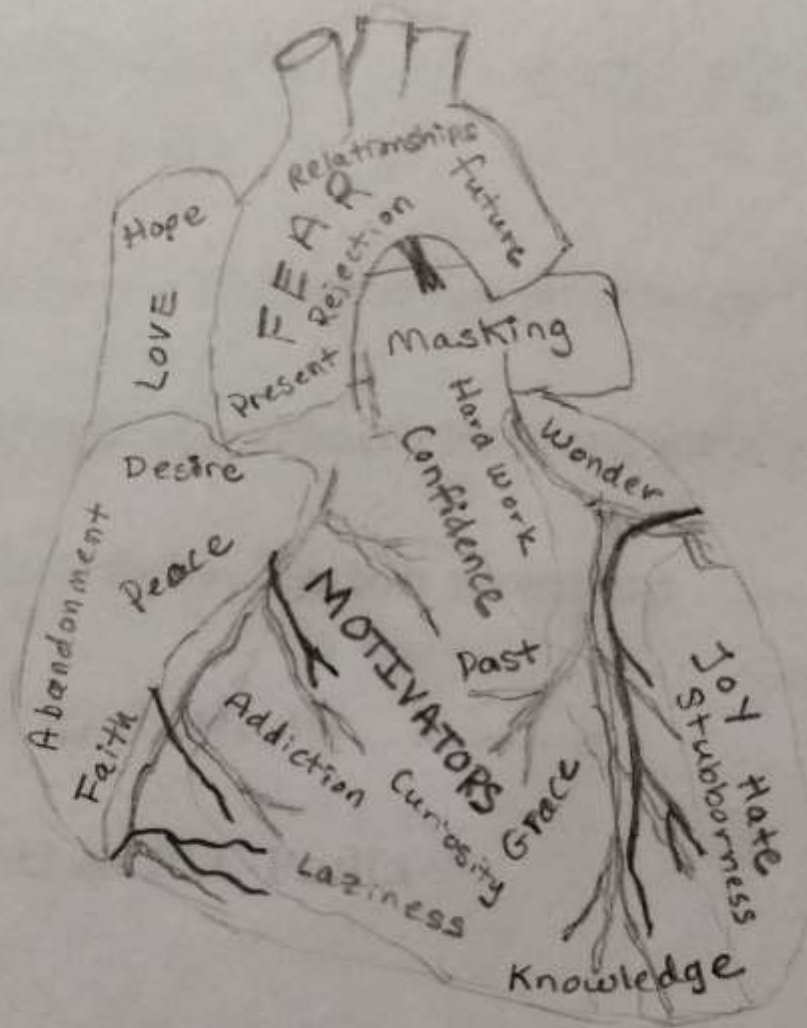
She tucks her feet up under her and perseverates on whether or not to speak
As women around her laugh and nod and cry over their triumphs and
heartaches
And their failures
She decides her addiction story will be told as she begins softly
She has the courage to share

He puts one foot in front of the other, stepping happily, bouncing playfully
Gurgling and gesturing to the staff around him with glee
When he tumbles no one panics, just says "Uh-oh" to see what he will do
And though he is 3 and should not be walking, he pulls to stand again
He has the courage to try

Child Abuse, Mental Illness, Addiction,
Medical Disability, Poverty, Hunger,
Homelessness, Unemployment, Neglect,
Different stories, different backgrounds, similar result
They all have the courage to try
They all have the courage to heal

K atrina S tewart

HONESTY



The truth can only be shared when we know it. Sharing the truth helps us to know it.

Lauren Nicholls

These 2 weeks on FMLC come after 4 months of struggles in OB, Special Care Nursery and the MICU; spending so much time doing inpatient work can easily make you forget about everything outside of the hospital. I was fortunate enough to have gone to a Jesuit university that had a heavy focus on community service- which has greatly colored the way I approach my medical practice. Now that I am a Brown Square Resident I find that most days the medical problems are the easiest to fix- it's the decision between buying medications or food, trying to navigate the Rochester Bus system, and how to make my non-English speaking patients feel connected to me via a translator phone are the difficult things. I found getting out in the community on the RCSD Attendance Blitz the most rewarding of the experiences. I was nervous at first to venture out into the neighborhood around my clinic- as I am familiar with it's reputation- but parents are generally welcoming. Most parents want their children to get to school, but life just gets in the way. The attendance Blitz does a good job of helping families without pointing fingers and making parents feel like "bad people" for having their children miss school. A common theme was that if their child missed the bus they have no way of getting that child to school because these parents can not afford to have their own car. In addition, younger children wind up getting lost in the fray of older children who are having behavior or legal issues which the parents must deal with. It was generally refreshing to be out in the community. As one mother said "It really means a lot to have you doctors out here trying to help us."

Lindsay Mammarella

LISTEN

Another day, another clinic session,
Another opportunity to improve the health
Of those in the community.
But, oh, there is so much more to health
Than a prescription, a referral to a specialist,
Or blood work results.
A young lady of twenty-three is the first appointment,
Sitting quietly in the exam room,
Only requesting a prescription for her mild asthma.
She does not look up from the floor during the visit,
Only down at her worn, brown-stained shoes
Which seem to be covering a fresh bruise.
She gets her prescription and is ready to go.
Her body gets up and moves towards the door;
Her eyes say "I don't want to leave".
More questions are asked,
A hand placed upon hers,
This woman needs help for more than just her lungs.
Other professionals are involved and calls are placed
Until a safe plan is set forth.
She will be safe tonight.

Marina Fomina-Nazarova

For my community outreach project part of the rotation I decided to visit the area around the clinic to see how easy it is for my patients to follow my recommendation on life style and dietary changes. The results of my escapades were fairly shocking.

At first I was very pleasantly surprised with seven-eleven next to the office. The store had potatoes, tomatoes and cut fresh fruit cups as well as regular bananas and cooked breaded meats. They did have water for sale but majority of the drinks that they sold were sugared sodas. Sugar free Gatorade and sparkling water were not available. I usually recommend my patients to replace their coke and soda with those choices. The store appeared busy and well kept. Right next door to seven eleven I found a Dollar Tree store which pleasantly surprised me as well: for a dollar store they had very broad selection which resembled regular supermarket in layout but obviously was much more limited. Some of the toys sold in the store definitely should not be given to children who are teething because of the questionable quality of paint on them. It was interesting to see the brands of the regular products like cosmetics and OTC drugs that store sells. None of the conventional brands were available. Skin care products also contained labels I have never seen previously. There was no Neutrogena, Cetaphil or Dove which I casually recommend to my patients with eczema. The store had ok school supplies and actually sold some children's books.

After spending some time in Dollar Tree, I asked one of the shoppers where I can buy groceries in this area if I don't have a car. Apparently I was standing in the place where people who live in this area shop if they don't have a ride! Shocking and very discouraging, but the closest supermarket to Clinton Ave office is Wegmans on East Ave! I felt very bad when I realized what my poor patients probably were thinking when I was telling them to buy blueberries and get Aveeno moisturizer! I drove around for another 45 minutes but the only other store I found was Market 999 which had zero fresh fruit and made breaded meats meals. Now I realize that getting 5 servings of fruit for patients who live around the office means **spending a lot of money that they don't have at seven-eleven**, if they have fruit cups available. I stopped by several restaurants on Clinton, the prices were average for Rochester and probably way too expensive for many of my patients. As for exercise plans, the area appeared to be very nice and clean, easily walkable, however I could not find a play ground near by nor did I see a place that has monkey bars. A little distance away there is a nice and peaceful garden on the South Ave.

This was important experience for me and I'm very happy that I did this early into my residency at Rochester. I will definitely approach patient's plans with a better understanding of circumstances my patients live in. Many simple things which I always took for granted living in rural NJ where everybody has a car cannot be applied here at Rochester. It was very humbling and eye opening experience.



Marlon Mitchell

The fall

Trudge through the quiet
shining blistering mountains
with pregnant questions;
How can they really matter,
these islands unknown to me?

The whiteness followed
Streaked in, dipped in earth below
To quaint smoke-filled homes
With beautifully barefoot kids
With dancing tigers so tame

To the laughs and sobs
Of men trying to get out
But not all of them
To smiles of strangers laid bare
Searching for calm in chaos.

I don't mind it now –
For the fall mesmerizes
It invigorates
It reminds us of frailty
It's one other thing we share.

Mary Bonnet

During orientation, we were told one goal of this rotation is to get back any passions we had regarding community health and social injustice. That goal was certainly met for me. Over the past two weeks I had the opportunity to immerse myself in various community projects, resources, and sit beside people of Rochester. I was first and foremost blown away by the resiliency of this community. I heard many stories of struggling women, working hard to make ends meet and face the never-ending hardships of addiction. I met the extremely passionate and caring staff of DayStar and was in awe of all they do for fragile children. I was also delighted to learn about all the resources available to our elderly community through LifeSpan.

I was reminded of what many of patients and their families struggle with on a day-to-day basis. Suddenly a simple check-up **in my office doesn't seem so simple** any more. It means taking time off work which is extremely difficult, arranging childcare, waiting in the cold for a bus that may or may not be on time, and finally, occasionally, facing the cranky front staff if you are a few minutes behind. I am returning to the daunting schedule of intern year with a refreshed outlook on my community and hopeful I can continue to participate beyond the walls of the hospital.



Matthew Guerinot

Going into my PLC rotation, I didn't quite know what to expect. After my time at Bethany House it has really opened my eyes to a patient population in need of resources. I could not have had a better experience than my day there. I was able to speak with the various women coming in from all over the city to get food for the week. One story that struck me was a woman who was the sister of three very famous athletes, 2 of which play in the NFL, but she was unwilling to take any "handouts" from her family. She wanted to make her own way and earn her living without help. This was an impressive story because here is a woman with a need for financial assistance and it would be so easy for her to take money from her family and live a happy and worry free life, but she chooses out of her own volition to live this way. It was inspiring to talk to such a motivated and honest person.

Another example of how this rotation positively affected me was my time at the Boys and Girls Club of Rochester. Several weeks before starting PLC, I referred one of my young male patients to the Boys and Girls Club because his mother was worried about how he spent his time after school. They both seemed to like this idea because he was very interested in playing sports and the Club offered him the opportunity to do so. When I visited the Club today I was given a tour and started playing basketball with the kids and in walked my patient from before to play basketball with us. I was pleasantly surprised to see that him and his mom listened to my advice and took it to heart. This was an "aha" moment for me and one of the first of my career. It made me realize how much of an impact that my words and my advice can have on my patients. I owe this moment completely to PLC and my two weeks on this rotation were eye opening and very rewarding.

Megan Kazi

During this rotation, I was impressed by the diverse community that serves the children of Rochester...

A kindergarten teacher who reminds her students to be “respectful, responsible, and safe,” even while dancing to music from *Frozen* at the end of the day

A quiet Bethany House guest who opens up when she talks about her children as her motivation for staying clean

A food service worker at Alternatives for Battered Women who uses his free time to entertain kids who are cooped up in the shelter

A developmentally disabled third grader at Holy Childhood who helps his classmate to open a milk carton at lunch

A young woman who works in the Reading Room at the Boys & Girls Club of Rochester and has clearly earned the respect of the kids

A strong circle of women who gather at Coffee Connection to share not only coffee and laughs but also their solutions to the daily struggles of raising a family while in recovery

A compassionate CPS worker who uses the Family Assessment Response program to earn the trust of a wary Mom and her children – she is now their “favorite CPS worker!”

A firm Family Court judge who reminds teens, labeled “Persons In Needs of Supervision”, that she wants the best for them

A soft-spoken tele counselor who listens patiently to callers’ concerns and has learned to connect with teens in their own language – online chat

A trio of confident high school students who stand up in front of a room of health teachers, leading a discussion on how to improve access to condoms at schools

And me, a pediatrician-in-training, humbled by the opportunity to join with this community and contribute to the care of our children

Melissa Hensley

I feel that I got a lot out of PLC. Learning about the resources available in our community is extremely valuable as a primary care pediatrician. Now I know of the resources available and I can explain them to my patients and offer them contact information. I enjoyed interacting with people in the community that I otherwise would not have met.

For example visiting the Jennifer House offered me the opportunity to meet women with unique stories who are facing challenges that I could never imagine dealing with. This rotation definitely increased my level of confidence for being able to help my patients with health related social problems.

Michael Collins

I don't consider myself a particularly religious or spiritual person. I most believe in trying to do good or help others because...well it seems like the right thing to do. But this PLC rotation really opened my eyes to how disconnected I had become.

I was well aware that I could use a mental and physical break. I was just past the halfway point of intern year and was coming off 3 straight months of floors and ICU rotations. I'm not sure the last time I had seen the sun. Despite those circumstances, I like to think that I manage a reasonable work-life balance. I do my best to socialize with friends and family, play hockey once or twice a week, cook relatively healthy meals, and keep my apartment and laundry in a (relatively) organized state. And I'm well aware that this has only been made possible through the support of my loved ones.

Nevertheless, I hadn't realized how caught up in my day-to-day tasks I had become. PLC not only offered me the opportunity not only to relax and recuperate, but also to take a step back and see what I had been missing. Interestingly, the activity that struck me the one I had been least excited for: Visiting Nielsen House. I couldn't imagine what I would get out of it as a pediatrician, and I wasn't sure I would have much to say during a 3-hour dinner and meeting with complete strangers. What I found was a group of guys who, outside of the occasional talk about prison, were otherwise just regular people. They ate dinner, joked around with each other, argued about chores, talked football, discussed cars, etc. It didn't look any different than my buddies and I sitting down to grab a bite to eat.

That evening ended on a house meeting, where all the members discussed their emotional and spiritual state. Each took time to explain how they were feeling, and others chimed in with words of advice or encouragement. This was ultimately more formal than anything I had ever participated in, but was essentially the same method through which I work through my own struggles. Your well-being is ultimately your own responsibility, but it's important to reflect and reach out to your support network when you have need of them. This activity gave me the impetus to perform that self-analysis. I remembered how much I had to be grateful for, what I needed to work on for self-improvement, and ultimately, how happy I was. It sounds silly to say it, and I never would have described myself as unhappy, but it felt really good to reinforce that belief. We work in a field that is constantly asking for us to be better, but it's important to realize the small victories we do achieve.

The background of the entire page is a photograph of several tulips in various colors (pink, white, purple) with green leaves, scattered on a dark, weathered wooden surface. The tulips are in various stages of bloom, some fully open and others as buds.

Uzair Admani

PLC was a wonderful and absolutely invaluable rotation. Being relatively new to Rochester (and new to residency), my primary focus was on learning all the procedures and clinical practice necessary to my patients. PLC offered me the chance to explore the community and learn about resources available to improve the care of my patients outside the office and the hospital. Within a day of my visit, I had already told one of my patients about the wonderful Crisis Nursery of Rochester. I also got to see what resources were available for my patients who may have developmental concerns in the future and am more familiar with the referral process, which means I **have even more information to provide my patients.** But my PLC experiences weren't just limited to pediatric patients, I also learned a lot about resources available to my adult patients ranging from day programs for my patients with dementia or developmental delays, to care coordination (in the outpatient setting) for my more medically complex patients. Outside of these resources, even just being able to talk to and hear the stories of people who are in recovery from addiction and alcoholism at the Coffee Connection brought me some hope about the potential outcome for some of my current patients battling the same issues.

Navraj S. Pannu

My FMLC experience has been really eye opening for me. I always knew that our patient's faced many struggles trying to obtain healthcare, but it was different to actually see it and in some cases experience it. I found many of the stories of the people I met very inspiring and it was also a good reminder that although what I am **going through in residency is tough, it is nothing like what some of our patient's our going through. It was also great** to see all the resources that were available for these people to not only get them through the hard times but to also set them up for a future. I wish I had known about many of these resources since it would be very helpful in many of my patient encounters. Things like the crisis nursery would have been so helpful to many of my patients. My favorite experience was the Nielsen house. There was an infectious goodwill and energy in that house that I left in a better place than I was before coming in. Everyone there is looking out for each other since most of them have no one else to turn to. Being in medicine can sometimes make you jaded and forget that your former drug abusers went through a lot. And even despite that we are so hesitant with them and sometimes not as kind as we should be. The people I met there were such good people and treated me as a part of their brotherhood and I would like to return the favor. Intern year has a way of making you lose track of yourself, and I am very fortunate to have had this experience and be reminded why I became a physician in the first place.

Nidun Daniel ~

*I believe gratitude, love and compassion only gets bigger
by being shared amidst others.*

PLC by far has been one of the most favorite rotations I had the honor of being a part of. Although I grew up in Rochester I was not fully aware about the resources and need for more services for our community.

One of the most favorite meetings/gathering was at Nielsen House where I had the opportunity to spend time with inmates who have been prior substance abusers. Many individuals with great potentials but have made bad decisions along the way. Listening to each and every story I could see the goodness in each person, how eager they are to further turn life around. Also it was evident to me how hard this can be, especially when you are amidst poverty and a bad social network. Nielsen house brings support to the lives of many of these individuals, providing social support, food and shelter to prevent them from going back to their previous lives.

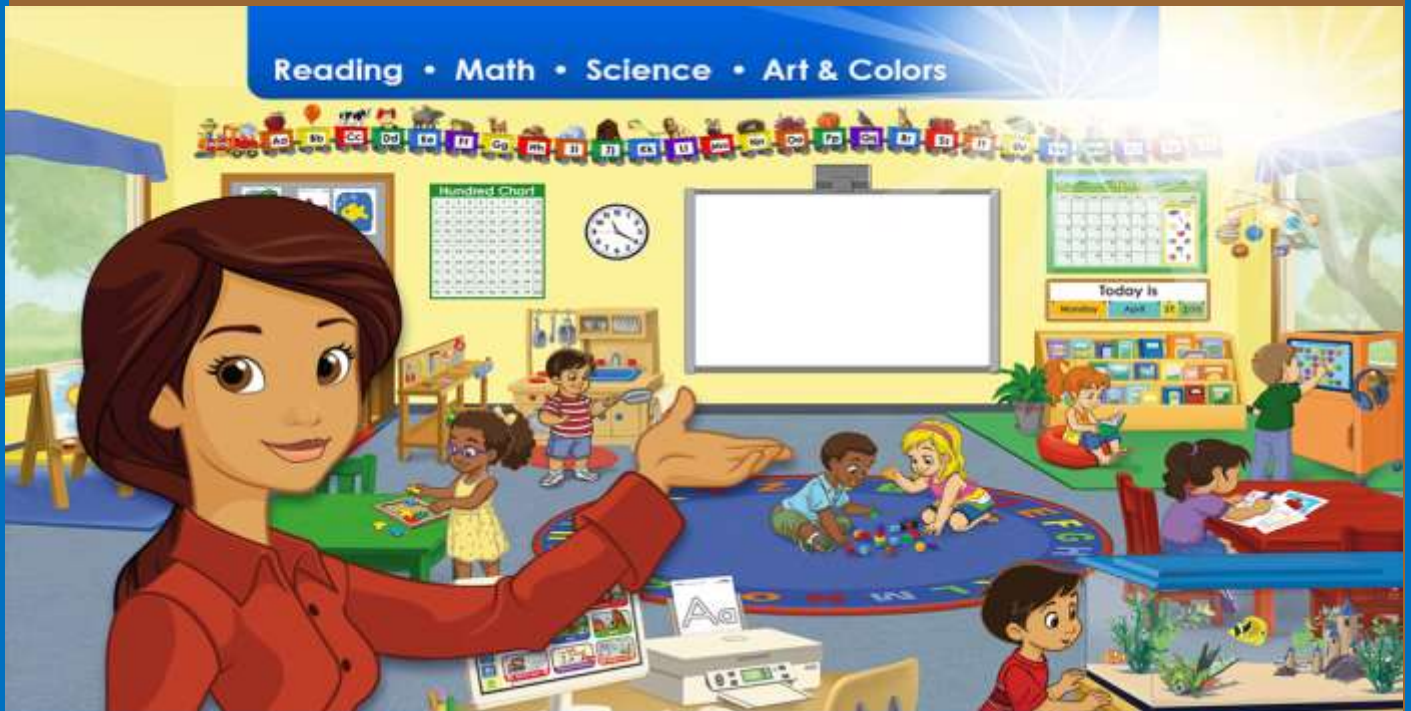
It is all too easy to get caught up in our hectic lifestyle and look at what we don't have, all the while missing the good in our lives, most importantly the need to serve others which I believe brings the goodness in us.

*"Gratitude can transform common days into thanksgivings, turn routine jobs into joy, and change ordinary opportunities into blessings."
— William Arthur Ward*



Oliver Salmon

PLC is a great experience for a pediatric resident in their first year. I loved seeing children like my patients and all of their energy put to work in an elementary school classroom. I was actually surprised and impressed how well behaved and geared towards learning the kids were. This, of course, makes me optimistic of their future. It was also so very nice to put a face and feel a connection to many of the social services I previously knew of little more than by name. From the knowledgeable nutritionists at WIC to the nurturing staff at shelters, I feel like I understand better who runs these services and what they offer. It was also humbling to see some of the issues with transportation, shopping, and shelter our struggling families must go through for their children and themselves. Now that it is over, I think this experience will give me time to sit back and think of all of the possible non-medical ways we can help our little patients, who are obviously more than just a group of diagnoses and deserve all of the potential we can give them.



Parker Hill

CP-Rochester

Screams and splashes as purple and green floats crash against the rippling water. London bridge has fallen down, capturing two delighted preschoolers. Their friends paddle in their life-jackets and arm floats towards the slender noodles that have captured them. All smile and giggle with the chorus as the teachers sing “take them now and lock them up, lock them up, lock them up...” From a near distance an older student watches. Unable to speak, she vocalizes with a pleasant high pitch sound that indicates her enjoyment of the boisterous scene. She is unable to coordinate the strokes and kicks that would allow her to swim towards the fun, but her interest is unmistakable, and her therapist bounces her through the water to join the group. She smiles and makes a happy cry and she is caught under the “bridge” in the next pass, and surrounded by many happy faces. The other students make their ring around her without any hesitation. They laugh with the pure love of children who express only friendship and kindness, who would never group their friends by their oft-used labels – trisomy, palsy, bifida, congenital, but play together as companions and comrades. “Take them now and lock them up, lock them up, lock them up...” the chant continues. But in the warm, buoyancy of the therapy pool, these sweet children are blissfully free.

Bethany House

Two men step in heavy boots into the house, shaking off the cold as they are greeted by the warm, grateful faces of a row of kind women who eagerly sort their much-anticipated cargo. Bagels and doughnuts are bagged and sorted, pizzas and buffalo wings packed into the freezer, milks and cheeses distributed among the fridge shelves which, an hour ago, were emptied, their bounty sent home with needy, grateful families. In the next room, women gather around a long dining room table, dividing up a plate of doughnuts and sipping glasses of juice. In the center sits a young woman with wild, dyed red hair, laughing among friends. She shares her story – her regrets, her mistakes, the circumstances that made her vulnerable and which contributed significantly to the rocky path her life has taken. But she no longer gives her circumstances power, and does not speak as a victim but as one who reflects with some regret on old memories. Her language now is the language of change – speaking of her drug use in a past tense that shows resolve, acknowledging her frailties with a humility that shows a changed perspective, sharing her pride at a period of sobriety she has worked for and sustained. Outside, the cold whips through trees and pounds against the bare sidewalk, but inside there is safety, healing, and, for the first time, hope.

Alternatives for Battered Women

You stand in the lobby, looking for a placard or sign but there is none. A woman sits behind a narrow desk, gazing skeptically at you, as if you are something peculiar. You ask for the Alternatives for Battered Women shelter, and she narrows her gaze. After a long pause, she asks for a name, a reference, some indication that you are wanted in that place. It is only after this keyword is given that you ascend up the elevator, exiting into a small reception with a mounted camera and a single, locked door.

<Continued on the next page>

The battered women shelter is built as a defense, a protection against those who would harm the inhabitants, those who would seek to continue to hurt the women who have sought escape from abusive relationships, from tears and bruises, from torn hearts and emotional floggings. It stands as a defense against the world, a home that vows to defend and protect its residents as they recover their confidence and strength, and recuperate from their broken lives.

School of the Holy Childhood

“I have Williams syndrome, do you know what that is?” she asks, and moves on to her next thought without allowing me to answer, and I picture a flashcard with a bolded “Williams Syndrome” on the front and on the back a list of sterile terms – “7th chromosome. Elastin. Elfin facies. Aortic stenosis.” But in front of me sits a vibrant young adult: engaged, kind, welcoming. While she speaks, her hands continue to move deliberately in a pattern across the desk, counting out five envelopes, stacking them in sets of five and wrapping them in a thick rubber band. She talks of her experiences in hospitals and clinics, about the doctors and nurses who are kind to her and make her laugh. She tells me she hopes to do work in the medical field someday. An engaged teacher takes note, “I’ve never heard you mention you were interested in that”, she says, “I’ll add that to your employment plan”. She smiles and nods eagerly, then returns to grouping her envelopes. She enjoys this training – learning skills that will one day allow her to maintain the sense of pride, accomplishment, dignity and independence she feels in school as she works out in the community. She invites me to sit with her as we watch a story read across a projected screen. She knows the story already, and shares her favorite moments with me. Before I am called away to visit another class, she shakes my hand then waves goodbye as I pass out of sight. I again picture the flashcard, and the small text I had ignored, even forgotten now seems its most precious message, “Highly social personality. Striking verbal abilities.”

Lifeline 2-1-1

“Lifeline 2-1-1, how may we assist you?” I sit on the edge of my chair as we await a response from the other end of the line. In the brief hour I have been listening in on these calls, I have already learned how quickly one must act to respond to these questions, and though I have no responsibility on my visitors headset, I feel the tension build, like the code bells on the hospital wards or the startling clamor of a pager. The US military veteran on the other end of the line is distraught, anxious, overwhelmed. She feels trapped, and threatened, her position desperate and overwhelming. It takes minutes before we can piece together her narrative – a weekend with an exciting party, too much drinking and meeting a man she thought was “the one”, loneliness and grief following a brisk departure the following morning, missing work due to grief, postponing a final project for a college course due to anxiety over an unkind working environment and an angry boss, a failure to make payments leading to a repossessed car, and a desperate application for part-time work at a local strip club. And so she stands: car gone, rent check looming, final project due, missing another day of work, mulling over a message indicated she can start next week employed as a stripper. And, so, she dialed 2-1-1. Where to begin? What to offer? How to address the cascade of life events that has lead this woman towards impulsivity, poverty, an overwhelming social and financial trap and a treacherously poor ability to stay resilient during challenges. We begin the first step of healing and repair.

But...wait...there is a call on the other line...she will call us back, she says, and with a click her voice is gone, her life drifting back into the anonymous chaos which hides in shadows the tremendous suffering of millions who, like her, are trapped and see no escape.

Paul Vermilion

Inclusion Specialists

What's a person to do,
When their child of two,
Seems developmentally slow?

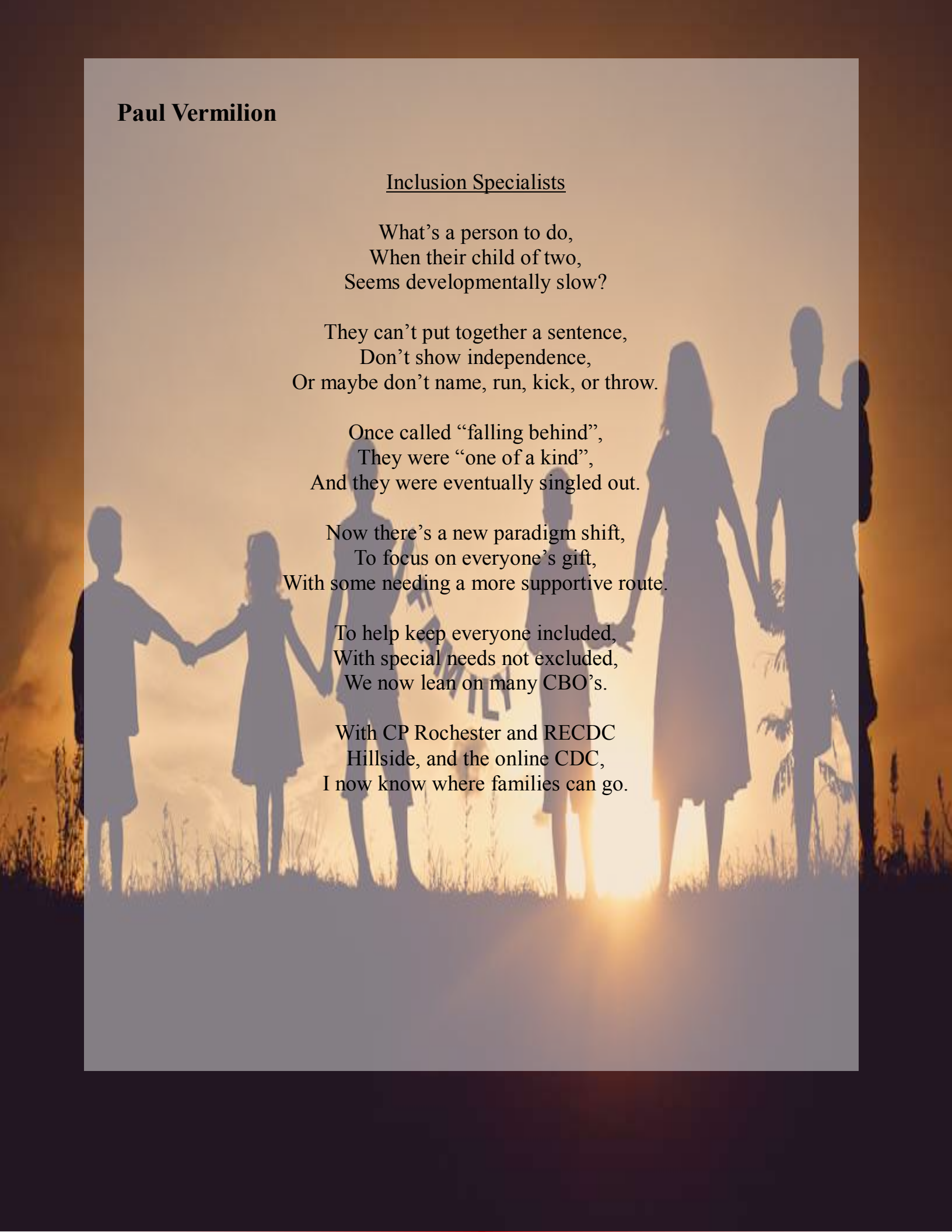
They can't put together a sentence,
Don't show independence,
Or maybe don't name, run, kick, or throw.

Once called "falling behind",
They were "one of a kind",
And they were eventually singled out.

Now there's a new paradigm shift,
To focus on everyone's gift,
With some needing a more supportive route.

To help keep everyone included,
With special needs not excluded,
We now lean on many CBO's.

With CP Rochester and RECDC
Hillside, and the online CDC,
I now know where families can go.



Rafi Kazi

PLC was a wonderful experience and a great way to familiarize myself with the city and its resources. Though many thoughts and emotions swirled in my head during the past two weeks, I was most surprised by the effect of "Dr." before my name. Prior to these two weeks, I had never interacted with my community with the letters, M.D., after my name. It was a humbling experience to realize the responsibilities that those two letters bring.

"Dr." gave me access to the battered women's shelter, it allowed me to observe interviews of victims of sexual abuse, and it let me hear the most intimate stories about the most vulnerable times in many people's lives. This privilege was given because I read books for four years and walked across a stage.

This realization has made me pause and reflect on my career.

"Dr." takes me beyond prescriptions and physical exams. It requires compassion, patience, and the ability not to pass judgement. It also necessitates an education

outside of Nelson's and board review questions. We owe our patients knowledge of resources or the ability to find them. I look forward to continuing to develop my knowledge of Rochester and meeting the inspirational people who live here.



A decorative border of green leaves and branches frames the top and sides of the page.

Rebecca Cooper - McCann

The FMLC rotation provided a chance to expand our awareness of the many resources that serve greater Rochester and consider how we as physicians can better serve our patients. As someone new to Rochester, it was immensely helpful to learn about the missions of the organizations and meet people they serve. I think having physically met organizers and having been to physical locations makes it more likely that we will think of specific resources when talking with patients in clinic. It also puts us in a better position to answer questions, offer reassurance, reduce barriers to access, and to advocate for the role community organizations have in promoting community and individual health. It was refreshing to step back from the day to day practice of clinical medicine to once again see the bigger picture and envision our place in the larger community in which we live and serve.

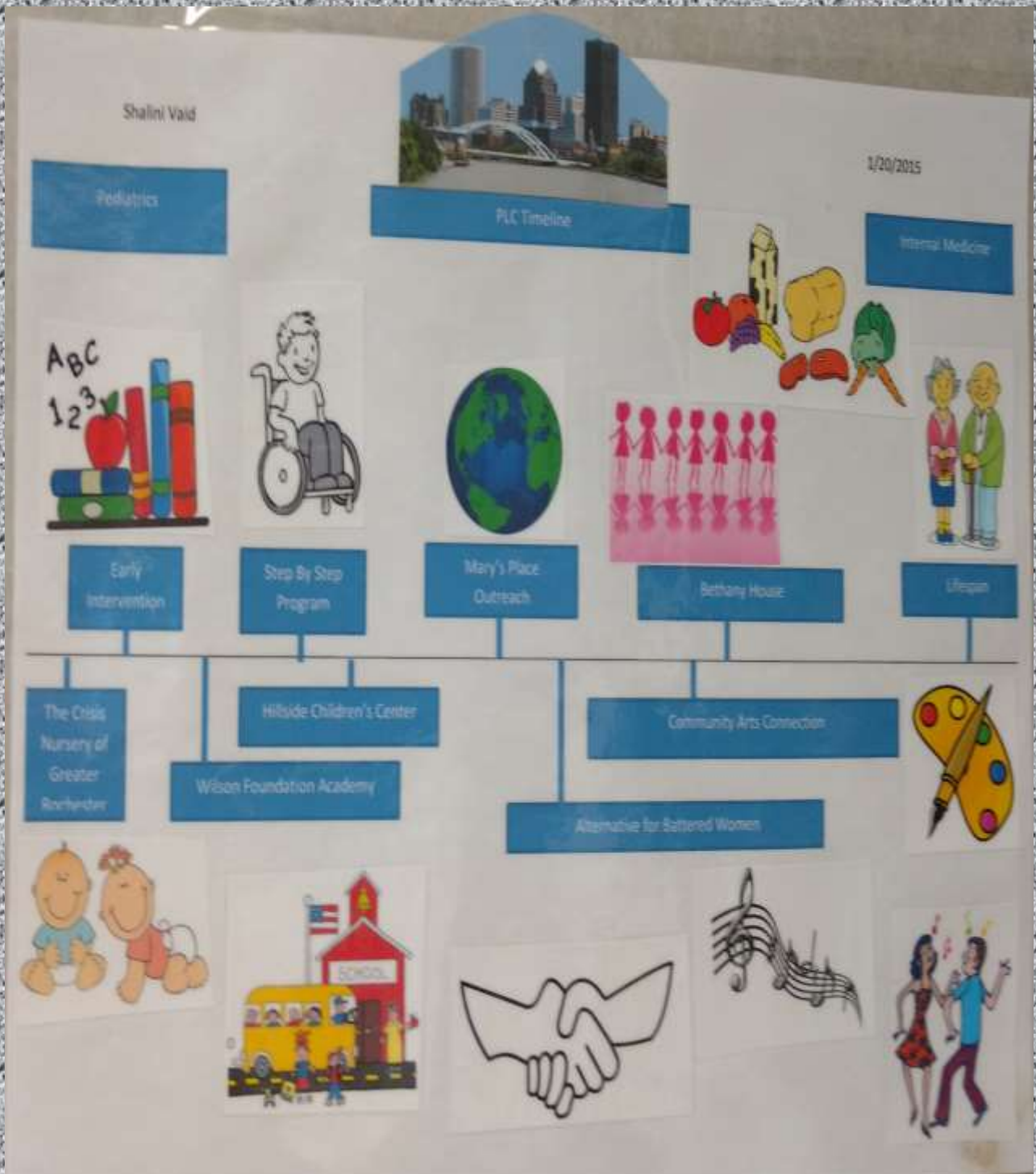
Rose Barham

PLC was a wonderful rotation to do. It came at a time where I was feeling very burnt out and ineffective. In some ways it made me feel more ineffective because I saw such amazing organizations with such big impact. **However, it made me realize that I don't have to do it all, that I do not** have to reinvent the wheel. There are great resources in our community to connect patients with. Now I have ways to access and good knowledge of many more resources and ways to find even more resources.

It made me even more grateful that I ended up matching here. In Hartford county there are a lot more resources, but the city and the people who live in the city are much more isolated geographically and socially. The bus system is harder to understand, does not have a functional website and schedule, there are few grocery stores near bus routes. Furthermore, very few people with steady income live within the city of Hartford. Rochester certainly has segregated neighborhoods but it is still easier to get out of them to work, play, take care of yourself. This rotation definitely contributed to my Rochester pride and will keep serving me as I take care of patients for the years to come. It also helped me to dig deeper into getting to know the city and community and motivate me to continue doing so.



Shalini Vaid





Shaula Woz

Playlist:

Bone Thugs and Harmony- First of the Month Wynton Marsalis- Autumn Leaves Sergio

Mendes - Mas Que Nada

Common- The Corner

Jurassic Five- Work it Out

Roots- You Got Me

Bob Marley -Redemption Song

Grade - The Tension between stillness and motion Feist -I Feel It All Regina Spektor- Better

Cold War Kids -We Used to Vacation T.I. and Rihanna - Live Your Life Pearl Jam- Just

Breathe Jose Gonzalez -Stay Alive

Stephanie Jordan

Having been born and raised in Rochester, I thought I knew a lot about many of the resources and programs available in the area. I wasn't expecting to learn so much over the course of my 2 weeks of PLC. Not only did I learn about all of the excellent programs for patients dealing with addiction, homelessness, and abuse, but I was truly moved by so many of the staff and patients I met over the course of those two weeks.

The visits that stuck with me the most were Coffee Connections and Jennifer House. Both of these places involved speaking with women recovering from substance abuse and homelessness. I was able to sit in on meetings at both of these places and listen to the candid and honest stories about what these women have been through. I was struck by the gratitude and willingness to share their stories while sharing a meal with them. One quote that stuck with me in particular was from a young girl in her 20's contemplating how she would continue on living a sober life, and she said, "You know...you can pray for a sandwich, but God's not going to just give you a sandwich".

This block was a wonderful way to not only discover all of the resources available to our patients, but also to reconnect with some of the feelings and motivation that steered me in the direction of family medicine and primary care. It was also a great reminder that even the smallest act of advocacy for a patient can go a long way to change their life. Understanding what other people and resources in the community can do for our patients is just as important as understanding what we can personally do for them.



Vivian Jiang

For my community health experience I did the public transportation/grocery store activity. As someone who has lived the past decade of my life in big cities, this activity brought me straight home. It forced me to get out of my own world and feel as if I were living on the community's schedule rather than my own. I had to leave my home when other bus-takers left theirs in order to get to the bus stop on time, then wait at the bus stop with everyone else, all of us from different walks of life but forced onto the same schedule. I enjoyed the familiar activity of big cities that I didn't even realize I had missed so much - talking to strangers to ask "did you see the bus come yet? is this the one that goes downtown? do you know what time it is?" Right as I stepped on to the bus, however, I did notice immediately, something different than what I knew. No one on the bus looked like a professional. There were no briefcases or dress shoes, no one on their cell phones talking with colleagues or scheduling meetings, no one reading the daily paper. I myself had my business casual attire on in preparation for my afternoon clinic session, and I couldn't help but think to myself, thank goodness I decided to wear my converse instead of my dress shoes. I didn't know if I was relieved because I felt like at least I was a little camouflaged, or because I felt at least I wasn't flaunting all that I had that many others on the bus didn't have, or because I would be able to observe others now without them feeling like they were in the presence of a doctor and needing to act however people think they need to act in front of doctors, or if I simply had the freedom to get my shoes as dirty as I like in the community without having to worry about how to clean my shoes off before re-joining my physician colleagues in clinic where pristine dress is a mark of professionalism.



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I took a seat next to a stranger who didn't bother to make room for me to sit even though his leg covered a quarter of my seat -- I liked that. As we approached the bus terminal, I pulled on the line to request a stop, not realizing this was the last stop. I felt like a complete idiot as I heard the bus driver announced again that this was the last stop; yet, as everyone stood up to get off the bus, no one acknowledged my stupid action even a little bit so I left myself blend back in to the crowd. I strolled my way over to the Metro Mini Mart, one of the \$1 yelp grocery stores I had identified earlier for this activity. I walked into the store to the sound of a lady yelling at a gentleman, "Quit touching me you ass, damn, I said quit touching me. Uh you cracked my phone! I'm gonna cut choo!" The lady then walked past one of three aisles of foods, knocked over the entire shelf of glass jars, I saw the gentleman behind the cashier's counter walk toward the door to follow the lady that had just vandalized his store, phone in hand dialing for the police, or at least I assume it was for the police. There was a long line of customers waiting to buy some cheap food. I heard one gentleman in line say, "here we go again, I don't have time to wait for this shit, I'm out." I laughed to myself at the situation. I didn't have time to wait either, so I followed him out, looking for the next nearby grocery store to pick up some lunch before clinic.