

The Clinics They Call



No, not that “Bedlam.” This OU-Tulsa medical enterprise is not a rivalry but rather a community partnership that reaches hundreds of underserved Tulsans every year.

A group of medical, nursing and pharmacy students with their volunteer supervising physicians and other medical practitioners poses in front of the OU College of Medicine, Tulsa’s Family Medicine Clinic to illustrate an evening’s staffing of one of the Bedlam Clinics.

“BEDLAM”

BY MISSY KRUSE

PHOTOS BY AARON ANDERSON

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Bedlam Clinic volunteer Bahar Malakouti

hen the Bedlam Clinic opened 10 years ago, it was meant to slow a sudden overflow to Tulsa’s already crowded emergency rooms and to provide free care to those in need.

Today, the clinic has grown into a network of services bolstered by volunteer physicians; medical, nursing, pharmacy and other health care students; and supported by generous private donations and the OU School of Community Medicine (OUSCM).

It began, says Gerard P. Clancy, M.D., president of OU-Tulsa, after 9/11 when an economic downturn gradually left nearly 40,000 Tulsans unemployed and uninsured. The cost of an emergency room visit was 10 times that of a primary care office, but many people couldn’t pay for either one. “There was really a lot of pressure from hospitals for the med school to do something,” he says.

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Physician's assistant student Caitlin Ashley, left, and David Polizzi, M.D., check the medical records of a patient they are about to see at the Bedlam Evening Clinic that is part of the OU School of Community Medicine outreach to the medically underserved residents of Tulsa.

“Many of our patients are coping with significant social pressures along with serious health problems. Receiving quality health care is a huge relief to them, often enabling them to better manage work and home challenges.”

The then-named OU College of Medicine-Tulsa, approached local foundations for start-up funds to cover nurses and clerical costs. Letters were sent to medical school alumni asking them to volunteer. They would act as attending physicians with medical students assisting as part of their required clinical experience. “On the first night of training, a Tuesday in August, 150 doctors showed up,” at OU-Tulsa’s original 28th and Sheridan site, Clancy remembers. Although it was a training night, patients who had heard about the clinic came as well. “We knew we were on to something.”

Bedlam Evening Clinic opened later that month, a 100-degree Oklahoma night, at 6 p.m. More than 100 patients had been lined up outside since 3 p.m. “We saw them all; we worked till midnight,” Clancy says. Patients are now seen two nights a week at the OU Physicians Family Medicine Clinic at 11th Street and South Trenton Avenue.

At first, the clinic focused on acute care, dealing with



Nursing students Sarah Oh, left, and Elissa Sy are finding that work in the Bedlam Clinic is giving them the practical experience that will make them more skilled and caring professionals.



OU-Tulsa medical students like Jordon Holt, left, feel that they can offer their Bedlam patients a special kind of care by taking time to get to know them and offering them a fresh perspective.



David Kendrick, M.D., M.P.H., seated left, and Emma Kientz, R.N., work through the health care problems of one of the hundreds of Tulsans who visit the Bedlam Clinic annually.



OU-Tulsa medical and physician's assistant students, such as Mitch Dawson, from left, back row, Jeremy Guy and Amanda Satterwhite, and front row, Caitlin Ashley and Grace Kirkpatrick, credit their Bedlam Clinic experience with putting them way ahead of their peers.

people's immediate needs, Clancy explains, "but those patients didn't have anywhere to go for long-term stuff, so we started picking up chronic needs." The Bedlam Longitudinal Clinic now operates Tuesday afternoons, twice a month, at OU-Tulsa's Schusterman Clinic and the OU Physicians Family Medicine Clinic. Additionally, the clinic began to add specialty clinics, held monthly, in urology, gynecology, dermatology, allergy, psychiatry, optometry and sports medicine. Limited laboratory and radiation services are also available.

Admittedly, not all patients who come to the evening clinic will be seen, according to an OU School of Community Medicine press release. The number chosen depends on the number and type of volunteer physicians, students and practitioners scheduled that night. Those who are turned away are provided with a list of other clinics and resources. There are some other restrictions as well.

The Bedlam Longitudinal Clinic cares for adults with chronic disease and provides a unique experience for medical, nursing and pharmacy students seeking their degrees at OU-Tulsa, says Dr. Ronald Saizow, the program's director. They work in interdisciplinary teams under the supervision of their respective faculty. Third-year medical students, backed by an attending physician, are placed in the role of primary care provider. Each student cares for 15 to 20 patients. "They get to know the patients

quite well," Saizow says, "and the patients get to know them. In the process, they learn the principles of the patient-centered medical home and quality improvement."

Over the past 10 years, the program has matured to "become a real part of the educational experience. (Students) consider Bedlam Longitudinal the highlight . . . over the four years [of medical school]," says Saizow, an outcome that he credits to the real-life team approach. OUSCM encourages students to think creatively. For example, he says, students one year decided to organize a Prevention Day to provide annual prevention and screening services to a large number of patients in one afternoon.

Fourth-year medical student Bahar Malakouti participated in Bedlam Longitudinal last year. She says the experience puts its participants ahead of their counterparts, particularly once they are residents. "The level of autonomy we have is unique across medical schools in the country. We pick up these skills. We learn time management. We learn how to take care of patients over a long period of time. We learn to plan ahead [for the patients' upcoming needs or care]," she explains. "Because of this, graduates of the [OUSCM] program go into residency a huge step ahead of our peers."

She also says that the patients get something from being seen by the students. "Because our students have more time to spend



From the left in the foreground of this photo, pharmacy faculty member Kimberly Crosby, and pharmacy students Amanda Holman and Jeremy Landsaw join other volunteers at the Bedlam Evening Clinic in preparing to diagnose and treat patients from the Tulsa area who have turned to this effort of the OU School of Community Medicine, Tulsa, as their only means to meet their health care needs.

with our patients, they get a different, more detailed visit every single time. And because we are students, we are still very fresh and open-minded and not as jaded. Because of that, they get a different level of care,” she believes. In fact, she notes, when patients age out of the clinic to Medicare, they return to say so.

Patsy Bonifazi exemplifies the satisfied Bedlam patient. She has been coming to the clinics for about four years, first for her blood pressure, then for a possible skin cancer. Now Bedlam is helping her through the elusive diagnosis and treatment of autoimmune hepatitis. “Without this clinic, I wouldn’t have had any care. I am unemployed and haven’t felt well for four years. My health just kept deteriorating,” says the longtime Tulsa-area resident. “It’s just been a blessing because I wouldn’t have had any place to go if this was unavailable to me.”

A homemaker who raised three daughters, Bonifazi now cares for her three grandchildren while their parents work. But a 2001 divorce left her with few marketable skills and no health insurance. She exemplifies the Bedlam patient, hardworking people who have been thrown a curveball.


“Many of our patients are coping with significant social pressures along with serious health problems,” says Bedlam Clinics Medical Director Janelle Whitt, D.O. “Receiving quality health care is a huge relief to them, often enabling

them to better manage work and home challenges.”

One factor may be the clinic’s approach. Says Bonifazi, “It’s very holistic . . . they are concerned for your emotional state as well as your physical health. Everyone walks in with a smile and ready to help you.”

It’s also a two-way street. “Because the clinic gives me so much,” she says, “it makes me feel good to know I am helping these new nurses and doctors . . . get the experiences they need that they wouldn’t normally have. What a way to learn and get a good education!”

Why is it called Bedlam?

A casual aside, says Clancy. At one point, he discussed with Oklahoma State University’s medical school dean collaborating on the clinic. “We could call it Bedlam,” Clancy remarked, referring to the two universities’ traditional rivalry. The partnership did not happen, but someone overheard the discussion, and the name stuck. Mindful that on a deeper level “bedlam” came from the name of a London hospital for the mentally ill, Clancy researched further. Bethlehem or Bedlam was founded to care for the poor. In Hebrew, it roughly translates to “house of bread,” a good metaphor for giving to others. 

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