

Appendix A.

Remote Area Medicine Clinic at Wise: Origins and Functions

Audrey Snyder, MSN, ACNP
PhD Student
University of Virginia

School of Nursing

The RAM clinic project was spearheaded by Sister Bernie Kenny, Director of the former St. Mary's Health Wagon, which is an ongoing roving outreach clinic based in Clinchco, Virginia. Sister Bernie identified the need for health screening exams and vision and eye care for residents of the area. Sister Kenny collaborated with Remote Area Medicine® (RAM). RAM Corps is a volunteer group, founded by Stan Brock, which organizes and supports dental and vision services in similar clinics worldwide. RAM, based out of Knoxville, Tennessee was founded in 1985 by Stan Brock, former co-star on the television series *Wild Kingdom*, as a non-profit volunteer airborne relief corps dedicated to serving mankind by providing free healthcare, dental care, eye care, veterinary services and technical and educational assistance to people in remote areas of the United States and the world. Many of the RAM clinics occur in the Appalachian region of the United States. The summer Wise clinic is named after this organization. In 1999 the planning for the first clinic began with Stan Brock, Sister Kenny and Teresa Gardner, another nurse practitioner with St. Mary's Health Wagon, and Tony Roberts of the Norton Lion's club. The first year only dental and vision services were provided. Following the first clinic, RAM leadership approached Lenowisco Regional District Health Department Director, Dr. Sue Cantrell, who then contacted Dr. Dalton, at the University of Virginia Health System asking for the University of Virginia's help in providing medical services for the clinic. The 2005 Wise RAM Clinic was the 433rd RAM event.

Staff participation from the University of Virginia Medical Center was voluntary and in 2001 a small volunteer team evaluated the overall RAM clinic and provided medical support. Over time collaborative relationships have developed to enhance much needed medical services. Doctors and nurses from four states collectively provide an array of healthcare service. The University of Virginia Medical Center is the largest single group of medical professionals. Other providers from East Tennessee University, Virginia Commonwealth University, Pikeville School of Osteopathy, the Virginia College of Osteopathic medicine and Eastern Virginia Medical School, as well as practitioners in private practice from Virginia, Tennessee, Kentucky, and North Carolina, participate yearly.

The RAM clinic is an ideal environment for the University of Virginia to develop partnerships with organizations in the local area. UVA is responsible for the set up, protocols and nursing care, provides the majority of medical, non-dental and non-eye care, provides the medical director for the medical clinical at RAM and coordinates follow-up care. The health department director serves as medical director for the entire event and health professionals and volunteers from the community and from other organizations join together to provide care. Each year all area organizations contribute to care for as many patients as possible in this marathon medical event. Local churches provide meals for patients and volunteers. Transportation is made available for those who need it. The event is a true collaborative effort of many organizations, communities, health professionals and other community volunteers.

The Health Wagon staff continues to provide the overall coordination of the RAM Clinic and collaborates with RAM Corps. The Lenowisco Health District directs the medical effort, the Virginia Dental Foundation the dental care, and the Lion's Club the vision care. Each year the list of services available to participants has grown as collaborative relationships have developed

and the overall planning committee identified needs and availability of services. Services from the Ear, Nose and Throat service (Otolaryngology), an on-site lab, pharmacy, mammography and gastroenterology services (sigmoidoscopies) were added in 2002. Gynecology services with pap smears, breast exams and patient education were welcome additions in 2003 with dermatology, audiology, and ultrasound added in 2004. A telemedicine unit was established in the local area in 2003, and in 2005 the ability to do eye exams with retinoscopy via telemedicine was established.

Because of the presence of a large number of patients and volunteers in a compact location without emergency services, the Virginia Office of Emergency Medical Services was asked to provide the State-wide Disaster team to coordinate on-site emergency care in collaboration with the local rescue squad and paid ambulance services. Taskforce 2 of the Virginia Statewide Taskforce team utilizes the exercise as a yearly training drill. Working with the RAM planning committee to facilitate flow and provide covered waiting areas protected from the sun and rain has decreased the number of patients transported yearly to the local emergency rooms from 20 in 2003 to three in 2005.

Planning for the next years RAM clinic starts as soon as the numbers are tallied and the follow-up complete for the first RAM clinic. Local Boys Scouts, Lion's club members and other community groups clean, paint, and cut the fields in the weeks before the RAM clinic. Two days before the clinic begins, a group of nurses and nursing students arrive from the UVA to convert the FFA/FHA building at the fairgrounds into a working medical clinic. Ropes are strung and sheets hung to create private exams rooms. Supplies are organized and by 0530 on Friday morning there are 29 exam rooms ready to receive medical patients. Volunteers stay in the University of Virginia at Wise dorms, the few local hotels or are invited into homes of local church members to get a few hours of sleep between the long days of seeing patients.

Once the weekend is over, the work continues as every abnormal lab or test must be followed up on and referrals made for care. The University of Virginia provides free or reduced care for those patients who qualify. The challenge is that patients are a minimum of 6 hours away and for many of these patients a trip of this magnitude is not financially or logistically possible. The negotiating then begins to try and find care for the patients closer to home.