Special Delivery

Bringing life into the world is “never routine”

EVEN AFTER BRINGING OVER 1,000 BABIES into the world, Dr. Joann Knudson still remembers her first.

As a medical student at the University of Virginia School of Medicine in 1985, she walked into a delivery room and, by the time she left, the world’s population count had grown by one. “It was very enthralling for me,” said Knudson, a primary care clinician in the Obstetrics & Gynecology Department since 1991 and one of six board-certified Ob/Gyn physicians providing primary care women’s health services at Yale Health. “It was a great experience to be involved in that moment in someone’s life.”

Chaunell and Ivan Feliciano meet with Dr. Joann Knudson for the first time since she delivered their son, Isaiah, on March 16, 2015.
For Knudson, those moments have included delivering numerous sets of twins, one set of triplets as well as multiple children for the same women.

“It’s really fulfilling to see a family grow,” she said. “It’s always a great feeling. It’s almost always a very happy event. It’s also rewarding to help parents when the baby is expected to have a health problem and we can anticipate and help them plan to optimize the outcome.”

When Knudson is on call in the evening for Yale Health Obstetrics, the excitement begins with a phone call from a patient with possible labor symptoms. She assesses their symptoms over the phone and if it is believed the woman is in active labor, she will direct her to go to the hospital where the house staff or residents often do the initial exam. Based on the exam and contractions, Knudson will decide if the woman is in active labor and should stay at the hospital or if she should go home and wait a little while longer. If the labor starts during Yale Health’s normal business hours, women are usually seen in the Obstetrics & Gynecology Department at the Yale Health Center.

Knudson said she decided to enter the field of women’s health partly because she enjoyed obstetrics, but also because she wanted to assist with all aspects of care for women, from preventive health care to helping women plan for healthy pregnancies.

“It’s a job, but it’s never routine while you’re in that delivery room,” she said. “Everyone is different and everyone brings a unique set of circumstances. There may be something with the health history that is a little twist or there may be something with their background. Being at Yale, we also have a lot of people from an international community so there are a lot of cultural differences that come into play as well.”

Knudson said she decided to enter the field of women’s health partly because she enjoyed obstetrics, but also because she wanted to assist with all aspects of care for women, from preventive health care to helping women plan for healthy pregnancies.

“I see older women who may be post-menopausal, but I also see teenagers so I love the variety with the range of ages and different stages of life,” she said. “From women who are trying not to get pregnant to those who are ready for that time in their life, it’s a rewarding experience.”

And even after nearly 30 years of delivering babies, Knudson said she never takes a single one for granted.

“It was a great experience to be involved in that moment in someone's life ... It's really fulfilling to see a family grow.”

Dr. Joann Knudson, Obstetrics and Gynecology

New screening guidelines for women

AS A RESULT OF NEW GUIDELINES recommending less frequent screening, the Obstetrics & Gynecology Department is retiring the concept of the “annual exam” and introducing “well woman visits”. These are regular visits, which do not have to be yearly, for the purpose of reviewing healthy lifestyle and health maintenance, as well as screening and risk assessment. Experts no longer recommend an internal or “pelvic” exam every year for women who are not at high risk for ovarian or uterine cancer. Currently, there is no effective screening method available for detecting early ovarian cancer in these women. An exam is still recommended when there are specific risks, concerns or gynecologic symptoms like pain, menstrual problems, abnormal discharge or infertility.

The American College of Physicians recently reviewed studies going back 70 years and found no proven benefit from doing “routine” pelvic exams. Since these exams are uncomfortable and may discourage some women from coming in, experts now recommend that the decision to do a pelvic exam during a “well woman visit” will be up to the patient and her clinician, depending on whether screening tests are due. Performing exams and screening tests too often can lead to a higher number of false positive results, causing unnecessary worry and, possibly, unnecessary testing and procedures.

Screening guidelines continued on page 5.
Our job in patient-centered care is to help our patients become effective partners in managing their medical conditions.

FROM THE DESK OF PAUL GENEĆIN, MD

Like many people, I remember vividly as a new parent feeling terrified by the prospect of being responsible for a tiny baby and panicking a bit the first time we had to deal with a fever or rash. Parents with a new baby need information, guidance, and experience to feel competent and confident in the parental role. Similarly, an 18-year-old college freshman may arrive on campus with no experience in scheduling their own time and making independent decisions about how to eat, sleep, and get health care. Yet, with experience and a bit of help, new parents and new students quickly gain confidence and skill in their new roles.

Coping successfully with a medical condition often requires the same kind of learning and experience and many people initially lack the knowledge and skills they need. **Our job in patient-centered care is to help our patients become effective partners in managing their medical conditions. For many health problems, the patient’s expertise in self-management is critical to the clinical outcome.**

Even for relatively common problems like diabetes and high blood pressure, most patients lack sufficient knowledge about these conditions. They need information and explanations about the nature of the problem, the treatment options, the prognosis, etc. We should never forget that the word “doctor” has origins in the idea of “teacher”. **As effective teachers, we need to provide information that is clear, understandable, and timely.**

But knowledge and information are not enough. If all we needed to avoid weight gain was the knowledge that we should ingest fewer calories, none of us would be overweight. Effective self-management often requires difficult behavior changes or the development of new habits and strategies for healthy living.

True patient-centered care is a partnership. **The clinician must treat, teach, and support the patient based on his or her goals and preferences.** In turn, the patient commits to learn to incorporate healthy behavior change and develop new skills. Even the seemingly simple act of taking medication correctly each day is difficult. Because this is a partnership, patients and providers need to talk about what works and what doesn’t and to make course adjustments when goals aren’t being met.

This kind of partnership for patient-centered care should improve patient confidence in overcoming the challenge of an acute or chronic medical problem. In health care, this kind of confidence is sometimes called self-efficacy. It is closely linked to success in sticking with a treatment plan whether it is diet, exercise, dropping a bad habit or taking medication and to successfully overcoming difficult challenges. But no one is born with all the confidence and competence it takes to become and remain healthy nor should anyone be expected to do it all without help. Rather, at Yale Health, **we believe that if we provide patients with the right education, resources, and support, anyone can become more effective in managing their own health** and achieving great health outcomes in partnership with our healthcare team.

Paul Genećin

yalehealth.yale.edu
Skin Deep

Dermatology Department offers range of services

Part of the reason that stop is so important is because your PCC will often be able to treat your issue without you ever needing a referral to the Dermatology Department.

“We can take a first look at rashes and skin lesions and we can treat many of those types of things right in the primary care department,” said Dr. David Smith, a primary care clinician in Internal Medicine. “We can often give a treatment such as a steroid cream a try and if it doesn’t respond in a reasonable amount of time, we can then send the patient to Dermatology.”

Smith said clinicians in Internal Medicine would immediately refer to Dermatology for anything of concern.

The average wait time to be seen in the Dermatology Department following a referral is roughly a month for routine issues. There is a very short list of issues, based on medical history and clinical judgment, which would allow you to be seen without a referral.

Dr. Suguru Imaeda and Marian Caciopoli, LPN, are part of the Dermatology Department care team at Yale Health.

Skin Cancer Prevention Tips

- Seek the shade, especially between 10:00 am-4:00 pm.
- Avoid tanning and never use UV tanning beds.
- Cover up with clothing, including a broad-brimmed hat and UV-blocking sunglasses.
- Use a broad spectrum (UVA/UVB) sunscreen with an SPF of 15 or higher every day. For extended outdoor activity, use a water-resistant, broad spectrum sunscreen with an SPF of 30 or higher.
- Apply one ounce (two tablespoons) of sunscreen to your entire body 30 minutes before going outside. Reapply every two hours or immediately after swimming or excessive sweating.
- Keep newborns out of the sun. Sunscreens should be used on babies over the age of six months.
- Examine your skin head-to-toe every month.

Source: The Skin Cancer Foundation
The newly-formed wound care program, coordinated by Samantha Wennerberg, PA-C, is designed to evaluate and treat patients with chronic, non-healing wounds that are referred by their primary care clinician. She provides comprehensive, collaborative care for patients and often refers them to Yale Health’s nutritionist to discuss lifestyle changes that can play a part in their wound care.

Imaeda said the department also treats many patients with skin cancer. Biopsies are done in-house and sent to Yale Dermatopathology. Depending on the results, those patients may return to the Dermatology Department if the procedure is minor or be sent to the Yale School of Medicine if a special type of surgery is needed.

Preventive skin care is also a main focus in the department. Monthly skin cancer screening appointments are available without a referral. These five-minute appointments are strictly to assess moles and are not medical appointments so you should not plan on discussing other dermatological concerns during that time.

“Screenings are there basically to give patients the opportunity to be checked and then we can offer recommendations on how often they should be screened based on what we see,” Imaeda said. “If we find something we will take care of it, but the idea is to identify problems. It is a unique service that isn’t found in most other medical centers.”

The department sees about 50 to 60 patients per month for screenings and offers a special screening each year for the University’s Grounds and Maintenance employees due to the amount of time they spend outdoors in the sun.

To learn more about the monthly skin cancer screenings, visit yalehealth.yale.edu/dermatology.

SCREENING GUIDELINES CONTINUED FROM PAGE 2

Other changes to screening guidelines in Obstetrics & Gynecology include:

**Cervical cancer screening:** Cervical cytology (Pap) is recommended every three years from ages 21-29 and every five years with HPV co-testing from ages 30-65. Women who have had a hysterectomy for reasons other than cancer do not need cervical cancer screening. Some women will need a more frequent screening based on their past history, and some may be advised to continue screening beyond age 65.

**Sexually transmitted diseases:** Annual screening for gonorrhea and chlamydia is recommended for women 25 and under who are sexually active. Women of any age who are at-risk should be screened as needed. A pelvic exam isn’t needed for the screening test as a woman can do a self-swab of her vagina.

**Mammogram:** Between the ages of 40-49, in the absence of good data, the decision about mammogram screenings should be a collaboration between the patient and her clinician, based on family and personal history and level of concern. It is acceptable to screen annually, every two years, or defer initiation until age 50. Starting at age 50, regular mammograms are advised, but decisions on frequency (every one to two years) can also be made collaboratively. Screenings are not considered necessary after the age of 75, but may be recommended based on risk factors and the patient’s general state of health.

**Clinical breast exams:** The frequency of breast exams by a clinician for average-risk women is now a shared decision between the patient and her clinician, taking into account the woman’s age, personal preferences, and balance of benefit to harm. While self-breast exams are not advocated anymore, “breast awareness” is encouraged and any concerning breast symptom should be brought to the clinician’s attention.
Vanessa Lehner has joined the Internal Medicine Department after spending the last six years providing comprehensive primary care to patients at the Hartford Family Medicine Center. During that time, she also served as a clinical preceptor in primary care and family medicine for 37 Yale physician associate students.

She earned her undergraduate degree in psychology with a minor in biology from the University of Miami-Coral Gables in 2003 and is a graduate of the Physician Associate Program at the Yale University School of Medicine where she received a master of medical science degree in 2008.

Lehner was honored by the Yale Physician Associate Program with the Clinical Instruction Award in 2010 and the Outstanding Clinical Preceptor Award in 2013.

She is a member of both the American Academy of Physician Assistants and the Connecticut Academy of Physician Assistants as well as Physician Assistants in Education.

Lehner is fluent in Spanish and has a working knowledge of Portuguese.

Francine Kutys had never thought about joining Weight Watchers® until she received an e-mail from Yale’s Worklife program and noticed the meetings were being held right next door to her work location on campus.

“I figured why not go and see what it’s all about,” said Kutys, a grants portfolio financial assistant and Yale University employee for over 12 years. “What did I have to lose?”

She attended her first meeting at 221 Whitney Avenue in November of 2012 and has now transitioned to going to a Weight Watchers® facility in North Haven with her sister.

In just over two years, Kutys has lost 83 pounds.

“I think it’s a combination of the group setting and the accountability and just being able to stick to it,” she said. “The group setting is really great because you get to hear other people’s ideas and you have that support. You don’t feel isolated like I’m the only one trying to do this. It’s a good feeling to know that we’re all in the same situation. It’s really a great program.”

Since Being Well at Yale began coordinating the Weight Watchers® at Work program more than two years ago, over 300 new and returning members have attended and lost a collective 2,400 pounds.

The 12-week series take place both at 221 Whitney Avenue and at the Yale Health Center, 55 Lock Street, and run throughout the year.

“It’s a weight loss solution that provides people with the tools to make permanent lifestyle changes,” said Lisa Kimmel, MS, RDN, CDN, manager of Being Well at Yale. “For many, it’s a way of life. The convenience of holding these meetings at work provides a system of both accountability and support.”

If you have questions or would like more information about Weight Watchers® at Work, please e-mail beingwell@yale.edu.
Why is physical activity important?

Physical activity has a positive effect on almost every organ system in the body. Studies have shown that exercise at a young age improves problem solving and memory even into middle age. Exercise in middle age helps reduce the rates of dementia.

It also releases hormones that promote the creation of new neurons, making it possible for you to not only retain memories, but create new ones. As little as five minutes of daily exercise has shown to reduce the rates of anxiety and improve coping mechanisms.

Proper physical activity also helps improve your cardiovascular system by helping to control your blood pressure and circulation throughout your body. In terms of your digestive system, it helps to prevent constipation and reduces the rate of colon cancer.

The Centers for Disease Control and Prevention recommends 150 minutes of moderate exercise per week, divided throughout the week. You must exercise for at least 10 minutes per session for the time to count toward the weekly total. You could substitute moderate exercise for 75 minutes of vigorous exercise per week.

Work physical activity into your daily routine by taking a walk at lunch, using the stairs instead of the elevator, and joining a group class such as boxing, swimming or dance. You should focus on an accomplishment such as running a race or taking part in a dance recital rather than focusing on the scale. It’s great to have a goal, but it doesn’t need to be a weight goal.

Matthew Lynch, MD
Internal Medicine

What is the difference between a prescription refill and renewal?

A refill refers to any time you need to reorder a prescription that you have previously obtained from the Yale Health Pharmacy and has medication available without needing further authorization from your clinician. You can look at your prescription label to see if you have refills available.

A renewal becomes necessary either when the prescription that you are requesting expires after six months to a year or has no refills remaining from the original prescription written by your clinician. In that case, the pharmacy needs to contact your clinician to authorize more refills.

Prescriptions typically take one business day to refill and two business days to renew because the pharmacy must contact your clinician.

The best way to renew or refill a prescription is by calling the Yale Health Pharmacy at 203-432-0033. You may also refill your prescription by completing the online refill request form located at yalehealth.yale.edu.

John Toth, RPh
Pharmacy

What should I do when my child has a stomach bug?

The stomach bug is common among children of all ages, and there are some things you can do to help your child’s symptoms and also prevent the spread of the illness in your home.

In newborns and infants, some spitting up occurs frequently and we try to differentiate that from true pathological vomiting. Vomiting can be serious in this age group if it is very forceful and/or persistent, and you should contact Pediatrics to discuss the symptoms with a nurse or clinician.

In older children and adolescents, vomiting is most likely caused by infection, typically a virus, and is often accompanied by diarrhea. The most common concern with vomiting and diarrhea at any age is dehydration. You should watch carefully for the signs and symptoms of dehydration in your child, which can include decreased urine output, dry mouth, lack of tears, lethargy, and sunken eyes.

Make sure your child drinks small amounts of fluid frequently because they often can’t tolerate the same fluid volume as usual, so frequent, small amounts can help ensure they stay adequately hydrated. For smaller children, you can try popsicles as they produce a small, but steady intake of fluid and are typically well tolerated.

If your child has diarrhea, you can feed them a modified diet of solids known as the “BRAT” diet, which refers to bananas, rice, applesauce, and toast. If your child drinks cow’s milk or milk-based formula, you may want to try switching temporarily to soy-based products until the symptoms improve.

Douglas Idelson, MD
Pediatrics

For more on these topics, listen to the complete healthcasts on yalehealth.yale.edu/healthcasts.
KEEP IN MIND

Pharmacy Summer Hours

The pharmacy hours effective Tuesday, May 26th through Saturday, September 5th are as follows:

- **Monday – Friday**: 8:30 am–6:00 pm
- **Saturday**: 8:30 am–2:30 pm

The pharmacy will be closed on Monday, May 25th in observance of Memorial Day and Saturday, July 4th in observance of Independence Day. It will be open from 8:30 am–2:30 pm on Friday, July 3rd.

WHCRA Services

The Women’s Health and Cancer Rights Act (WHCRA) of 1998 provides benefits for mastectomy related services including all stages of reconstruction and surgery to achieve symmetry between the breasts, prostheses, and complications resulting from a mastectomy, including lymphedemas.

Call the Yale Health Care Management Department at 203-436-5791 for more information.