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Correctional Medicine: Locum tenens professionals bring healthcare behind bars

By Karen Tull

Providing medical care inside jails and prisons is a unique, yet rewarding experience

The task may be intimidating, to say the least. But every day, locum tenens physicians and non-physician providers enter a world unlike the one most of us know, a harsh reality where personal freedom is a thing of the past, sunlight is not guaranteed, and rules reign supreme. Here, in jails and prisons, the convicted pay their debts to society, and, thanks to dedicated locum tenens professionals, also receive the medical care they need.

NOT YOUR AVERAGE CONTRACT

"Government facilities have traditionally utilized locum tenens to staff their positions, including those within correctional institutions," says Randy Weikle, vice president of government healthcare for Atlanta, Georgia-based Jackson & Coker. "These types of opportunities fall into two separate categories. First of all, the majority of prisons do not have a large need for specialty services outside of primary care, family practice, internal medicine, or psychiatry. Providers—physicians, physician assistants, and nurse practitioners—in these specialties generally are offered contracts anywhere from 32 to 40 hours per week on a long-term, recurring basis. The other type of opportunity involves providers in all other specialties who come in for a 1-day-per-week or 2-days-per-month rotation to cover particular cases. Facilities will often contract with local doctors to handle this care, due to the shorter length of the commitment."

As Mr. Weikle explains, every prison and jail has its own individual setup and classification. "A security level can be low, medium, high, or maximum. Sometimes, the level may only pertain to a wing or section of a larger prison. The inmate population cannot transition back and forth from one level to the other. Locum tenens professionals with contracts at larger prisons may provide services at one of two hospital clinics—one that sees only low-security inmates, and one for high- or maximum-security prisoners. County and city institutions—unless they are large municipalities—do not need a full-time physician presence, so they will enlist a local physician for 10 to 20 hours per week, unless a locum tenens provider is close by."

He continues, "Shifts are often 7:30 a.m. to 4:30 p.m. or 8:00 a.m. to 5:00 p.m. Physicians usually refer to their responsibilities as clinic work, and although some prisons do require call duties, it is a lower percentage than that for an average contract."

Naturally, treating patients in confinement involves more than simply providing medical care. "A full set of security requirements starts from the time you drive onto the campus itself," states Mr. Weikle. "Where you park, how you get to the building, how you are processed through the gates, what you can carry—everything is strictly regulated."

MAKING A DIFFERENCE

Rebecca Bay, MD, MPH, CCHP, knows all about the requirements of correctional medicine. Specializing in preventative medicine and public health, she has spent the last 14 years of her career in public health consulting and clinical work in corrections. Dr. Bay chose her first locum tenens opportunity a decade ago at a rural urgent care center, and last fall through early winter, she completed her second contract at a large, urban county jail in the Northwest. She notes, "Locum tenens has given me the freedom to grow personally and professionally at different stages of my career."

During her most recent opportunity, the patient population ranged between people arrested for loitering in the park to high-security inmates. "I treated males and females ages 16 to 90, and saw everything from a scraped knee to HIV and cancer," explains Dr. Bay, who contacted Dallas, Texas-based Maxim Physician Resources to secure the opportunity. "A jail or prison is basically a microcosm of the world."

From the moment she arrived at the facility, Dr. Bay was given the resources she needed. "I received two orientations, one from the medical director on my first day, who showed me the institution's forms and explained priorities, and one from clinicians who were assigned to work with me until I felt comfortable."

In treating this unique patient population, Dr. Bay believes that a little bit of extra time and attention can make all the difference. "I once saw a patient who had been diabetic for 10 years, and when I explained his metformin to him, he told me he had been on that medication for 7 years and never did know how it worked. It is a gift to treat any person, but especially those who have been without access to care. Just remember to accept the limits of what you can do."

How else should physicians and non-physician providers relate to patients in a correctional setting? "Be as respectful to them as you would be to any other individual," offers Dr. Bay. "In my experience, inmates are happy just to be acknowledged as human beings. At many facilities, you have the ability to look up why a person whom you are treating is incarcerated. This should be discouraged. The knowledge does not help to provide the patients with better care. We are not the judge or the jury or the security officer, we are Doctors."

She adds, "Someone once said that these patients have been 'ridden hard and put away wet,' so you cannot rely on their chronological and physiological ages being in sync. Also, know that you will see a higher percentage of foreign-born individuals, so be prepared to think about cultural diversity and its impact on care and compliance. Sensitivity to cultural backgrounds is a huge issue."

With regard to personal safety, Dr. Bay says that there are always personnel present to ensure that doctors can handle their patients without fear. "Trust and rely on the correctional officers to do their jobs. They know if an inmate is not safe, and they will let you know if they have concerns. It is crucial that you give your patients only medically indicated care. Inmates will often make non-medical demands on you, such as request to authorize pillows, bottom bunks, personal shoes, or extra clothes and food. If medically indicated, these things should be granted, but exceptions to rules that are not medically indicated will result in a deluge of healthy inmates who want something. This gets in the way of patients in need of medical care." She adds, "In correctional medicine, you do need a sense of humor."

If you are interested in correctional medicine, Dr. Bay suggests doing a bit of research. "Read material from the National Commission on Correctional Healthcare (www.ncchc.org) and the Society of Correctional Physicians (www.corrdocs.org). Physicians involved in these organizations are very interested in more quality providers coming on board, so if you have a question, they will go out of their way to answer it. Correctional medicine is a very rewarding professional option, but few people are aware of it."

Currently, Dr. Bay is planning to return to residency training in psychiatry. She says that the plight of mentally ill inmates is the scourge to come. "With correctional medicine, I feel that I am doing something worthwhile and want to add to the level of care that I have been providing." She concludes, "It is enjoyable to treat people who really need me. This is why I love what I do."

A LEARNING EXPERIENCE

"My first short-term opportunity was at a state prison that housed sensitive needs inmates, such as people with addictions of various sorts," says Richard Nandi Chenik, DO, a psychiatrist with a subspecialty in forensics. Since foraying into locum tenens 3 years ago during his residency, Dr. Chenik has opened a part-time private practice on the West Coast and exclusively accepts correctional medicine contracts on a full-time basis. Enlisting the services of San Clemente, California-based Solvere, he is in charge of death row inmates at three state prisons, one of which is a women's facility where he is currently fulfilling a 10-month commitment.

"During one opportunity, I provided locum tenens services at the highest-level security prison in the state," he recalls. "Many gang members and their lieutenants were incarcerated there. For about a month, I covered 8-hour shifts and saw 15 to 20 patients a day, and sometimes I did handle call. There was a large spectrum of people, although no different than those I treated during residency. The orientation I received was excellent. For several mornings, I was trained on

the computer system, which was one of the best I had ever seen, and a computer specialist would also assist me when needed."

Another perk of the contract was the geographic location of the facility. "The prison was in a gorgeous setting in the middle of a redwood forest, with beautiful rain showers in the morning and evening sunsets on the ocean."

Although his private practice—located within a large show business community—may externally seem the polar opposite of his full-time venture, Dr. Chenik says the two patient populations are actually not that dissimilar. "People are people. For actors, it is a matter of balancing in psychotherapy what they do for business with how they act among family and friends. You can be surrounded by a polo lounge or by seven women in the same cell, but you are still going to have that deep sense of loss and need for release."

He continues, "Practicing correctional medicine has been one huge educational experience—and one very steep learning curve. They say in medicine that your patients teach you everything, and that is still true even if they are incarcerated."

What advice does Dr. Chenik have for medical professionals interested in correctional medicine? "It is absolutely necessary to have really good boundaries," he states. "Also, try working at a couple different facilities and observe how the staff and custody get along with mental health and general medicine. It will give you a clue as to the vibrancy of the organizational climate within that particular system. In many ways, it is like a large family situation, and you are a guest in their house, so to speak."

For now, Dr. Chenik is content, enjoying the professional choice he made to pursue locum tenens. "There is nothing like traveling on the open road while providing services to those in need. I am a Vietnam Veteran and became a physician in my 50s, so I chose this lifestyle for a sense of freedom. Locum tenens offers me the ability to encounter diversity and allows me time to pursue other interests, including advising on scripts for the entertainment industry." He laughs, "It is challenging not to become too happy because I am having so much fun."

OPPORTUNITIES ABOUND

Physicians and non-physician providers wanting to try their hand at correctional medicine will undoubtedly have ample opportunity to delve in. "Most of the market and research studies we have seen," says Mr. Weikle, "show that contracted medical services will increase 15% to 18% each year, and correctional medicine is certainly included in these numbers."

What qualifications are facilities specifically looking for in a medical professional? "Board certification is preferred, and board-eligible within 4 years qualifies you as entry-level," he adds. "Some counties may accept less than that, but if it is a standard contract at the state or federal level, the credentials to practice are very similar to those required of typical locum tenens opportunities within a civilian community."

He explains that the same qualities that lead physicians and non-physician providers to practice locum tenens will put them in good stead with the prison system. "In particular, you have to be very flexible and adaptive to the situation. As you acclimate to the regimens and protocols, you will feel more at ease."

In addition to broadening experience and clinical skills, correctional medicine contracts offer other important benefits, such as the potential for faster credentialing, the ability to use any state license to practice in a federal facility, and competitive pay rates. "Our contracts are organized to provide the same compensation that is given to any locum tenens in VA or military facilities," Mr. Weikle comments. "We also have a higher percentage of people who have been offered permanent placement positions by the state or federal system."

He concludes, "While it may be challenging to overcome preconceived notions of prison life, do not automatically discount correctional medicine as something you would not be interested in. Take time to discuss any concerns or questions with your recruiter and ask to speak with other locum tenens physicians in your specialty or midlevel providers who have had contracts at the same facility. Likewise, request an interview with the medical director of the prison so you are assured of his or her expectations. You just may find that this area of practice offers a level of personal and professional fulfillment that you cannot find elsewhere."

Words to the wise

- **Rely on the correctional officers** and trust them to inform you of any safety issues.
- **Comply with all rules** and do not authorize non-medical requests made by patients unless it is pivotal to their health.
- **Give extra time and attention** when possible to your patients, who are usually without access to care. Show them respect and refrain from researching the reasons why they are incarcerated.
- **Employ cultural sensitivity and competency** when caring for all inmates, especially the higher percentage of foreign-born individuals.
- **Accept the limits** of what you can do and have a sense of humor.
- **Discuss any concerns or questions** with your recruiter and other locum tenens professionals who have had contracts at the same facility. Request an interview with the prison's medical director to be assured of expectations.

Bookmarks

National Commission on Correctional Healthcare
www.ncchc.org

Society of Correctional Physicians
www.corrdocs.org



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