Obamacare

What exactly is the individual mandate? How does the recent Supreme Court ruling affect you?

page 10

Visit us on Facebook!

The Care Extender Internship Program now has an official Facebook page!

Currently, the page is open to active Care Extenders. We are slowly inviting our alumni to join.

To become a member of the group, please follow this link:

Sharing your Care Extender experiences is greatly encouraged! Please remember, however, to be aware of your actions so that we may maintain patient confidentiality.

In this Issue:
1 Care Extenders on Facebook
2 Insights into the world of an EMT
8 New staff members
9 Swearing may reduce pain
10 Obamacare
14 Outstanding Care Extenders
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Insights into Medicine: Emergency Medical Technician

When it comes to helping others and keeping his calm, Michael Q. Pham is no rookie. As a recent graduate from the University of California, Los Angeles, a former Care Extender volunteer, and former ER-A Department Coordinator, Pham has had some experience in the expecting the unexpected.

During Pham’s sophomore year at the University of California, Los Angeles, he completed his EMT training at the UCLA Center for Pre-hospital Care, working as a full-time EMT in Los Angeles and Orange County. A year later, he was hired as a Clinical Instructor at the UCLA David Geffen School of Medicine. He was an advisor to the First Aid/CPR Program of UCLA’s Student Welfare Commission, has taught re-certification BLS classes for the Care Extender Program, and is an EMT skills instructor at the UCLA Center for Pre-

(continued)
hospital Care. Currently, Pham is preparing for his third year as a Non-Physician Educational Specialist for first-year UCLA medical students in performing detailed examinations and proper patient assessments.

Here, he answers a few questions regarding what it is like to be an emergency medical technician and what it takes to become one.

**What inspired you to become an EMT?**
I believe what inspired me to become an EMS provider was the idea that I had the ability to actually render aid to patients within my scope of practice, and at most, even save their lives with the proper application of an AED or the usage of a bag ventilation mask device!

It is one thing to volunteer in a hospital, but it is completely something else to jump in the back of an ambulance as an attendant, and actually be responsible for a patient’s life, where your patient assessment and your treatment can either hurt or help them. It definitely is not for everyone, but I was motivated during my sophomore year at UCLA to bring the greatest amount of good to the greatest amount of people—and to do that, I needed more education and more training, and thus I decided to take on the mantle of becoming an emergency medical technician. Also, I’d be lying too if I didn’t say the uniform felt awesome to wear!

**What is an EMT?**
Emergency Medical Technicians (EMTs) are health care providers who are trained to provide patients with aid at the Basic Life Support level, often times facilitating proper transportation to an appropriate medical facility.

**What training is required to become an EMT?**
In order to become an EMT, you must enroll in a nationally accredited EMT program (like the one at UCLA where I instruct from time to time!) that guarantees a certain number of both didactic and clinical or field hours by the end of your schooling. In addition, you must also pass a rigorous final skills examination and a final exam that reflects all the modules that were taught during EMT school. This essentially all leads up to the National Registry Exam where you have to sign up and pass a scientifically proven computer-based test that basically says, “Hey! You have the awesomeness to become an (continued)
EMT!

How do you prepare for all of this? Well, having a good foundation in anatomy and physiology would be extremely helpful, as well as being able to lift up to 150 pounds with proper technique—trust me, you don’t want to be dropping your patient!

**What sorts of responsibilities do EMTs have?**

These professionals are trained in a variety of patient assessment techniques, including limited administration of certain medications, employment of diagnostic equipment, spinal immobilization, CPR, first aid, oxygen therapy, splinting, and the operation of emergency vehicles.

**Where can EMTs find work?**

EMTs are typically employed on an ambulance either as an attendant or driver, but they can also find work in hospitals or public areas requiring stand-by assistance such as amusement parks or camps.

**Has your experience as a former Care Extender Department Coordinator prepared you for this career?**

I think it actually goes both ways: being an EMT helped me become a better ER Department Coordinator and my volunteer experience in the ER helped me become a better EMT in the field.

For example, having actually done rounds of CPR as an EMT using an AED and a BVM made it so much easier for me to explain to my volunteers during orientation or the department meeting what to expect, and what NOT to mess up on!

A lot of ER volunteers don’t know what it’s like to do compressions, but when I can explain to them the grinding of cartilage and the cracking of ribs and how deep and how fast one needs to push—I feel it gives them a better understanding of what to expect so that they don’t freeze when asked by a nurse to jump in!

Moreover, being a DC and a volunteer in the ER gave me countless opportunities to see severely emergent patients brought in and how they were properly triaged, assessed, and treated. When it came to transporting a patient in respiratory distress as an EMT, I could already say to myself, “Man! You’re presenting exactly like a patient I just saw when volunteering in the ER!” and proceeded to put him on high flow oxygen.

**Being an EMT must be very stressful. What is a day in the life of an EMT like?**

The industry of emergency medical services and health care itself is truly a stressful place to be. However, it takes a calm health care professional to render the best aid for their patient by following their training and right patient modality for treatment.

Depending on where you work, the typical day of an EMT...

(continued)
involves showing up to your station and doing a proper ambulance and inventory check. You are as only good as the equipment in your ambulance, and so going on scene with an empty oxygen tank or a missing trauma box is a big no-no.

There are different EMS systems in Southern California, so you will spend time either doing inter-facility transports or taking patients to an emergency room, doing standby events such as football games, working in a hospital as a trauma technician bandaging patients and putting them on monitors, or responding to a motor vehicle collision on Wilshire Boulevard and Veteran Avenue alongside the fire department.

There are days where you run calls back to back and never get a chance to sleep or eat, and there are those rare days you may just sit in a parking lot at Wal-Mart studying or twiddling your thumbs! At the end of the day though, you’re just glad to be safe and able to go home and sleep.

You are probably accustomed to seeing blood and gore. What is the craziest thing you have seen?

I think this is the number one thing people always ask me, and I will tell them some mixture of a gnarly motor vehicle collision, gunshot wounds, and a patient under cardiac arrest. But to me, the most memorable and often times most tragic patient contacts are those involving children. (I’ll spare the stories.) If you still want an answer, I’ll tell you that I am all for the beauty of life and have the utmost amount of respect for mothers in labor. But trust me, you NEVER EVER want to deliver a baby in the back of an ambulance.

Are there any gender stigmas between males and females in this field?

I am all for gender consciousness. However, in the field of emergency medical services there are sometimes stigmas between males and females that still remain.

Traditionally, the industry of EMS and firefighting has been very male-centric in both culture and experience. You’re in a profession where sometimes you deal with the dirtiest and most dangerous patients available, and often times it takes a tough demeanor and exterior to get through all of that and ultimately just provide the best care for your patient.

When it comes to EMS though, your own safety, your partner’s safety, and your patient’s safety are of the utmost importance. That being said, being able to properly lift or extricate your patient is essential. If you are unable to properly lift your patient, you may hurt your back, drop the patient, and hurt your partner who had to carry all of the weight you just dropped on him.

Thus due to strength differences, it has been tradition for EMTs and paramedics to be males. However, I will completely debunk the notion that females

(continued)
can't be EMTs or paramedics because I have worked with several petite females who CAN properly lift and carry patients (but they definitely spend some time in the gym to work out their back, legs, and arms!).

The industry of EMS is definitely a very professional workplace, so you’d be in trouble if a guy came in with a diamond stud and tattoos on his arms, or if a female walked in with perfume, colored nails, and her hair done. Ultimately, some gender stigmas still do exist, but today’s workforce is constantly evolving, and already we have seen more successful physicians, lawyers, and EMS professionals that are female.

If someone were interested in emergency medicine but was not necessarily cut out to be an EMT, what other options are out there?

Just because you are interested in emergency medicine does NOT mean you have to be an EMT. In fact, it is an often taxing to work in EMS and eventually pursue a career as an emergency physician (such as yours truly, but great rewards in experience and knowledge do come from it!). Nonetheless, I would probably suggest to others in pursuing research opportunities related to emergency medicine.

Additionally, volunteering in our very own emergency room at the Santa Monica-UCLA Medical Center is a great experience to see emergency medicine at its finest. (UCLA-SMH is STEMI receiving center, which means you will get a lot of cardiac arrests and possible heart attacks coming in!).

The field of emergency medicine has always been popular on the television screen. How much, if any, part of being an EMT is actually portrayed accurately?

It’s hard to say whether EMS professionals are portrayed accurately or not on television. The series on TV that are documentaries which follow paramedics and EMT’s definitely are accurate and down to the nitty gritty.

However, television series like the short-lived Trauma on NBC over-glories incidents that do not happen too often, such as giant collisions, crazy gun battles, explosions, or dangerous robberies. Often times, these fictional shows I have seen portray EMTs and paramedics actually doing the wrong things.
like doing CPR too fast, defibrillating on top of clothing, or failing to spinal immobilize a patient that needed it.

Ninety percent of the time, you are just dealing with sick patients that need to go to the hospital. Yet, as we have seen on the news, there are the occasional mass casualty incidents, shootings, traffic collisions, and emergencies that really put EMS professionals on their toes in dealing with a high-stress and dangerous emergency situation.

If you really want an accurate glimpse into the world of EMS, I suggest students schedule a ride along with a local ambulance company or fire department.

What words of wisdom would you impart for those interested in pursuing a similar career path?

For those wishing to pursue a path in Emergency Medical Services, you have to ask yourself, what is the end goal of all this? In EMS there are many different paths that one can build from it. For example, a person interested in EMS can eventually become a paramedic and be hired as a Firefighter or Paramedic for a local city or County Fire Department.

Additionally, several EMS providers who I have become friends with have advanced to careers in healthcare such as nursing or have become Physician Assistants. Moreover, there are also those that end up becoming Flight Paramedics on a helicopter, EMS Educators, or even tactical medics on a police force.

Is it a rewarding experience? Yes, but very difficult, stressful, and demanding on one’s physical and emotional capacity (not to mention time as well).

Sometimes, the pay is terrible, and you wonder why EMTs who have the skills to actually render aid and perform life-saving interventions get paid crap (blame the EMS system in California). However, calls where you are able to make a difference in that patient’s life by pulling them out of a car, bringing a spontaneous return of circulation by shocking a non-perfusing rhythm, or simply

(continued)
splinting the broken arm of a child definitely make up for it.

Is EMS a career in itself? It can be. But most individuals are most likely to go into different health care professions, such as a firefighter. For the majority of students, some may see it as a stepping-stone or opportunity to get one foot in the door to becoming a health care professional. I definitely think that is true and can become a great foundation for you since you will be skilled in your patient assessment and patient provider rapport. But I personally have seen as an instructor that many students end up taking an EMT course and not follow through in getting their county certification as an EMT.

In addition, a majority of students also never end up working as an EMT in the field, putting their tuition and time to waste. There is no experience or gratification to be gained from training that you have never utilized, and it is definitely not something you should write down on your resume either!

For those wishing to look at EMS as a gateway to different opportunities (and it does open many doors), you have to ask yourself, when will I take this 200+ hour program? Can I afford this program? Can I juggle school and other extracurricular activities while doing this? Can I actually even work as an EMT? (Most places only hire full time 40 hour/week EMT’s, and some may do part-time with 24 – 36 hours a week). Is it worth it to invest all of this time into being an EMT when I can supplement another activity or leave time for studying?

Any pre-health student interested in pursuing work as an EMT should definitely ask themselves all of these questions. If you are able to follow the path I took, I can attest to the great opportunities and experiences that come with having worked as an emergency provider, making a difference in patients’ lives, and interacting with a myriad of health care professionals.

If this is something that you can be passionate about and can serve as a foundation for your future as a health care professional, then go for it!

Welcome, New Staffers!

The Care Extender Internship Program would like to welcome its newest additions to the team:

- **Laura Banashek**
  DC Greeters A
- **John Combs**
- **Ruth Turner**
  Office Assistant Coordinator
- **Ann Yufa**
  Special Projects Coordinator
- **Alyssa Linkenheil**
  LOA Coordinator

Welcome aboard! We look forward to working with you in the rotations to come.
Swearing as a Pain Reliever

Our mothers have always taught us to refrain from swearing. Although well-meant, they probably didn’t know that the words spewing from your mouth after stubbing your toe may actually be helpful, according to a study by Keele University’s School of Psychology.

Richard Stephens, one of the authors of the study, asserts that cursing may be more than just a bad habit or a reflexive response to pain: “It taps into emotional brain centers and appears to arise in the right brain, whereas most language production occurs in the left cerebral hemisphere of the brain.”

How does this relate to pain tolerance? Stephen and his colleagues, John Atkins and Andrew Kingston, decided to find out.

In their study, published in the August issue of NeuroReport, individuals would immerse their hands in ice-cold water and shout their swear word of choice. They would then submerge their hands once more, but this time the volunteers would state a common word used to describe a table. Among the 64 volunteers who participated, those who cursed could endure the pain from the icy water 50% longer—lasting almost two minutes—than those who refrained from doing so.

The results contradicted their hypothesis that cursing decreases an individual’s tolerance to pain because it can exaggerate the degree of pain experienced.

The researchers therefore discovered that swearing has the potential to “increase pain tolerance, increase heart rate, and decrease perceived pain”.

How does this change in pain tolerance occur? Swearing may induce the body’s natural fight-or-flight response, as is seen in the increase in heart rate accompanying the enhanced pain tolerance. Cursing may also play a role in negating the relationship between fear of pain and pain perception.

The next time you stub your toe, it may not be such a bad idea to let a few swear words loose.
It is a well-known fact that the United States spends more on healthcare than another other country in the world. For over sixty years, Presidents and political leaders have tried to change the system, and on July 28, 2012, their efforts have finally come to fruition.

Late last month, the Supreme Court upheld President Obama’s health care overhaul, deeming a majority of the 2010 Patient Protection and Affordable Care Act as constitutional, marking one of the most controversial rulings in history.

The ruling concentrated on two main parts of the law: the individual mandate and the nationwide Medicaid expansion.

**The Individual Mandate**
The individual mandate requires that by all Americans acquire some type of health insurance. More affordable health insurance will be available for American citizens through the Health Insurance Exchange, opening in 2014, which will serve as a marketplace where consumers can choose from a variety of health insurance plans. If qualifying individuals do not purchase health insurance, then starting in 2014 they will be penalized in the form of a fee to be paid to the IRS. If an individual is noncompliant, he or she will have to pay either $95 or 1% of his or her income to the IRS, whichever one is more. The penalty increases each year, to $325 or 2% in 2015, and will continue to get higher. For families, the penalty will be $285 or 1% of the household income, and will also increase with each year.

This sparked an ongoing debate, with individuals arguing that the government does not have the right to coerce its citizens to purchase a product. The Supreme Court, however, ruled that it is within the government’s
power to levy taxes on its citizens, and that the penalty for noncompliance is included in this taxing power.

Is this a hidden tax increase? President Obama defends his policy by comparing it to auto insurance: “For us to say that you’ve got to take a responsibility to get health insurance is absolutely not a tax increase. Right now, everybody in America, just about, has to get auto insurance. Nobody considers that a tax increase. People say to themselves, that it is a fair way to make sure that if you hit my car, that I’m not covering all the costs.”

The mandate exempts Native Americans and individuals of certain religious groups, among others.

**The Medicaid Expansion**

Currently, Medicaid provides states with the federal funds necessary to provide assistance to pregnant women, children, needy families, the blind, the elderly, and the disabled in acquiring medical care. The Affordable Care Act will expand the scope of Medicaid by requiring states to offer federal aid to more people. The federal government will provide the funds necessary to accommodate this larger consumer base, but if the state does not wish to expand their Medicaid program, then the federal government will cease all federal support for that state’s Medicaid provisions. This threat was overruled in the Supreme Court, which found that it was unconstitutional for the federal government to completely sever funding to noncompliant states. With such a devastating penalty, states would not really be given an option to choose whether they wished to broaden their coverage. Having the federal government back down on this threat grants individual states the choice to participate in the expansion.

**The Up Side**

In spite of the controversies surrounding the new law, it does give many, many more Americans the opportunity to obtain health insurance.

Some of the potential benefits of Obamacare include:

- Elimination of annual or lifetime limits on coverage
- No more discrimination against those with pre-
November 7, 2009
The House of Representatives passes a version of the current health care bill.

December 24, 2009
The bill passes in the Senate.

March 23, 2010
President Obama signs the health care bill into law.

August 12, 2011
The Eleventh Circuit Court of Appeals that portions of the law are unconstitutional.

November 8, 2011
The U.S. Court of Appeals in Washington rules that the law is constitutional.

November 14, 2011
Following a petition presented by twenty-six states, the U.S. Supreme Court agrees to hear a legal challenge to the health care law.

March 26, 2012
The U.S. Supreme Court begins the three days of hearings against the constitutionality of the health care law.

June 28, 2012
The U.S. Supreme Court upholds portions of the health care law (the individual mandate), while ruling other parts unconstitutional (the threat to comply with Medicaid expansion).

(continued)
existing conditions
- Free disease detection screening for some conditions and preventive care services such as mammograms and colonoscopies
- Prevention of policy cancellations for patients who become ill
- Extension of coverage for young adults until the age of 26
- Assistance for Medicare-covered seniors who are stuck in the “doughnut hole” drug coverage gap

The Down Side
As much support as there is for Obama’s new health care system, there are as many individuals who are vehemently against it,

In order for the law to work, however, it is going to need lots of money. According to the Kaiser Family Foundation, federal health spending is expected to increase from 5.6% in 2011 to 9.4% of GDP in 2035.

Other potential drawbacks include:
- Loss of company-sponsored health plans by individuals working for companies that find it more cost-effective to pay the penalty than to provide insurance to their employees
- Searching for new health insurance plans after discovering that the one currently owned does not meet government minimum requirements (which have yet to be determined)
- Possible increase in drug costs if pharmaceutical companies decide to use their consumers to help pay the fees necessary to close the “doughnut hole” drug coverage gap
- Indoor tanning companies refraining from hiring new employees due to the increase in excise taxes in addition to the 10% they already have to pay
- Possible increase in medical device prices as a result of a 2.3% excise tax imposed on manufacturers and importers
- Increase in taxes on individuals with annual incomes above $200,000 and couples filing jointly with incomes over $250,000

What is Next?
Experts project that government spending, health insurance premiums, and state Medicaid costs will increase dramatically in the coming years, along with a plethora of other effects from the bill. Others are hoping that Obama’s new healthcare market will deliver what the President has advocated. Whether or not things will have been changed for the better, however, remains to be seen. ■

(continued)
Care Extenders of the Rotation for Spring 2012

These Care Extenders have gone far beyond their basic duties and are honored for their initiative and service to the patients of both UCLA hospitals. Thank you!

Santa Monica-UCLA:
- Tracy Pope
  Cardiac Catheterization Lab (CCL)
- Jack Bergal
  Naoko Okajima
  Labor and Delivery (L&D)
- Mary Kombazdjian
  Neonatal ICU (NICU)
- Boris Aynbinder
  Oncology
- Austin Grade
  Orthopaedics

Ronald Reagan UCLA:
- Teresa Jaworski
  Postpartum
- Gayle Endo
  Radiology
- Audra Wong
  Cardiothoracic Intensive Care Unit (7-ICU)
- Tiffany Chow
  Intensive Care Unit (WW-ICU)
- Matthew Au
  Cardiothoracic Unit

(7W-CTU)
- Haroutun Mikaelyan
  Nursing Floor 8 North (8N)
- Tiffany Do
  Nursing Floor 8 East-West (8EW)
- Autumn Barnes
  Pediatrics

“"If I am not for my self, who will be for me?"
"If I am not for others, what am I?"
- Rabbi Hillel

Did you know?
Care Extenders that have been nominated as “Care Extender of the Rotation” at least two times may be eligible for a letter of recommendation.

Although all completing CEs will receive a letter of completion, only our most outstanding volunteers will be considered for a letter of recommendation. For more questions, please email CEnewslettercoordinator@gmail.com.
Important Dates

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**08.05.12**  
Summer 2012 Training Day & department meetings.

**08.06.12**  
Summer 2012 rotation begins.

**08.15.12**  
Extension Request Forms due.

**08.19.12**  
Sign up for preferences.

**09.16.12**  
Preferences are due.

**10.14.12**  
Department assignments posted.

**11.04.12**  
Fall 2012 Training Day & department meetings.

**11.05.12**  
Fall 2012 rotation begins.