URGENT INTERACTIONS

LETTERS TO THE EDITOR

In response to the February 2024 Letter From the Editor in Chief Joshua W. Russell, "Our Success in Urgent Care is Defined by How We Play Our Greatest Hits"

Having been around in both FM and occ med for almost 44 years, I have a few thoughts. If one knows the top 20 most common diagnoses in UC, then training must focus on them.

As you point out, there is a deficit in finding MDs or DO docs to fill the need, so we need "extenders" (PAs/NPs). A PA only gets 2 years of training and is supposed to be able to treat patients. NPs have a BSN and MSN but still lack clinical training. However, the extenders cost half that of a doctor, so they become attractive for that reason.

There are no easy answers. As one of my medical school mentors said, "After 20 years in practice, perhaps you will know what you are doing."

Jonathan Dreazen, MD
Concentra

"Perform a thorough trauma history and physical when assessing patients with facial nerve palsy, as delayed-onset traumatic facial nerve palsy can occur in the days following head injury, with misdiagnosis as Bell's palsy, potentially delaying treatment and leading to lifelong consequences for patients."

—JR Barrett, MD, FACEP

Author of Delayed-Onset Facial Nerve Palsy Following Post-Auricular Gunshot Wound: A Case Report (Page 13)

"Beware the infrequent flyer and maximize your evaluation and interaction. You don't know when or if they'll get care again."

—Joshua W. Russell, MD, MSc, FUCM, FACEP

JUCM Editor in Chief

"A brilliant diagnosis dims when the patient does not fill their prescription."

— Michael Weinstock, MD

JUCM Senior Clinical Editor

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