Three years ago, when newly minted graduates Sabeena K. Cheema, PA-C ’18, and Joseph Stader, PA-C ’18, began practicing in rural Wisconsin, they knew they were in for a challenging few years. “We’re told in school that the first two years will be really stressful,” Cheema says from Lancaster, WI, a town of about 4,000 in southwestern Wisconsin. “And I would say that’s very much true on a day-to-day basis.”

For Cheema and Stader, who met on their first day in the School of Medicine and Public Health (SMPH) Physician Assistant (PA) Program and married in 2020, some of those challenges are unique to the populations they serve. Many of their patients are farmers whose small businesses have high-deductible insurance plans. Others, including those from nearby Amish and Mennonite populations, have no coverage at all. Some may decline vaccines or antibiotic or tetanus prophylaxis. And because many try to manage at home until they need hospitalization or surgery, patients often present with urgent conditions: acute appendicitis or sepsis, major lacerations or fractures in the femur or spine. Others show up to the clinic with chest pain and trouble breathing.

What that means for the Family Medical Center’s one MD, one DNP and two PAs is that the next step after an initial diagnosis is often to pick up the phone. Instead of sending patients to the nearest emergency department, they will search for a facility willing to accommodate their

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patient’s financial circumstances. Sometimes they arrange, and
wait, for a private car to transport
them to larger towns. While
less than ideal, Cheema says,
the delay of care—sometimes of
several hours—is just a reality
for the un- or underinsured.

Lancaster’s Family Medical Center
was founded in the early 90s
by Stader’s father, Robert, an
SMPH graduate (’75), and has a
particular draw in their corner
of Wisconsin. That’s in part
because it has a program that
provides additional discounts
from Medicare-reimbursement
rates. The center also offers X-ray
and ultrasound services, cardiac
stress testing and lab draws,
allowing providers to offer a high-
level medical work-up onsite.

“He’s one of the most unique
people I’ve ever met,” Cheema
says of her father-in-law. “We
can offer some really unique and
individualized care to patients that
would not be possible in a more
corporate health care setting.”

Recently, for example, she and Joe
removed a nail from a patient’s
thigh after an accident with a nail
gun. “In school I would not have
imagined this being done in a
family medicine practice setting,
but the circumstances, along with
our skills and resources, allowed
us to care for the patient in-clinic.”

Other challenges Cheema and
Stader face are more general to
family medicine; mental health
resources are scarce, for example,
and preventive medicine is key. “I
often feel the health care system
is expected to ‘cure’ chronic
disease, and that’s just not often
realistic given the nature of
lifestyle factors,” Cheema says.

Patients may say they “got” type
2 diabetes, for example, or that
a family member had a heart
attack “out of the blue,” as if
those conditions are unavoidable.

“I can provide education in an
empathetic and personalized
manner, but the patient has
the utmost right to accept or
decline that recommendation.”

Happily for Cheema, who grew up
in Berlin, WI, the rewards of rural
family medicine are equally great.

High on that list is the degree of
personalized care she can provide.
“I so much enjoy knowing the
families. It’s amazing what I can
pick up from a patient now that
I know their parents and maybe
their siblings and cousins, too.”

They also have begun to share
their experience with others,
including students in the PA
Program, where rural health is
central to its mission. (In the last
three years, more than a third of
all clinical rotations completed
by PA Program students were
in a rural community in the US
or abroad.) She and Joe both
have served as preceptors, and
they welcome students for a
family medicine rotation. And
Cheema recently participated as
community faculty, teaching first-
year students physical exam skills.

Today, with nearly three years
behind them, Cheema says she
and Stader often forget that they
handle some “unique situations.”

“Some things just have to be
learned on the job,” Cheema
says. “Now we have that
clinical gestalt to gauge how
sick a patient is and to know
how quickly we have to act.”

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Student Receives VA Scholarship

The US Department of Veterans Affairs (VA) Health
Professional Scholarship Program is providing first-
year student Doug Marks with full tuition and a
monthly stipend while he earns a PA-C. Marks joined
the US Navy in 1999 as a hospital corpsman and,
after graduating from the US Naval Academy in 2006,
served around the world as a commissioned officer.
Impressed by the PAs who trained him early on,
Marks says “the expertise of these men and women,
the team atmosphere associated with PA work and
the flexibility of their career paths were all very influential”
in his own career choice. Marks was drawn to the SMPH PA Program’s
unique distance education track because it allows
him to begin his studies while completing his active
duty in the National Capital Region.
2021 White Coat Ceremony
On May 17, 2021, the PA Program held its annual White Coat Ceremony, swearing in the class of 2022.

Ginny Snyder, Program Director and Erin McCarthy Orth, Student Services, applaud the new clinical year students.

Class of 2022 Speakers Margaret Rynkiewicz and Katie Miller

PA Program Medical Director Dipesh Navsaria, MD with Mackenzie Andropolis

Steven Rock with faculty Sarah Williamson after receiving white coat

CONGRATULATIONS TO THE 2021 STUDENT AWARD WINNERS

- **Andy Stolper Memorial Award:**
  Mara Williams, Ashley Crawford, Bianca Krause, Jenna Goulet

- **Dr. Mildred H. Evans Memorial Scholarship:**
  Shana Pazdernik Hensch

- **Wisconsin Rural Opportunity Foundation (WROF) Award:**
  Tera Wiesman, Elizabeth Below, Josie Olson, Natalie Zuelke, Noel Kroeplin and Rochelle Koshalek
A WHITE COAT OATH