

vantage point has its rewards. The Rail Park aims to attract locals and visitors with park-like amenities, entertainment, and neighborhood-based activities. But perhaps its most innovative contribution is in linking environmental enhancement with historical preservation by providing public green space in a location that strongly evokes the city's gritty industrial past.

Still a work in progress, it features generous plots of greenery, a boardwalk trail, benches and a few swings. You might be disappointed if you are expecting points of inspiration or spectacular views of the Center City skyline. But you will be

rewarded if you appreciate a close-up view of the inner-city's manufacturing heritage. You'll see parking lots and electrical substations, but also many large, still handsome brick warehouses and loft-style structures — some abandoned, some still functioning as work spaces, and some converted for residential use. It's reassuring to find old and new, past and present so resourcefully combined.

The first phase is a quarter-mile section that can be entered from a steep staircase on Callowhill Street, between 11th and 12th.

There is a street-level entrance at Broad and Noble, right in front of 1309 Noble, a huge old pile worth seeing

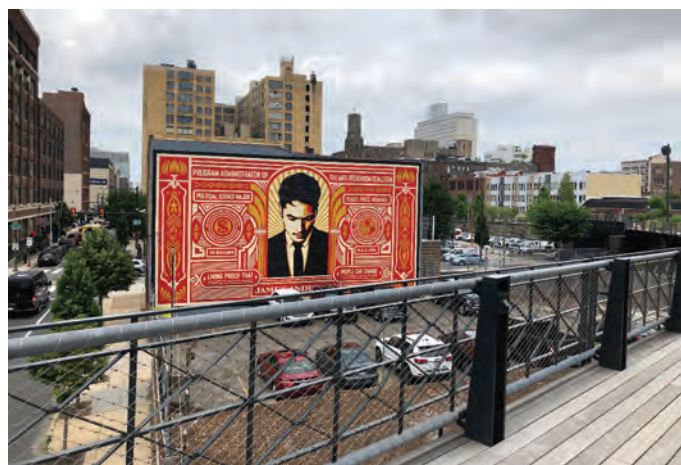
in itself, with its art deco-ish brick trim and circular cement staircases anchoring both sides of the building.

You can get more information about the Rail Park at <https://www.therailpark.org/the-park/>.

In addition to Fairmount Park, we have park-like trails along the Schuylkill and Delaware, and there are smaller "pocket parks" poking up around the city. But these enhancements are struggling to keep pace with residential and commercial development that could make much-desired riverside land less pedestrian-friendly.

We need green space for outdoor recreation and

enjoying nature, but also to help maintain our physical and mental health. Access to greenery and healthy fresh air is in danger of becoming a privilege rather than a right, or even a necessity. The well-being of everyone, especially older citizens and those of any age with vulnerable respiratory systems, is at stake. We need outdoor space where we can calm our minds in the midst of natural beauty, and breathe without fear of inhaling air-borne toxins. We should keep that in mind and be grateful every time we step outside and walk straight into a still-flourishing patch of Penn's "greene countrie town." ■



Photos by Joseph Quinn



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Your Doctor Might Have Four Hands

by Martha Cornog

I'm eye to eye with my doctor, who's drinking in my story about that odd pain. And I'm barely conscious of tapping noises—across the room, someone is hunched over a laptop and typing flat out. No surprise: the visit before, the doctor had introduced him. “The is Leon Holmes, my new scribe. He’s putting everything into the computer for me.” Leon gave a shy little wave. Dr. Rogers smiled—I knew he’d resisted using a computer himself so he could focus just on patients and their stories. (Names have been changed for privacy.)

So there was not just a third presence during my visit to Dr. Rogers, but also a fourth: that glowing screen. Perhaps you’ve noticed during your own medical visits that some doctors key in their notes right then. But for Dr. Rogers and, increasingly, other doctors, it’s a medical scribe’s job to keep the computer away from the physician-patient tête-à-tête. Still, how did the computer get there in the first place?

Historically, medical organizations have kept paper records, that rainbow of files you might have glimpsed in some medical office. And the doctor sitting with you might had have your own file before her, scribbling updates with a pen. Any records transfers were done by fax or mail.

Then along came electronic health records (EHRs). If your primary care physician refers you to a specialist, your previous records need

to go to the specialist and new records sent back to be part of your main file. If you fall sick when traveling, the local emergency room might need your records from home—and quickly. EHRs can make those journeys swiftly, and can easily be shared with you-the-patient via electronic portals like Jefferson’s MyChart or MyPennMedicine. (If you haven’t registered for one of these patient portals, do consider it!) Moreover, health care researchers, health agencies, and insurance providers can analyze electronic records to uncover trends in diseases, medical errors, and costs.

EHR systems first appeared in the 1960s but didn’t spread widely until the American Recovery and Reinvestment Act of 2009 and the Patient Protection and Affordable Care Act of 2010. This legislation mandated digitization of all U.S. medical records and provided billions of dollars in incentives, plus penalties for noncompliance. So most of our hospitals and private medical offices have put EHR systems in place.

But in switching from print to electronic records, doctors and their staff confronted unpleasant practicalities. Now complete data for every single patient had to get entered into the computer, and quite a lot of it—in standardized codes and terminology. Doctors tried handwriting all this for administrative staff to key; they tried dictating for



Photo illustrating the medical scribe program at the University of Florida College of Medicine.

transcription services; and many doctors shouldered the new task of typing the patient information themselves.

Yet hand-written notes could be cryptic and too brief, and doctor handwriting unreadable. Transcription services might get things wrong. Apparently, the default at most facilities had doctors inputting the patient data, and thus the glowing screen became a new presence with patients. That didn’t go well either. While some physicians managed to adjust, many balked at having to split their focus between screen and patient. Worse, electronic recordkeeping and desk work came to cannibalize a quarter to two-thirds of a physician’s day—even into the evening at home. And some patients missed the full attention of their doctor, like the old days. Less person-to-person eye contact disappointed both. Among doctors, “It was like seeing the five stages of grief,” a pediatrician

told *Scientific American*. “People were angry and cursing at the computer.”

Enter the medical scribe—a trained, allied health professional who shadows a doctor and records patient encounters. The classical tradition of “scribe” as a record-keeper who copied important documents dates back to ancient history, and scribes appear in the Bible.

Medical scribes are much more recent. In the 1970s and 1980s, reports appeared in the medical literature of hospital emergency rooms using nurses as scribes, hand-writing onto multi-part paper forms. In 1995, two Texas ER doctors founded PhysAssist Scribes, the oldest U.S. scribe company. And in 2003, ScribeAmerica was established, touted as the largest. After 2011, the federal mandate for EHRs spurred wider use of this approach; an estimated 22-plus companies now

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Your Doctor Might Have Four Hands

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provide third-party scribe services. Growth has been projected to 100,000 scribes nationwide by 2020.

Usually, the vendors train their scribes, generally college seniors or post-grads who are considering medical school or other graduate training for health careers, and are eager for a taste of their hoped-for future. But some providers cross-train existing staff or residents for scribe duty.

My doctor's scribe Leon works for ScribeAmerica—here's his day: "I see every patient with the doctor, and I am responsible for documenting the history of the present illness, the review of systems (checkboxes for positive/negative symptoms), the physical exam, and the Assessment/Plan/Discussion, which details the patient's problem/complaint and what the doctor's plan is for each problem. Scribes are usually quiet as a mouse in each patient encounter and then ask a bunch of questions of the doctors outside the room." Scribes always work under supervision of a physician, who reviews, corrects, and completes the patient record afterwards and signs off on the scribe's work.

Scribe salaries are low, but the job has many benefits, including learning the terminology and procedures of medical care and witnessing the process firsthand. Says Leon, "I have built some very strong 'symbiotic' relationships with the doctors I have scribed for. They greatly appreciate the quality of the

work that I do... and I have received letters of recommendation which are needed to apply to medical school/physician assistant school/nursing school. All in all, the role as a medical scribe has given me the confidence to apply to a competitive graduate program (Physician Assistant programs)."

How have scribes gone over with doctors and—more personally to us here at HH—with patients? According to at least 13 studies published in medical journals from 2010–2018, scribes get good marks from both medical and layfolk. For physicians using them, scribes improved overall satisfaction with the clinic as well as patient record quality and completion speed, increased face time with patients and decreased doctor's keyboard time. Many physicians were more satisfied with the patient record charts completed by scribes than with those they had done themselves. Some physician comments:

"I feel like I'm a real doctor again."

"With a scribe, I can think medically instead of clerically."

"I just enter the day a with a little more positivity knowing that I'm not going to have this onslaught of all these charts to catch up on at home."

"So helpful for me with a teen with mental health issues! Could focus 100% on her and her mother with my eye contact and body language without worry about documentation."

Patients themselves seemed mostly undisturbed and generally had positive or neutral reactions, with only a small number objecting or declining the scribe. A few patient comments:

"I feel the doctor has time to slow down to take care of me."

"[The scribe] was at her computer, doing her thing, and the doctor was taking the initiative. I felt very comfortable."

"Having all the people in here was strangely nice, like they were making a fuss of my being here."

Another unexpected benefit emerged: timewise, physicians using scribes could see a few more patients, more than enough to compensate for scribe costs.

Yet commentators have maintained that scribes merely make cumbersome EHR systems more tolerable, and that efforts should focus on making these systems easier to use. Several doctors I know personally spoke of patient trust. Would patients share relevant information relating to STDs, stigmatized sexual practices, or suicidal thoughts? Troubled patients might not feel comfortable requesting privacy for such revelations and would self-censor.

Leon reported, "On Monday, Wednesday, Friday, I work with the same oncologist. I have seen a lot of his patients. I perceive they are comfortable and quite neutral about having a scribe in the room since I conduct myself as if I was a medical provider.

I am greeted by most of his patients—some even remember my first name. [However,] in my 2 years as a scribe, there have been patients who have told the doctor they do not feel comfortable with a scribe in the room. In one instance, a mother had lost her son to suicide, and he was about my age when he died, [and] she requested not to have a scribe, which is no trouble to us. In these few cases, the doctors can either dictate to me each part of the note [afterwards] or can simply type the note on their own."

A friend raised a new point. If a patient has selected a doctor of a particular gender, a scribe of a different gender would likely be objectionable. Leon did tell me, "As a manager [of the other scribes in my sites], I try to avoid these situations... For the oncologists who primarily see breast cancer patients, I assign female scribes to these providers."

My own reaction as a patient confronted with both physician and scribe was to feel flattered, thinking, "Wow, I'm important enough to have two people listening to the story of my life!"

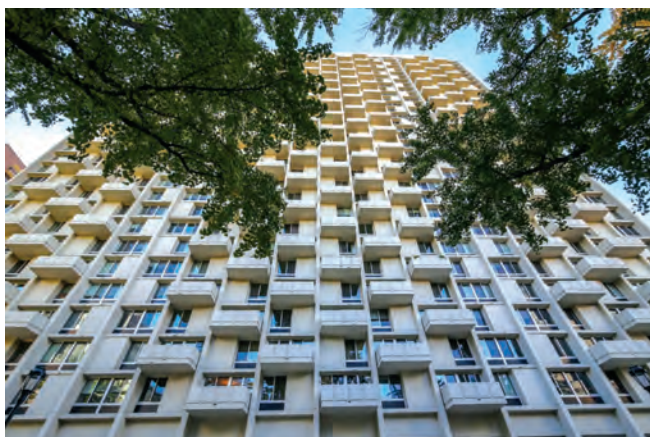
Some clinicians do seem to adapt to EHRs without scribes. The doctor of a friend told me, "I don't feel I need to, and am able to spend meaningful time with patient[s] while using the EMR on the computer at same time."

It may be that much physician enthusiasm about scribes is because

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Your Doctor Might Have Four Hands

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many physicians in practice are not “digital natives” and find the data entry challenging. But younger and more tech-savvy docs may find that rapid mastery of these online formats comes easily. The EHR process is just one more digital dealie, like the cell

phone. And it’s probably these younger physicians, able to critique as well as use these systems, who will drive improvement of suboptimal EHR technologies and thus reduce physician-screen time independent of a scribe’s 10 extra fingers.

If any of your own physicians use scribes, know that you can request that the scribe step out for some or all of your visit. Or, if the room has curtains or a screen, you may ask that the scribe sit on the outside. In normal scribing practice, doctors are encouraged to give the

patient such options explicitly. Whether that happens or not, if you have feelings about the scribe, speak up! It would not be the first time either scribe or physician has heard patients demur. It’s your body and your exam, so tell them what you want. ■

Further Reading

The Overlooked Benefits of Medical Scribes, by Andis Robeznieks.

American Medical Association, October 26, 2018.

<https://www.ama-assn.org/practice-management/sustainability/overlooked-benefits-medical-scribes>

A Busy Doctor’s Right Hand, Ever Ready to Type, by Katie Hafner, New York Times, 1/12/14,

<https://www.nytimes.com/2014/01/14/health/a-busy-doctors-right-hand-ever-ready-to-type.html>

The Rise of the Medical Scribe Industry: Implications for the Advancement of Electronic Health Records, by George A. Gellert. JAMA 313(13):1315-1316.

<https://jamanetwork.com/journals/jama/article-abstract/2084910> (click black PDF link at right for free full-text)

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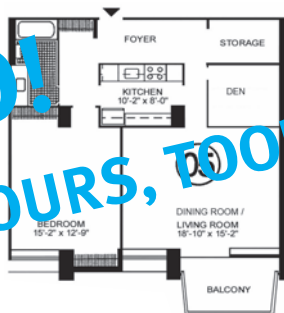
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The Bride Stripped Bare?

by Lynn Miller

One of Philadelphia's iconic buildings may be threatened with demolition. No, not Independence Hall nor any of the other structures sacred to America or revered by Philadelphians for what they contribute to our lives. The Art Museum, Swann Fountain, Reading Terminal Market, and the Academy of Music (fingers crossed) all seem to be secure.

But the owners of the Painted Bride Art Center are seeking court approval to sell their one-of-a-kind structure in the 200 block of Vine Street just above the Ben Franklin Bridge. The building is an icon of late-20th century Philadelphia structures because nearly every inch of its exterior reflects the whimsy of Isaiah Zagar's multi-faceted mosaics. That local artist—creator of the Magic Gardens on South Street—worked his magic on this façade from 1991 to 2000. He transformed the plebeian former elevator factory into a work of art mirroring the arts organization within, whose mission was to bring greater diversity and visibility to Philadelphia's artistic scene.

The Painted Bride was born in 1969 in a former bridal shop on South Street, our Hippy frontier at the time. Its name derived from the mannequin in the window whose changing costumes and lewd positions drew passersby. After the arts organization's edgy presence was well established there, the landlord raised the rent, and the Bride decamped to Old City,

the new front line for outré offerings. In 1982, the owners were able to purchase the empty Vine Street building for \$300,000. They created a 225-seat theater along with additional space for exhibitions and other kinds of performances. The Bride's presence boosted the repurposing of Old City from making products to making, displaying, and performing art. Once Zagar completed his vision on the exterior, he donated these mosaics to the center. He took his inspiration from a work of art that shocked an earlier generation, Marcel Duchamp's "The Bride Stripped Bare by Her Bachelors, Even," on view in the Duchamp galleries at the Philadelphia Museum of Art. Zagar's paraphrase, cut to fit the center's purpose, spells "The Bride has many suitors, even," clear across the front.

For thirty-five years in its new location, the Painted Bride thrived in its mission to push artistic boundaries. But in 2017, its board announced that they planned to sell the building since it was no longer essential to the center's mission. Their new vision was to partner with community groups to take the Bride's programming all over the city without maintaining a performance space of their own. The prospect of the building's sale brought an immediate outcry from artists, preservationists, and museum curators who feared that would lead to its demolition. Zagar joined the chorus. Those in charge of main-



taining his Magic Gardens then nominated the building for placement on Philadelphia's Register of Historic Places. But the Bride's board made clear its opposition to a historic designation on grounds that would decrease the building's sale price, since protection would prevent razing it, and thus their endowment. The fight was joined. In an op-ed in *The Philadelphia Inquirer*, a former president of the Greater Philadelphia Cultural Alliance suggested how serious the mural's loss would be. "Do you think Barcelona would allow the destruction of one of Antoni Gaudi's buildings?" he asked.

While this controversy heated up, a would-be buyer made an offer on the building that looked like a win-win outcome for all. The Lantern Theater Company, a leading and much-admired player in Philadelphia's theatrical life for 25 years, bid \$2.6 million to make the building its new home. The company

pledged to preserve both its theater and murals. Meanwhile, the historic designation committee of the Philadelphia Historical Commission recommended that the Painted Bride be added to its Register of Historic Places. Such a designation would have made the Lantern's offer a perfect fit.

Alas, last September, the Historical Commission overturned its own committee's recommendation, and voted to deny historic landmark status to the building. The initial vote was actually a tie, then broken by a negative vote from the chair. That allowed the Bride's owners, who had their eye on a much more lucrative prospect, to reject the Lantern's proposal and announce that they would sell the building to a private equity investment group for \$4.8 million.

This past spring, the Bride's board evidently blinked in the face of stepped-up efforts in continued on page 22

The Bride Stripped Bare?

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Philadelphia's cultural community to intercede. The board ratified the commercial sale but also went to Orphans' Court and the Pennsylvania Attorney General's office for approval to do so. That wasn't required by law, they said, but the Bride sought court approval because "the potential sale of the building has stirred up some strong feelings in the community." A letter signed by more than thirty leading arts advocates argued "there is an as-yet unarticulated

vision for a revitalized Bride or performance center on the site, created in collaboration with other entities." Lantern officials indicated they were open to joining an arts consortium to own and operate the center.

Isaiah Zagar reportedly was also considering invoking a federal statute, the Visual Artists Rights Act, which prohibits property owners from destroying works of art in limited cases. Philadelphia's chief cultural officer offered to participate in and facilitate, if possible,

a community-wide discussion about the Painted Bride's future, if asked by Bride officials. As of this writing, they have not done so.

This struggle is a familiar one in Philadelphia today. Development pressures have made the price of real estate sky-rocket in many neighborhoods, tempting land-owners to make a killing sale. But when the result is the loss of a well-regarded cultural organization or—worse yet—a unique artistic treasure, it also cancels

out the public contribution already made to it—through ticket purchases, charitable grants, tax deductions and the like—which have added most of the property's value for both owners and the community. Those who fight such losses often find themselves in a losing battle against the almighty dollar. Occasionally, however, they may gradually marshal the kind of broad support within the larger community that will eventually win the day. Which will it be for the Painted Bride? ■

A Light Summer Dinner

Jane Hickman

Vegetables, fruit, and herbs are abundant at this time of year. This simple dish uses fresh

avocado, cherry tomatoes, and cilantro to make a tasty salsa that accompanies a fillet of salmon. A nutritious and

flavorful dish, the salmon has heart healthy fats and the avocado is high in fiber. ■

Chefs' Corner

Note: If you have a favorite recipe, we would love to test it and put it in this column. Send your recipes or requests to jhickman@upenn.edu. Thank you!

Salmon with Avocado Salsa

Serves 4. Serving size: 1 salmon fillet and ¾ cup salsa. Calories: 408 per serving.

- 2 cups cubed avocado
- 1 cup chopped red and/or yellow cherry tomatoes
- 2 Tbsp. chopped fresh cilantro
- ½ tsp. chopped serrano chile (or ¾ tsp. jalapeño)
- 1½ Tbsp. chopped red onion
- 2 tsp. fresh lime juice
- 1 tsp. kosher salt, divided
- ¾ tsp. black pepper, divided
- 1 Tbsp. olive oil
- 4 (6-oz.) salmon fillets

- 1 Combine avocado, tomatoes, cilantro, serrano or jalapeño, and onion in a medium bowl. Whisk together lime juice, ¼ teaspoon salt, and ¼ teaspoon pepper in a small bowl. Drizzle over avocado mixture and stir to coat.
- 2 Brush olive oil on both sides of salmon; sprinkle with remaining ¾ teaspoon salt and remaining ½ teaspoon pepper.
- 3 Heat large frying pan to medium high (or cook outside on a grill pan). Turn heat down to medium and place salmon

in pan. Cook, flipping once, until salmon is opaque and cooked through, about two to three minutes per side. Top the salmon with salsa.

Serve the salmon with rice or couscous. The salsa can act as your salad or add a green salad with blueberries or sliced strawberries, and blue cheese or goat cheese. A balsamic or red wine vinaigrette is all that is needed to dress the salad. Before dinner, toast your guests with a glass of Prosecco with a slice of strawberry floating on top.



Photo by Jane Hickman



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