

**Testimony of on behalf of The Pennsylvania Medical Society**

**Mary K. Brigandi, D.O.**

**10/22/2015**

**Before the House of Professional Licensure Committee**

**On House Bill 765**

Good morning. My name is Dr. Mary Brigandi. I am currently the Reading Family Medicine Osteopathic Program Director. I have taught Family Medicine Residents and medical students for over eleven years. I am here to tell you my story, a story that helps me define quite well why I support Nurse Practitioners to remain in a collaborative role with physicians rather than be allowed to practice independently.

1. My prior background:

Prior to going to medical school, I was a Registered Nurse. I eventually went to graduate school at the University of Pennsylvania, and finished with my M.S.N. The program was an Adult Nurse Practitioner program and at the time considered the second best program in the country, next to Yale's program. My clinical training in graduate school consisted of a six month internship in an office practice with another Nurse Practitioner. I certainly realized that it was not enough training for me to even consider practicing independently. After graduate school, I began working as an Adult Nurse Practitioner in the VA Medical Clinic in Philadelphia. During that time, I took care of many challenging medical patients with the guidance of the Internal Medicine Physicians who worked side by side with me. I was so grateful to have them there to collaborate with on the many difficult and challenging patients in the practice. But in my years there, I felt a gap in my knowledge, one that I knew could not be fulfilled unless I went to medical school. I really felt that I was not giving my patients the overall best care because I did not have enough education at the time to do so.

2. Why I decided to become a physician:

I left my position at the VA medical clinic in good standing, took my premed courses, and applied and was accepted to medical school at the Philadelphia College of Osteopathic Medicine. It was a difficult process, and I consider myself very grateful for the opportunity I was afforded. Despite my many years as a nurse, and then a nurse practitioner, I was still very much challenged by the difficult curriculum I faced in medical school. It was very clear to me from the beginning how much more I needed to learn. I became aware very quickly of the depth and breath of knowledge needed to become a physician. The complexities of disease and the human body, pathology, pharmacology, physiology, anatomy, and histology I all rigorously studied in medical school.

### 3. A clinical example of why physicians are not over trained:

Because I am a teacher now of both Family Medicine Residents and medical students, they challenge me every day, both in the office and in the hospital. Not a week goes by that I don't have to look something up or learn something new, even after practicing medicine for the past sixteen years (that includes my residency training). I can recount spending up to two days straight in the hospital working during my residency. My training was rigorous and comprehensive; but still, there is more to learn, even now. That training has allowed me to pick up subtle clues to illness in my patients. About three weeks ago, I had a young woman come in with difficulty breathing. She had a strong family history of asthma, and I gave her a breathing treatment in my office. However, I noticed afterward she was still working very hard to breathe. This was concerning to me, and I sent her for a test to check for a clot in her lung. Sure enough, she had one. If she had gone home without me making this decision, she could have died. It is because of my knowledge and extensive clinical training that I am able to make these decisions. Sometimes it is just a subtle clue that gives you all the answers. I also remember a prior case of a nurse practitioner that was sued in a malpractice case. She saw a patient with a dark "mole" under the patient's nail. She assured the patient that it was just a mole and nothing to worry about. The mole turned out to be Malignant Melanoma, a deadly skin cancer. The patient died from this disease. When I told my fellow residents the details about the "mole" underneath the patient's nailbed, they immediately knew what it was. This is why comprehensive education and extensive clinical training can make a difference, a difference sometimes in life or death for a patient.

I want to end by saying, I have great respect for all nurses. This is not about criticism of the nursing profession; it is a great one. It is about patient care and what would be in the best interests of our citizens in Pennsylvania.

Thank you so much for allowing me to speak today.