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Why don't you first tell me how you came to medicine, how you came to pediatric medicine and how you came to urgent care?

Dr. Martin: Interestingly, I had no idea I would be medicine today. I was actually on my way to get a master's and possibly a doctoral degree doing research and then I realized that bench research is extremely lonely and very boring and it's very slow as well. So, I didn't find that as rewarding so I went into medicine. And I went to Pediatrics again when I was in my third year of doing my rotations. When I started medical school, I didn't think I'd ever do pediatrics but then I got into my third year and I was like I absolutely loved my rotation. The families were wonderful, the staffs all wonderful, of course and the patients. So that's how I got into Pediatric medicine. When I finished residency, I moved up to Fort Worth and at that time I thought I was going to do primary care but there wasn't a position with Cook Children's Healthcare at that time, in Primary Care. They said, "Well, we have a spot in Urgent Care," and I thought, "Okay, I could do this for a little bit and then go on to Primary Care. And then I ended up loving Urgent Care medicine! I just really enjoyed kind of the acuity -- but not, sometimes, the chronicity of the problems that you have to deal with. And also, every once in a while you get that really, really sick patient that kind of got your adrenaline going. And so that was exciting. And that's why I got into Urgent Care and I've been in Urgent Care medicines for about 13 years now.

Tell me about your involvement with SPUC.

Dr. Martin: SPUC, I heard about, about two years ago I think and I got really interested of course, because this is a new organization outside of the AAP that specifically focused on things that I was interested in. And so I started speaking to Magna and started speaking to my colleagues who had been to some of the conferences and they all had just had wonderful things to say about that connections that you made, the networking that you get to do and of course

people who are interested in the same thing that had the same issues, the same problems with urgent care as I did. And so I absolutely love talking to people who can I can relate to.

What have you gotten out of your involvement?

Dr. Martin: I have to say that my involvement has been a lot more broadening than I thought it was going to be I thought I would be coming here just for the lecturers. But I realize that it's become more inclusive, not only with just educational, content but also the practice management aspect of it, the business aspects of it -- pretty much a 360 on Urgent Care medicine.

On the board of SPUC, what kinds of things would you be interested in? Do you have any special projects or ideas or focuses that you like . . .

Dr. Martin: So, one of my big focuses: what I found out about Pediatric Urgent care medicine is that in comparison to your general Urgent Cares (where you don't have pediatric specialties at, maybe, you know your your everyday corner am/pm clinic) there's a lot of education that needs to be done outside of Pediatrics and that's really what my focus is, to help spread Pediatric education management to the non-Pediatric practitioner. That's where I see the most need, at least for me and what drives me into SPUC and the board. And so that's really where my focus is. I'm also involved with and the board and so that's really where my focus is I'm also involved with the Urgent Care Association of America. I've started their Pediatric track for the UCA specifically with that focus in mind, to get Pediatrics out to the non-Pediatric practitioner, because the inconsistency, the malpractice, as you could say, in the non-Pediatric setting is pretty disheartening and it's a very, very big problem -- particularly with issues now with vaccination, antibiotic stewardship. Also, the cost of healthcare. So, there's a lot of other issues that we can tackle when it comes to Pediatrics being practiced in a non-Pediatric area.