

Speaker 1: My name is David Knitter. I work in the Lung Center at Ephraim McDowell Hospital. Brand new to the area, just started in February of 2022. That is always a question I struggle with. I was sort of the equivalent of what I like to call a retail brat. My father was a retail manager, and for whatever reason, we moved around a tremendous amount when I was growing up. That most recently, I was in Michigan for about 15 years, and we were looking for a little nicer winter, and that's how we ended up in Kentucky.

Anything outside. We have a couple of dogs that we love to take out and go hiking. Hoping very soon that the travel restrictions will get a little easier. We love to travel. We are pretty doggone good at home improvement projects. We've tackled on some pretty large home improvement projects, and been enjoying my fitness journey, trying to keep myself in shape.

I think it was my pediatrician. And I was pretty young at the time. I was probably 10, 11, 12 years old, and I just enjoyed watching the way he interacted with his patients. And also from the standpoint, when I said that I was interested in becoming a doctor, he kind of took me under his wing and shared with me the aspects that he enjoyed about it.

Second thing is I've always enjoyed teaching. And actually, one of the positions I had before I moved to Michigan, I was actually a professor at a physician assistant program. What I have sort of incorporated is that medicine is an incredibly complex field, and you have individuals coming in who struggle. What test should I do? What does this test mean? And I found that actually I use that teaching ability every day to break down complex studies, complex testing, to a way that my individual patients can understand and can incorporate that information to make their best decisions possible.

I've been thinking about this particular question. I think that when I was growing up, the only thing I really seriously considered outside of being a physician was being an architect. I did actually toy with being a veterinarian for a period of time. I probably would've done something in the computer science line if I hadn't gone into medicine.

I went to my undergraduate education at Washington and Lee University, which is in Lexington, Virginia. I did all of my residency fellowship work at the university of Virginia, so have a lot of ties to the Virginia area.

With the exception, I think, of delivering babies. That was about the only thing I was like, I don't think I want to do that. But every other rotation I did is like, oh yes, this is what I want to do. I was always super excited about it. And I wasn't introduced to pulmonary medicine until actually fairly late in my first year of residency during my internship. And what I enjoyed about pulmonary medicine, it was a great combination. You had your office work. You had a lot of technical procedures that you were involved in. And pulmonary physicians do a lot of work in the intensive care unit. So you had the challenges and the excitement of working in the intensive care unit. You had the procedures, but you still had those day to day patient interactions. And to me, that was the best combination possible.

Every patient, when they first come in, they will have interactions with our medical assistant staff who will identify why they're there. They'll gather up some basic information. If the individual has had any diagnostic studies, which most of them have,

the nurses will gather those up so I can take a look at them before I go into the room. Then we sit down, and I think it's important to me to identify what the individual's questions are. And then we'll take all of that information and try to put it together in a plan to either work through what the problem is or a plan to help improve their symptoms. I never want somebody to feel that they have unanswered questions when they leave the office. I always want them knowing more when they leave than when they came in.

There was a saying that the previous institution I worked at had. It was kind of the hospital's mission of providing healthcare like we would want for our own family. And I really have internalized that. And I do try to strive to answer all questions in that particular fashion. I want everyone to feel that they're heard. I want people to feel as though they're being heard, their questions are being answered and their problems are being addressed.

The most rewarding thing for me is at the end of a visit, somebody said, "Oh my gosh, I learned so much today." Or, "I never realized I should have been doing blank." And for me it says I've done the job that I set out to do, and that is to make people comfortable with whatever road that they're on and whatever road that they're going to take to help them get better.