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HUMANISM in medicine

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Editorial

Jane Lochrie, MD



Jane Lochrie, MD

Who wouldn't agree that humanism in health care is critically important? Isn't that why we went to medical school? However, in today's health care environment, we are all pressured by time constraints and financial pressures, as well as productivity mandates and academic demands. This often can mitigate our best intentions, and the ideals with which we entered medicine can become forgotten over time.

Humanism in health care is characterized by the Arnold P. Gold Foundation as "a respectful and compassionate relationship between physicians, as well as all

other members of the healthcare team, and their patients. It reflects attitudes and behaviors that are sensitive to the values and the cultural and ethnic backgrounds of others." The fundamental principles of this "patient-centered" care are open communication, mutual respect and an emotional bond between physicians and their patients. How are we teaching our younger colleagues the "art of medicine"? Keep reading to find out.

In the first article, Dr. Laura Lambert explains the course that she created for students on their surgical rotation, *The Anatomy of Humanism*. The course is based on the famous philosophical book by Martin Buber, *I and Thou*. We can see people in two ways: as a person or as an object. She describes humanism as "a way of being in which we see and treat people as people." When we see a person as a person, we are alive to their hopes, dreams, needs and challenges. They matter to us.

Dr. Michael Ennis describes the Gold Humanism Honor Society (GHHS) sponsored by the Arnold Gold Foundation. The GHHS promotes humanism in many ways. The society formally recognizes students, residents and faculty for their caring and compassion. This gives the medical school a visible group collectively engaged in altruistic projects and demonstrates that humanism is an important institutional priority.

Together with Dr. Laura Lambert, Dr. Becky Spanagel has brought *The Healer's Art* to the students at the University of Massachusetts Medical School. This was the capstone project of a fourth-year student, Ben Adler, who was inspired by an article he read in the *New York Times*. The course offers a safe learning environment for a personal in-depth exploration of the time-honored values of service, healing relationships, reverence for life and compassionate care. Students are encouraged to trust the power of listening and recognize that who they

are and where they came from is important to the healing relationship.

We receive the student perspective of *The Healer's Art* course from Michael Moverman. He describes a patient in a hospital that has more than 12,000 employees, yet the patient had no one to talk to. He ends by telling us that the most important distinction that his generation has to grapple with is the difference between caring for and treating a patient.

Nursing has been long recognized as a caring profession, and Joan Vitello-Cicciu, PhD, RN, NEA-BC, FAHA, FAAN, the dean of the University of Massachusetts Graduate School of Nursing (GSN), tells us her favorite definition of humanism is "any system or mode of thought and action in which human interests and dignity predominate." She co-created the GSN's shared vision of "creating a community of health, discovery and human dignity." Other ways of promoting humanism she developed include creating a healthy workplace environment, mainly by being an authentic leader; engaging in skilled communication; and effective decision-making.

Dr. Joel Popkin explains how he teaches by example (though he is much too humble to actually say this). He has been working at St. Anne's Free Medical Program for 10 years. Read the student and resident quotes about the free clinic to see how he has inspired the next generation of physicians.

The Worcester health care community has long embraced the powerful message of Ken Schwartz, the founder of the Schwartz Center Rounds, which were established in 1995 to create a more caring health care system. Robert Ready, RN, and Gary Blanchard, MD, relate the St. Vincent Hospital experience. They give us the history of why the rounds were created – to provide a safe space for health care workers to share their own, oftentimes conflicting, emotional responses in caring for patients and their families/caregivers. Rounds are collaborative and interdisciplinary, allowing for diverse perspectives and opinions.

Anne Weaver, BSN, CCRN, CHSE, discusses her experience with Schwartz Center Rounds at UMass/Memorial Hospital. She sees these rounds as one way to improve care for her patients and to increase job satisfaction by adding a lens of humanism into her care plans. The goals of the meeting are to improve communication, promote compassion and empathy, improve training, spread best practices and empower patients and their families.

Reliant Medical Group has held Schwartz Center Rounds for the past few years. Jessica Vigliotti, JD, CPHRM, opines that medical providers who are compassionate and empathetic have improved patient satisfaction, better patient outcomes, decreased professional liability and decreased burnout. Schwartz Center Rounds address this by providing a judgment-free zone for providers to communicate openly and honestly about how the practice of medicine is impacting them personally.

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The Anatomy of Humanism

Laura A. Lambert, MD

Since the fall of 2016, third-year medical students on the general surgery clerkship at the University of Massachusetts Medical School have been invited to participate in a program called The Anatomy of Humanism. The program starts with the question, What is humanism? After pausing to consider how this might be a trick question, the students typically offer suggestions like empathy, compassion, seeing patients as more than their diagnosis and having a holistic approach to caring for patients. While these are all part of humanism, every group eventually arrives at the same ultimate conclusion – humanism is a way of being in which we see and treat people as people.

In 1923, the existential philosopher Martin Buber published his most influential philosophical book – *I and Thou*.¹ In this book, Buber describes two ways of being in relationship with other people: I-Thou and I-It. When we are in an I-Thou way of being with another, we see that person as a person, and we are alive to their hopes, dreams, needs and challenges. They matter like we matter. On the other hand, when we are in an I-It way of being with another, that person is merely an object to us and their hopes, dreams, needs and challenges do not exist. They do not matter like we matter. When we see others as objects, they become either obstacles in our way, vehicles that we can use or they are simply irrelevant.² How we see others impacts not only the other person, but it also impacts ourselves.

From the I-It perspective, we can only see ourselves as either being above (better than) or below (worse than) the other. From this distorted perspective, a need is generated within ourselves to justify the falsehood which we have created. To illustrate, as an academic surgeon at a teaching hospital, I have made a commitment to teach medical students and residents. When a student shows up in the operating room, I have a sense that I should include that student in the surgery by teaching how to prep the patient, showing how to scrub, gown and glove, pointing out the anatomy and discussing the reasons for the surgery. When I honor this sense to include and teach the student, I see that student as a person who matters like I matter. But if I betray this sense and choose not to include the student, I create within myself a need to justify that betrayal. I justify myself by seeing the student as an object.³

Imagine the inner dialogue when I betray myself: “Clearly this student is not interested in surgery. She didn’t even introduce herself to me. She probably hasn’t looked at the chart or read about the surgery. I really don’t have time to teach today because I have so much to do. I spent a lot of time teaching yesterday. I don’t even get paid to teach. She can learn just by watching me operate. She probably doesn’t even

realize what a privilege it is to be in my operating room.” From my I-It perspective, the poor student is dismissed as infinitely flawed with no redeeming virtues while I am elevated to the greatest, busiest, hardest-working surgeon – ever! Even if all of this was true, if I had not betrayed myself, the need for justification would not have arisen and my perspective would have remained clear.

When others matter like we matter, we see people as they really are – both the good and the bad. We see incredible beings with profound potential. We see people who are suffering and we are filled with compassion. We see inspiring people who have endured unimaginable hardship and who have come through stronger, wiser and more resilient. We see others succeed, and we rejoice with them. We see others mourn, and we mourn with them. We see others’ weaknesses and shortcomings, but rather than take offense, we see their humanity.

Every day we are faced with hundreds of similar choices like the one in the operating room. We have a sense to do something or not do something for or to another person: a challenging patient caregiver wants a call in the middle of a busy clinic, someone challenges a clinical decision that we made, we recognize that a colleague needs some support, someone cuts us off while driving. Whether we choose to honor or betray our own sense of the right thing to do (or not do) determines not only how we see the other person and ourselves, it also determines our way of being with others, and it’s our way of being to which others respond. When we are in an I-It way of being with others, we invite them to be an I-It way of being with us. Similarly, when we are in an I-Thou way of being with others, we invite them to be in an I-Thou way of being with us. This is the beginning of The Anatomy of Humanism – a way of being in which others matter like we matter. It is the difference between just doing what a doctor does (fix health-related problems) and being what a doctor is – a healer. It is a healing balm, not only for patients and their families, but for all with whom we come in contact and, also, for ourselves.

Laura A. Lambert, MD, is an associate professor of surgery at the University of Massachusetts Medical School and creator of the Anatomy of Humanism program.

References

¹ Buber, M. (1958) *I and Thou*. New York: Scribner.

² The Arbinger Institute. (2016) *Developing and Implementing an Outward Mindset*. Salt Lake City: Arbinger Properties, LLC.

³ Warner, CT. (2001) *Bonds That Make Us Free*. Salt Lake City: Shadow Mountain Publishing.

Promoting Humanism in Medical School: Starting a Gold Humanism Honor Society Chapter

Michael Ennis, MD



Neglecting to be kind is the most common of all medical errors. As medicine advances into the information age, there is increasing emphasis on standardization of care. This approach often results in utilizing guidelines and algorithms to manage patient care in ways that overlook the patient's humanity. Op-ed pages of medical journals frequently lament how the EHR has limited personal contact between doctor and patient, decreasing opportunities to show kindness.

What can medical schools do to foster a culture that values kindness and caring? One path is to actively acknowledge the importance of humanism in health care. Promoting this value early in a doctor's training maximizes the chances of embedding it into the aspiring physicians' professional identity. When Dean Terry Flotte arrived at the University of Massachusetts Medical School (UMMS) a decade ago, he wondered why the medical school did not have a chapter of the Gold Humanism Honor Society (GHHS). Based on his past experiences at other institutions, Dr. Flotte highlighted the positive influence that GHHS students can have on the entire academic health center environment.

Sponsored by the Arnold Gold Foundation and active in more than 90 percent of medical schools, GHHS chapters promote humanism in multiple ways. First, formally honoring students, residents and faculty specifically for their caring and compassion provides compelling testimony of an institution's values. Second, compared to scattered individuals quietly performing acts of kindness, having a visible group collectively engaged in altruistic projects demonstrates that humanism is an important institutional priority.

One hurdle to surmount in establishing a GHHS chapter at UMMS was that some faculty contended that all UMMS students were humanistic and that it would not be possible to identify the most humanistic students. Meanwhile, in 2010, Learning Communities (LC) were established at the medical school, creating a system where faculty mentors began to closely follow six or seven students from each medical school class. The LC mentors get to know their students quite well. The mentors were asked if all of their students were humanistic, to which they generally answered affirmatively. When queried if all of their students were equally humanistic, virtually all mentors indicated that there were one or two students in each of their groups whose humanism was more developed. This finding, along with Dean Flotte's unwavering support, spurred the GHHS project forward.

There are many parallels between GHHS and the other honor society at most medical schools, Alpha Omega Alpha (AOA). GHHS is to humanism what AOA is to academic achievement. Selecting students for membership in AOA is relatively straightforward. Those whose grades are in the top 25 percent of the class are considered for membership. Then, more holistic criteria are applied to select one-sixth of the class for membership. In contrast, for GHHS selection, there are no grades for kindness, thus, identifying the most humanistic students can be a challenge. The Gold Foundation maintains that the most reliable way to determine which students are more humanistic is to ask their peers,

individuals who have been observing fellow students in action for years. This is especially true after students have had the opportunity to work alongside each other in the clinical setting. Although the Gold Foundation insists on an initial peer nomination of candidates, it permits each school to develop its own unique final selection process.

Recognizing that humanism comes in many forms, UMMS developed a holistic list of nomination criteria. On the last day of their third year, students are asked to nominate up to three of their peers in each of four categories of humanism in medicine:

- Self-awareness, personal ethics and humility.
- Clinician-patient-family relationships.
- Teamwork.
- Community advocacy, outreach and cultural humility.

Up to 70 percent of the class receives at least one nomination. Some of the students are nominated by 40-plus of their peers. The top 25 percent of the vote-getters are informed of their nominations and invited to apply to GHHS by submitting a CV and writing a paragraph on how they would promote humanism at UMMS. In addition, recommendations of nominated students are solicited from clerkship directors and LC mentors. A selection committee composed of GHHS students, residents, faculty and deans review the applications and make a final selection of the top 15 percent of the class.

The work of the selection committee is difficult. Most of the students being considered have a lifelong history of altruism. Nowadays, a majority of pre-medical students spend two to three years between college and medical school undertaking other endeavors, such as research or community service. Last year, only 17 percent of UMMS students came to medical school directly from college. Many students nominated for GHHS membership have had amazing accomplishments during their gap years. One student started a foundation to eliminate stigma and provide access to mental health in rural India. Another co-founded an organization that uses athletics, art and mentorship to teach underprivileged Kenyan youth life skills. Yet another served as an AmeriCorps leader, overseeing training and deployments of young volunteers performing disaster relief around the country. Such an array of achievements renders this selection process quite challenging and humbling.

The first job for the selected students is to identify five residents and five faculty who are their role models of humanism to join the new chapter. This is followed by a formal induction ceremony, during which the graduating GHHS students pass the baton to the incoming chapter.

The GHHS chapter meets monthly to discuss and plan multiple projects to promote humanism at UMMS. These projects span a range of activities unified by a focus on compassion and caring. "No One Dies Alone" is an initiative where a student remains present at the bedsides of dying patients who have no social supports. Other projects include "Nursing Appreciation," celebrating nurses and their pivotal roles in educating medical students; "Trauma Clothing Collection," collecting and storing clothing for patients on the trauma service, whose clothes are frequently cut off during their initial assessment; and "Tell Me More," interviewing in-patients about what in their life is most meaningful to them and sharing this information with other caregivers by posting it at the bedside.

Bringing humanism to the forefront, GHHS can serve as an inspiration to the entire academic health center community. By the example they set, GHHS students have a powerful impact – affirming humanism as a core value at UMMS.

Michael Ennis, MD, is a clinical professor of family medicine and community health at the University of Massachusetts Medical School.

Healer's Art at the University of Massachusetts Medical School

L. Rebecca Spanagel, MD



L. Rebecca Spanagel, MD

The Healer's Art is an innovative discovery model course in values clarification and professionalism for first- and second-year medical students, now offered annually at 90-plus U.S. medical schools, as well as medical schools around the world. Designed in 1991 by Rachel Naomi Remen, MD, the course offers a safe learning environment for a personal, in-depth exploration of the time-honored values of service, healing relationships, reverence for life and compassionate care.

The Healer's Art addresses the growing loss of meaning and commitment experienced by physicians nationwide under the stresses of today's health care

system. Numerous surveys document the difficulties physicians are having in maintaining a sense of personal and professional satisfaction in their work and maintaining an ongoing commitment to the profession. Rates of physician burnout and dropout are climbing nationwide. Among medical educators, the question of how to assist students to meet the challenges of practice has become urgent. The Healer's Art course can be a part of the remedy.

The Healer's Art course curriculum enables students to uncover and strengthen the altruistic values, sense of calling and intention to serve that have led them to medicine, creating a firm foundation for meeting the challenging demands of contemporary medical training and practice. The curriculum enables the formation of a community of inquiry between students and faculty. It takes a highly innovative, interactive, contemplative and didactic approach to enable students and the faculty to perceive the personal and universal meaning in their daily experience of medicine.

The course is a 15-hour course – there are five three-hour sessions – that combines seed talks and experiential exercises in a large-group setting with small-group experiential exercises. Faculty participate in the discovery model process on an equal footing with students, as well as facilitating the process of the small groups. The course is designed to encourage students to trust the power of listening and presence to heal; formulate a personal, comfortable and compassionate response to loss; experience the healing power of grief; recognize that who they are is as important to the healing relationship as what they know; recognize awe and mystery in the daily practice of medicine; explore the concept of calling; and write a personal mission statement, clarifying, strengthening and making a personal commitment to medicine as their life's work.

The Healer's Art has been offered as an Optional Enrichment Elective at the University of Massachusetts Medical School since 2015. A medical student then at UMASS, Ben Adler was inspired after learning about The Healer's Art in a *New York Times* article and wanted to bring the course to the medical school. In order to do this, two faculty members were needed. Ben was working with Laura Lambert, MD, in her surgical oncology service at the time, so she volunteered, and I also volunteered. Dr. Lambert and I went to the Institute of Health and Illness in California to go through the training with Rachel Naomi Remen, so that The Healer's Art could be offered as an optional

enrichment elective at the school. We found the experience to be transformative, and while we had been excited about the course before the training, we became more passionate about being able to offer it to students. The course allows students and faculty to explore aspects of being a physician and person in a unique and vital way.

Ben was essential to bringing the course to life at UMASS, serving as the student adviser, which required interfacing with the school, assisting with scheduling the sessions of the course and informing other students about it. Dr Lambert and I recruited our faculty for that first year. We were fortunate to have been able to persuade Drs. John Zawacki, Abigail Adams and Ron Adler to jump on board with us and participate as faculty the first year. Faculty participate on the same level as students, yet have the experience of having graduated from medical school. Faculty in the course have strong core humanistic values that they bring to their practice and share with students.

The first year was a success, and we have been able to build on Ben's work and offer the course to increasing numbers of students. The first year's enrollment was about 15 students, and most recently, 36 have participated. The increase in enrollment has required an increase in faculty for the course. In addition to Drs. John Zawacki and Ron Adler, newer faculty include Drs. Ina Fitch, Jay Broadhurst, Nancy Bennett and Jane Lochrie. The course could not exist without the dedication and commitment of these superb clinicians.

The student advisors for the course have also played a critical role. Initially, Ben Adler and Sarah Grace Reynolds were essential to the implementation of the course. Ben actually served for two years, as work on The Healer's Art also was part of his Capstone work for the medical school. For 2016, the wonderful Tiffany Chen and Casey Hamilton served as advisors. Currently, Lauren Colwell, Margaret Xu and Rebecca Earle are working on bringing the course to the current first- and second-year students. Advisors volunteer for the role, finding the course to be so valuable that they wish to ensure that it is available for their colleagues.

The course has been highly evaluated by the students and faculty, who describe the course experience as unique in their professional training. Open ended comments from the course evaluation included:

- "One of the best classes I have ever taken."
- "This is a course every med student should take."
- "This course was one of, if not the, best experience of med school so far. It emphasizes the importance of being a person, a good person, and being yourself to become the best doctor you can be."

A former Healer's Art participant and current UMMS fourth-year student, Corinne Ainsworth, shared, "The Healer's Art course was a weekly reminder of why we all chose medicine, and it was also a powerful reminder that we are not alone. Not only must we take care of our patients, but we must take care of each other, too."

For Laura Lambert, our faculty and I, being involved with this course has helped us renew our commitment to service as physicians and as teachers, as well as made us aware how dedicated and compassionate the medical students are at University of Massachusetts. During the last session of the course, the students and faculty construct their own mission statements and then share them. We are left with a wonderful sense of hope for the future at the close of the session and a willingness to serve together in this calling.

L. Rebecca Spanagel, MD, is an assistant professor of clinical medicine at the University of Massachusetts Medical School and practices at St. Vincent Hospital.

Healing a Fractured World – Humanism in Medicine

Michael Moverman



Michael Moverman

I remember walking into the room of a frail-looking man at 6:05 a.m. every morning of my general surgery rotation during my third year of medical school. My team would quickly hurry into the elevator closest to the resident room at 6 a.m. and wait for the door to open on the top floor of UMass Memorial Medical Center. Bing! We would rush down the long hallway and make our way into his room.

The patient had recently undergone a surgery to remove an abdominal cancer and had been dealing with various post-operative complications. While the interventions our team was providing were necessary and worthwhile, I could not help but

notice a sense of desperation coming from the patient whenever I saw him. He was desperate to hold onto his life – he wanted to beat his condition, his surgery and his bad luck. But after a few days, I noticed another sense of desperation which was a bit subtler. He was alone. This patient was in a hospital with more than 12,000 employees, yet he had no one to speak to. Tragically, several weeks into my rotation, the patient discovered that his cancer had metastasized to his brain. Looking back a year later, I cannot help but think: Could we have done anything differently to help this patient? Would it have made any difference?

I was first introduced to the concept of humanism in medicine during this same general surgery rotation a year ago. One of the surgical oncologists at UMass, Dr. Laura Lambert, had recently decided to start a course on the subject for third-year medical students as she felt that humanism in medicine was an essential component of a well-rounded medical education. The course was one of the most important aspects of my year because it allowed me to think critically and practice a component of medical education that often gets taken for granted.

Humanism in medicine, defined by the Arnold P. Gold Foundation, is “characterized by a respectful and compassionate relationship between physicians, as well as all other members of the healthcare team, and their patients. It reflects attitudes and behaviors that are sensitive to the values and the cultural and ethnic backgrounds of others.” Dr. Arnold P. Gold, a physician at Columbia University, started the Gold Foundation in 1988 in response to concerning trends that he began witnessing. He feared that “burgeoning scientific discoveries and advances in technology were shifting the focus of medicine from caring for the whole person to an over-reliance on technology.” A well-known study by Beckman and Frankel in 1984 demonstrated that physicians interrupt their patients on average 18 seconds after the start of a visit. Only 23 percent of patients were able to finish their opening statement.¹ In addition, women were interrupted more frequently than men. These findings have since been replicated by several additional studies. In addition, one survey found that two-thirds of patients discharged from a hospital do not even know their diagnosis. Another study found that 60 percent of patients misunderstand directions after an office visit.

On the other hand, emerging evidence is beginning to show a correlation between empathy and health-related outcomes. A 2012 retrospective correlational study with more than 20,000 diabetic patients demonstrated a significantly lower incidence of acute metabolic events

in patients who were treated by physicians with high empathy scores – compared to patients treated by physicians with moderate or low empathy scores.² Another study suggested that physicians with high empathy scores were significantly more likely to have good control of their patients’ hemoglobin A1c and LDL-C than physicians receiving low or moderate empathy scores.³ Lastly, a randomized control trial at the University of Wisconsin showed that patients with the common cold who gave perfect empathy scores to their physicians “reported that their colds were less severe and lasted fewer days than patients who gave their clinicians a less than perfect empathy score.”⁴ In addition, both nasal neutrophils and IL-8 were found to be higher in these patients, demonstrating a more robust immune response. This evidence suggests that an empathetic physician may not only leave patients feeling satisfied, but also healthier. Continued investigation is necessary to tease out the full extent of the relationship between an empathetic physician and health care-related outcomes.

While the above data is promising, we should value and practice humanistic medicine regardless of what studies show. I remember listening to a retired orthopedic surgeon reflect on the most important lessons of his career at a conference several years ago. He said, “The patient first wants to know how much you care before they care how much you know.” It is interesting that when looking back on life, people seem to emphasize the importance of things other than success, money and status. This man, who was speaking to a room full of successful surgeons and medical students, did not talk about hard work, research or surgical technique – but instead spoke about caring for others. Unfortunately, it usually takes a lifetime to appreciate these lessons. Even if we are able to internalize these lessons, it is even more difficult to practice them in day-to-day life. Thus, one of the most important distinctions that our generation of physicians needs to grapple with is the difference between caring for and treating a patient.

Now more than ever, the idea and practice of humanism is of paramount importance. In 2000, Robert Putnam, a political scientist at Harvard, published the book *Bowling Alone*. Putnam describes how more people are going ten-pin bowling than ever before, but fewer are joining teams and leagues. To him, this became the symbol of an individualistic society that is rich in individual life but poor in social capital.⁵ In other words, we are becoming disconnected from our communities and value our own self-interests over others. Additionally, troubling trends such as the emergence of Ku Klux Klan rallies in Charlottesville, the rise of anti-Semitism within living memory of the Holocaust, the revival of identity politics and a fractured White House are further destabilizing our society.

Moving forward, we must make the conscious decision to not only teach the next generation of physicians to value and practice humanistic medicine but also to be moral leaders in their communities. Just like the patient on the top floor of UMass Memorial, the world is desperate for humanism. Listen.

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References

- ¹ Beckman, Howard B. “The Effect of Physician Behavior on the Collection of Data.” *Annals of Internal Medicine*, vol. 101, no. 5, Jan. 1984, p. 692.
- ² Canale, Stefano Del, et al. “The Relationship Between Physician Empathy and Disease Complications.” *Academic Medicine*, vol. 87, no. 9, 2012, pp. 1243–1249.
- ³ Hojat, Mohammadreza, et al. “Physicians Empathy and Clinical Outcomes for Diabetic Patients.” *Academic Medicine*, vol. 86, no. 3, 2011, pp. 359–364.
- ⁴ Rakei, D, et al. “Perception of Empathy in the Therapeutic Encounter: Effects on the Common Cold.” *Patient Education and Counseling*. 2011 Dec;85(3):390-7.
- ⁵ Putnam, Robert D. *Bowling Alone: The Collapse and Revival of American Community*. Simon & Schuster, 2000.

Humanism and Healthy Work Environments

Joan M. Vitello-Cicciu, PhD, RN, NEA-BC, FAHA, FAAN



Joan M. Vitello-Cicciu, PhD, RN, NEA-BC, FAHA, FAAN

While it can be uncomfortable to start a new role in a vastly different organization, it can also be exciting and invigorating as a health care leader. Almost two years ago, I started as the fifth dean of the Graduate School of Nursing (GSN) at UMass Medical School (UMMS). When I was invited to write this article for *Worcester Medicine*, I quickly reflected on what is humanism and what have I done to promote a humanistic environment as a health care leader. So, I went to the literature for a definition of humanism.

The definitions ranged from the Renaissance “as a scholar who studied the language and culture of ancient Greece and Rome”¹ to “a secular humanist, usually downplaying or denying the importance of God and a life after death”² to a “doctrine, attitude or way of life centered on human interests or values”³ and, lastly, “any system or mode of thought and action in which human interests and dignity predominate.”⁴ One can easily tell that these definitions varied extensively, so I chose the last definition to reflect on what have I acted upon to be that humanistic leader.

One of the first goals I had as a new dean was to develop a shared vision with the staff and faculty. The GSN had a clearly defined mission statement but not a shared vision. The co-created GSN shared vision is creating a community of health, discovery and human dignity! This vision speaks to the faculty and staff’s devotion to improving their own health and the health of others and their quest for discovery through research, practice, education or policy-making, while preserving and upholding the human dignity of those they teach, care for and interact with every day. As a nursing leader, my role is to keep this vision in the forefront and to constantly explore ways that our students, faculty and staff can be educated, developed and encouraged to make their optimal contributions to education, research and practice to achieve high-quality care for patients and their families.

The second way that I have promoted a humanistic environment is to co-create, with the faculty, staff and students, a healthy workplace environment. Back in 2004, as one of the past presidents (1994-1995) of American Association of Critical Care Nurses (AACN), I was asked to review and give input into a document – later released in 2005 as a landmark publication – titled “AACN Standards for Establishing and Sustaining Healthy Work Environments: A Journey to Excellence.”⁵ The six standards specified in this seminal publication were: skilled communication, true collaboration, effective decision-making, appropriate staffing, meaningful recognition and authentic leadership. These six standards are necessary to establish and sustain healthy workplace environments in health care. Of these six standards, the one that I feel solely accountable and truly responsible for is authentic leadership, as it has been described in the literature as the “glue that holds together a healthy work environment.”⁶ I am accountable and responsible to be that authentic leader.

What is an authentic leader? The two definitions that I subscribe to is one from the academic literature and one from the popular literature. Avolio, et al.,⁷ describes authentic leaders as those individuals who are “deeply aware of how they think and behave and are perceived by

others; as being aware of their own and other’s values/moral perspective, knowledge and strengths; aware of the context in which they operate; and who are confident, hopeful, optimistic, resilient and of high moral character” (p.804). In the popular literature, George⁸ describes authentic leaders as individuals who genuinely want to serve others through their leadership; are guided by qualities of heart, passion and compassion; recognize their shortcomings and work hard to overcome them; lead with purpose, meaning and values; build enduring relationships with people; are consistent and self-disciplined; and when their principles are tested, they will refuse to compromise. Moreover, these leaders demonstrate the five qualities of (1.) understanding their purpose; (2.) practicing solid values; (3.) leading with heart; (4.) establishing connected relationships; and (5.) demonstrating self-discipline. I have an obligation to strive to be this authentic leader by pursuing a journey of self-reflection, self-awareness, self-discipline and self-renewal. It is also imperative that I co-create the other five characteristics of a healthy work environment.

We as faculty and staff must engage in skilled communication that is forthright, open, honest and receptive to diverse perspectives. When critical feedback is necessary, it is done in a professional and respectful manner. As for true collaboration, we must always strive to engage in inter-professional education, practice and research by valuing each other’s strengths, prizing each other’s contributions and resolving competing interests.

Effective decision-making is vital as faculty and staff. We must always assess a situation, sharing data-based information and using the spirit of inquiry for clarification. Regarding appropriate staffing, we must ensure that the learner’s needs are matched with the faculty’s expertise, especially in regards to dissertation and scholarly projects. It is also imperative that, as deans and associate deans, we evaluate faculty workload and make appropriate adjustments when needed.

Even though now I have minimal contact with patients and their loved ones, I do have a responsibility to influence the students and faculty who do provide patient care. Therefore, it is imperative that their environment is one that promotes psychological, emotional and physical health, so they are largely satisfied with their learning environment and feel motivated and encouraged to provide humanistic patient care. As faculty, it is imperative that we instill the importance of nurses who are caring and compassionate in their delivery of care and that we recognize and reward that behavior through meaningful recognition.

When these six standards are implemented and embedded in workplace environments, human interests, values and dignity will predominate. Thus, a humanistic milieu will be the outcome.

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References

- ¹ <https://www.dictionary.com/browse/humanist>
- ² <https://www.dictionary.com/browse/humanist>
- ³ <https://www.dictionary.com/browse/humanism>
- ⁴ <https://www.merriam-webster.com/dictionary/humanism>
- ⁵ American Association of Critical Care Nurses. AACN standards for establishing and sustaining healthy work environments: a journey to excellence. *American Journal of Critical Care*. 2005;3:187-197.
- ⁶ Shirey, M.R. Authentic leaders creating healthy work environments for nursing practice. *American Journal of Critical Care*. 2006; 15 (3):256-267.
- ⁷ Avolio, BJ, Gardner, WL, Walumbwa FO, Luthans F, May DR. Unlocking the mask: A look at the process by which authentic leaders impact follower attitudes and behaviors. *The Leadership Quarterly*. 2004; 15:801-823.
- ⁸ George B. Authentic leadership: Rediscovering the secrets to creating lasting value. San Francisco, CA: Jossey Bass: 2003.

The Free Clinic* from a Provider's View

Joel Popkin, MD



Joel Popkin, MD

"Oh no, 5:30 p.m., time to leave for Free Clinic."

But at this point of the day, there are unavoidable meetings, emails and calls that have yet to be addressed. So, every Tuesday evening, I grumble on my belated way to the free clinic. Yet at the end of every session, many of them a lot longer than expected, I am contentedly drained. What happens between arrival and departure?

Well, for starters, I get to work with inspiring young colleagues. Let me introduce some of my favorite UMass medical students and St. Vincent Hospital residents. Without these dedicated,

thoughtful, caring and smart contributors, our little band of providers couldn't come close to caring for the sometimes more than 80 patients to be seen in the presumably two-hour allotted time. They rightly deserve first shot for their commentary. And this is what they say:

Soomin Kim, UMass Class of 2020

"... I value working with immigrants like myself and families with low income and no health insurance. There were periods during my childhood when my family could not financially afford health insurance, and understanding the impact this has on a family has made me set a goal to help those who are experiencing similar situations. St. Anne's allows me to work towards achieving this goal by allowing me to directly interact with these individuals and learn from them how best I can help, both as a medical student and as a physician in the future."

Shushmita (Sushi) Hoque, UMass Class of 2020

"Working at the free clinics has been an amazing way to connect with the Worcester community. I have met people who have lived here for years and others who have just moved here within the month. It's been a great way to dip my toes into clinical practice, reinvigorating my passion for helping others and providing a much-needed break between intense labs and classes."

Nicole Lang, UMass Class of 2018

"My service as a free clinic volunteer has provided me with some of the most clinically interesting and socially enlightening patient encounters of my medical school career. However, the most rewarding aspect of caring for my free clinic patients has been guiding new immigrants and refugees as they navigate their first port of entry into the American health care system. Although balancing patient care, clinical rotations and academic responsibilities is an ever-present challenge, being able to spend time with doctors and nurses who weekly sacrifice their time to offer help to a very vulnerable patient population offers a concrete model for integrating meaningful service into a busy career. These interactions – both with my patients and my colleagues – help us all to recapture the highest ideals of medicine and compel us to pursue more meaningful relationships with our patients."

Himmat Grewal, MD, Chief Medical Resident, St. Vincent Hospital

"St. Anne's has been a vital part of our outreach program towards refugees, immigrants or those who lack health insurance. Addressing the health needs of this particular population is sometimes a challenge, but can be very rewarding when you follow up on subsequent visits. Serving the underserved or [giving] immunizations ... or assistance with health insurance ... all such experiences have been rejuvenating. It keeps the child alive in me and, at the same time, has made me a better listener."

Natasha Dudiki, MD, Chief Medical Resident, St. Vincent Hospital

"My true primeval volunteer experience was at St. Anne's Clinic. It was eye-opening

and eerie to see the vast health care disparities that exist amongst us. I volunteered as a general internal medicine physician, along with a team of warm-hearted and humane colleagues. It was one of the most rewarding experiences I had through my residency. At the end of every Tuesday night, I felt so ecstatic and contented. I should say St. Anne's Free Clinic changed the way I think, the way I look at life and the way I practice medicine."

Nirmal J Kaur, MD, Cardiology Fellow, St. Vincent Hospital

"Free clinic to me was returning to roots. Back in India, we relied more on our clinical acumen in the dearth of sophisticated imaging and testing and still could come up with a reasonable diagnosis. It is a nice reminder that medicine can never exist in isolation; clinical acumen and testing have to both go hand in hand. Being able to help people in need and provide much-needed comfort give a very tangible sense of purpose and the instant gratification of providing reassurance by filling in that lacuna of missing health care. The gratitude that people show is very touching. It gives a higher sense of existence and the bigger picture of being there for your fellow human beings in need."

I've quoted these young colleagues because they've said it far better than I can articulate and to show another reason why I work there: Who could fail to be stimulated by young 'uns with this kind of idealism and energy? My grumbling on arrival melts immediately upon contact with wonderful physicians, student physicians and student providers who role model the goals we aim for in our teaching. And most certainly, the same goes for our remarkable other colleagues, nursing and support staff who are integral to the clinic's very existence.

But what else do we baby boomers get for years of donated time and effort? Well, there's the fame and fortune, of course. Er, maybe not. The community prestige poured over us? Hmmmm. So probably what matters most is what Anne Frank once said: "No one has ever become poor by giving." Smiles, after all, don't require translators, and they demonstrate appreciation for basic help that simply isn't available anywhere else in the vicinity. What the rest of us mostly take for granted is something that can be lifesaving for these patients.

Multiculturalism: If anyone has an interest, here is the place to learn about it. This isn't about book learning, which may not have a lot of relevance in this area, anyway. To tolerate – ugh, what a terrible word – no, to celebrate our differences, it's essential to work with and live with those who differ from us. What better ways of starting that process than treating patients from at least five continents (I think we've missed Australia and Antarctica, so far).

My contemporaries routinely inspire. With absolute certainty, I can say that the physician and non-physician staff do what they do for the right reasons. And obviously no one is doing it for the money, since there isn't any.

Finally, this is how my dear friend and colleague, Dr. Dan Guilbert, describes his dependence on medicine, by paraphrasing William Osler: "It's a cruel mistress. Hard to live with, hard to leave." It is so hard for many of us to take that giant step into retirement. But for this retiree, the free clinic provides quick fixes for withdrawal.

Chinua Achebe said, "The real solution lies in a world in which charity will have become unnecessary." Well, that would put St. Anne's Free Clinic out of business. But I'm not real worried about being unemployed very soon.

*St. Anne's Free Medical Program has provided free care to the underserved of the greater Worcester environs since 1996. Jane Lobbie, MD, program director of internal medicine at St. Vincent Hospital and editor of Worcester Medicine leads the team of health care professionals who donate their services.

Joel Popkin, MD, is the director of special services at St. Vincent Hospital and is a clinical professor of medicine at the University of Massachusetts Medical School. He has worked at St. Anne's Free Clinic weekly for the last 10 years.

Exquisite Compassion: The Beauty of Schwartz Center Rounds

Robert Ready, RN, and Gary Blanchard, MD

To truly grasp the heart and everlasting impact of the Schwartz Center Rounds, one must reflect back 22 years ago to the tragic story of Ken Schwartz, the founder of the eponymous Schwartz Center, who died in 1995 from lung cancer. Ken was 40 years old. Ken's vision was inspired by his own journey and agonizing physical and emotional struggle with lung cancer, beginning with his diagnosis in 1994 and ending in his passing a mere one year later. Ken, a health care attorney whose father and brother were physicians, movingly chronicled his experiences with our health care system in a compelling *Boston Globe Magazine* article, published July 16, 1995.

Through Ken's firsthand account, we can empathize with his physical pain, his uncertainty, his fears and his hopes, all stemming from a life-threatening cancer diagnosis in a way that stirs the heart and soul. Sharing his experiences with invasive and quality of life-limiting medical interventions, such as biopsies, chemotherapy and radiation, he reminds us of the equal, if not even more significant, power of "caring" and simple acts of loving kindness. We are reminded that – even in a world of increasing time and financial constraints – when a health care professional takes a brief moment to authentically listen, hold a hand or embrace another human being's fears, we can make "the unbearable ... bearable" (Ken Schwartz). Ken's clear vision to create a center to disseminate programs that improve communication between patients and their caregivers, promote compassion and enhance spirituality arises in his Schwartz Center Rounds.

The Schwartz Center Rounds now take place in more than 430 health care organizations throughout the U.S. and around the world – with Saint Vincent Hospital being one of the earliest known adopters. Saint Vincent's Schwartz Center Rounds, spearheaded in separate sessions by both physicians and nurses employed through the hospital and Reliant Medical Group, strive to create a forum that focuses on the human experiences and feelings when providing care (and less so on the medical diagnoses of a typical medical grand rounds). Rounds are intended to provide a safe, secure space for health care workers to share their own, oftentimes conflicting, emotional responses in caring for patients and their families/caregivers.

Typically occurring monthly, Schwartz Center Rounds are intended to be collaborative, interdisciplinary discussions allowing for diverse perspectives and opinions. Doctors (attending and resident physicians), nurses, social workers, allied health workers and chaplains fill a conference room to hear a panel discussion on the particular topic of the day. Food is provided, and by breaking bread, we hope we open up the conversation by nourishing the body and soul. Rounds are typically

facilitated by a Schwartz Center-trained facilitator that can help guide discussion.

Topics run the gamut from death and dying to palliative care and challenges of the opioid crisis. Some of our recent rounds have focused on:

- **End-of-life care:** Two palliative care nurse practitioners, a psychiatrist and a neurologist led a challenging discussion about how to assess the decision-making capacity of a vulnerable patient with neurodegenerative illness – and how emotionally wrenching it was for those caring for the patient at times to honor their wishes, especially when those care goals are not congruent with our own educational, cultural and religious beliefs.
- **Neonatal abstinence syndrome:** A social worker, obstetrician and nurse reviewed how they grappled with their own emotions when taking care of a baby born in a state of physiologic withdrawal from opioids – and the baby's mother.
- **Organ donation:** A patient who was the recipient of an organ that lasted 10 years, but now has reverted back to a waiting list for another transplant, supported by a team of an ICU physician, an ICU nurse, a family liaison and a respiratory therapist, sharing the unrivaled joy of successful transplantation and the heartbreaking conversations with family members of a patient, now in a vegetative state, who wanted to be an organ donor.

The overarching theme of Schwartz Center Rounds always harkens back to the original vision of Ken Schwartz: to enhance professional caregivers' ability to provide truly compassionate care to our vulnerable patients. Rounds are a method to refill one's "compassion bank" from all the withdrawals of a busy, hectic health care system, the confluence of which so regularly can – as we all know too well – lead to burnout.

When we "see" our patients as more than a diagnosis or a lengthy past medical history or just another task to cross off on a list on another unrelentingly busy day and when we can see them as unique individuals, with their own hopes and terrifying fears, we begin to understand and fulfill Ken Schwartz's original vision of "exquisite compassion."

Dr. Gary Blanchard, a geriatrician, is the geriatrics medical director at Saint Vincent Hospital (SVH). He is the leader of SVH's Nurses Improving the Care of Health System Elders (NICHE) team, which is devoted to improving the care of vulnerable older adults utilizing interdisciplinary team approaches. He is an assistant professor of medicine at the University of Massachusetts Medical School, where he also serves as a Learning Community mentor.

Robert Ready, RN, MN, NEA-BC, is the associate chief nursing officer at Saint Vincent Hospital.

The Essence of Schwartz Rounds: Humanism in Medicine

Anne Weaver, BSN, CCRN, CHSE



Anne Weaver, BSN, CCRN, CHSE

There is a lot of discussion in our country and around the world regarding quality in health care. I have been a nurse since 1987, and in my experience, quality in health care is difficult to measure. Humanism in medicine is a way of emphasizing the whole person and his or her uniqueness; this is an aspect of care that should be emphasized in health care delivery.

Schwartz Rounds is one way to improve care for our patients and to increase job satisfaction for our hard-working caregivers by adding a lens of humanism into our care planning and

interdisciplinary discussions. Schwartz Rounds are designed to bring caregivers together to discuss the human side of health care. Ken Schwartz created The Schwartz Center for Compassionate Healthcare days before he lost his battle with lung cancer. His ordeal taught him that the caregiver-patient relationships that are formed during times of patient vulnerability can be as important as medications and other therapies. Caregivers who stayed present in the moment and shared of themselves, even in the smallest ways, gave him hope and helped him cope when things seemed unbearable. The goals of these meetings are to improve communication, promote compassion and empathy, improve training, spread best practices and empower patients and families. To accomplish these goals, caregivers share their stories of connections to patients, experiences they have had that in some way touched them on a human level. Some of the stories are of successful interactions and some can best be described as lessons of what not to do. These stories collectively help the caregiver remember that behind the diagnosis, underneath the pain, even on a stressful day, there is a human being who has come to us for help. This person, this family, has a story to tell. When we are fully present to hear their unique stories, the healing process begins, and the person, the caregiver and the greater community share in the benefits.

The first time I attended Schwartz Rounds was many years ago; the topic was about the challenges of caring for someone with multiple sclerosis at home. My mother had MS, and our family was caring for her in our home. I didn't know anything about Schwartz Rounds, had no idea what to expect. I was hoping to learn something that would better enable me to care for my mom. I think I expected the panel to be made up of neurologists and MS specialists. To my surprise, the panel included people like me, who were caring for their loved ones in their homes. They didn't hand me a list of all the things I should

do; they simply and kindly shared their stories. At first, I think I was disappointed, but that feeling did not last. After listening to their stories, I felt less isolated, more empowered. After all, these people were just like me; they had the same challenges, hopes, fears, successes, failures and disappointments as me. Through the sharing of these very human experiences, I came to realize that my family and I were the experts in my mom's care. The panel gave an incredible gift to all the people who were there. To this day, I am grateful for their trust and willingness to expose their vulnerabilities to make other people's experiences easier.

The gift of trust through the sharing of personal stories is truly a powerful gift. It is not an easy thing to speak from the heart. What if I tell my story and someone ridicules me? What if I tell my story and no one cares? What if I tell my story and someone says I am wrong? These are the challenges I willingly took on when I agreed to be a panelist at Schwartz Rounds. As a nurse in the Pediatric Intensive Care Unit, I developed many close relationships with the families of the children in my care. I was asked to share my experience with the family of a teenager who had been in a car accident. I wondered if the family would recall events in the same way that I did. I hoped the expression of my feelings for this family did not make me look foolish or cause embarrassment for the family. I trusted that sharing this story would teach other caregivers that presence and kindness are necessary to promote a healing environment.

That experience gave me an opportunity to reflect what it must be like for patients to trust caregivers enough to share their own stories. I had a choice to tell my story. The person who is feeling lost or disconnected due to illness does not have a choice. They must trust their team of medical professionals, and when they trust us enough to share their unique story, we owe it to them to be fully engaged in the telling. When a patient gives us the gift of trust, they have the right to expect that we appreciate this gift. Illness is often accompanied by a process of depersonalization, feelings of loss of self. I believe that the telling of the experience of illness is a significant way to resist or reverse this process. The stories are powerful, and the storyteller risks a great deal to be fully honest.

All patients are vulnerable to some extent; they may feel isolated from their families and jobs, may suffer in silence from pain or misplaced guilt. Reacting to patients on a human level while regarding them as unique individuals fosters the caring relationships that Ken Schwartz wrote about. Treating someone as a diagnosis or an incomplete person may lead to medical error and frustration on the part of the patient and caregiver, draining valuable resources from our already strained system. Humanism as a way of decision-making and regarding people with respect discriminates against no person, costs no money, takes no additional time and truly benefits patient and caregiver alike.

Anne Weaver, BSN, CCRN, CHSE, is a pediatric nurse education specialist at UMass Memorial Hospital.

Breaking Down the Culture of Perfectionism to Create More Connections with Patients

Jessica H. Vigliotti, JD, CPHRM



Jessica H. Vigliotti, JD, CPHRM

"To most physicians, my illness is a routine incident in their rounds, while for me, it's the crisis of my life. I would feel better if I had a doctor who at least perceived this incongruity." – Anatole Broyard

What does humanism have to do with the practice of medicine? Humanism in medicine means including in one's practice qualities like empathy and compassion for patients. With respect to the above quote, humanism in medicine means making a patient feel that his illness is anything but routine. Given that description, it is obvious that every medical provider likely strives for this ideal.

Unfortunately, the realities of modern medicine are such that competing values are constantly demanding providers focus their attention elsewhere. These competing values include things like meeting certain metrics, generating revenue via billed encounters and increasing panel sizes. Essentially, it is the reality of the modern medical practice that providers need to focus their attention on the bottom line – making money so that practices can stay afloat. Add to this the amount of time that has to be spent on coding, billing issues and other administrative matters, and it can feel nearly impossible for our providers to invest the time and energy needed to focus on the soft skills that are essential to forming connections with their patients.

However, for those medical providers who are successfully able to integrate empathy and compassion into their practices, the rewards are well worth the investment. In fact, it turns out that those supposedly conflicting interests, which are so often seen as competing with a provider's ability to invest time to connect with patients, are actually served by doing so. The following benefits can be expected:

- **Improved patient satisfaction.** Patients who feel that their provider really cares and has truly heard them are happier patients. This becomes especially important given initiatives that now tie compensation and reimbursement to patient satisfaction scores.¹
- **Better patient outcomes.** Patients who are happy with their provider are more likely to be compliant, and that means better patient outcomes. Again, in the modern medical practice, where reimbursement is often tied to meeting certain benchmarks, this can mean more revenue.²
- **Decreased professional liability.** Of course, with happier and healthier patients, we can expect to see a decrease in the number of claims and suits faced by a provider who is incorporating humanism into his or her medical practice.³ So again, the bottom line of an organization is, in fact, improved by providers investing the time and energy to truly connect with their patients.
- **Decreased provider burnout.** One of the surest ways to decrease provider burnout is for the provider to feel a sense of purpose and meaning in his or her work. This unfortunately gets lost for many providers in the "business" of medicine, where making profits is the main focus. Taking a step back to focus on the connections made with patients hopefully can allow providers to recall the

reasons they chose medicine as a career and rekindle their passion.

The above assertions are in many ways just common sense. Who could dispute the idea that patients are happier if they feel listened to or that patients who are happier and healthier are less likely to file claims and lawsuits? Yet, barriers remain.

The barriers that have already been mentioned are certainly difficult to address. It is simply reality that medical practices need to be profitable to stay in business and continue serving patients, and with that comes all the pressures of increasing the size of panels and the number of billed encounters. Another barrier to incorporating humanism in medicine is the culture of perfectionism in medical practice. This, too, is difficult to address, but it behooves medical practices to make an attempt, because while the culture of perfection obviously has a negative impact on providers, it also negatively impacts their patients.

Medical providers expect themselves to make the right diagnosis, prescribe the appropriate treatment, see patients all day long, document meticulously, always be available and to do all this – and everything else involved in their jobs – without allowing their emotions to impact them. This culture starts in medical school, where students are made to feel like they are somehow failing if they admit to being anything other than all-knowing, and it continues into practice. Providers are reluctant to, or even admit they need to, take time for self-care for their own well-being. Physicians treating themselves with compassion and understanding would go a long way toward increasing their ability to do so for their patients.

At Reliant Medical Group, we have been hosting Schwartz Center Rounds every other month for a couple of years now in an attempt to address this barrier. The idea of these sessions is to create the opportunity for our providers to communicate openly and honestly, in a judgment-free zone, about how the practice of medicine is impacting them personally. Topics have included the frustrations that providers feel when dealing with non-compliant patients, the fear and agony that a provider deals with when they become involved in a lawsuit and dealing with the emotional impact of conveying a bad diagnosis, among others. Providers are given the time to express their own feelings about these matters and to get support from others who are dealing with similar difficult matters.

These sessions have highlighted just how emotionally fraught the practice of medicine often is and the damage that is done when providers do not allow themselves to feel and express those emotions. Giving providers the space and permission to treat themselves with compassion and empathy is one step organizations can take towards encouraging providers to take care of themselves, which will, in turn, allow them to better care for their patients.

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References

- ¹ Meyer, Zlati. "Medicare payments tied to patient surveys." USA Today. 24 Dec. 2012. Web. 26 Oct. 2017.
- ² Baig, Mirza. "Physician Reimbursement Models – Is Pay for Performance the Best Replacement for Fee for Service?" Chicago Medical Society, accessed at <http://www.cmsdocs.org/news/physician-reimbursement-models>. 26 Oct. 2017.
- ³ Stelfox, H., Gandhi T., Orav, J., Gustafson, M. "The Relation of Patient Satisfaction with Complaints Against Physicians and Malpractice Lawsuits." The American Journal of Medicine v. 118, issue 10. October 2005: 1126-1133, accessed at <http://www.sciencedirect.com/science/article/pii/S0002934305001646> 26 Oct. 2017.

Volunteer Physicians needed for St. Anne's Free Medical Program

Jane Lochrie, MD, FACP

I assumed the role of medical director of St. Anne's Free Medical Program in June. As many of you know, this program was started by Dr. Harvey (Jerry) Clermont more than 20 years ago.

Our mission is to provide high-quality, respectful and free medical care for the underserved population of Worcester County. The staff is all volunteers and is comprised of dedicated professionals and support staff, many of whom have been volunteering since the program started, and medical students and residents.

The program sees, on average, 50 patients per evening; many are pediatric patients who come to the clinic for physicals, vaccinations and minor health issues. We could really use the help of pediatricians and family medicine physicians, as we are losing our two family medicine physicians and we do not have a pediatrician.

**THE PROGRAM RUNS
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SERVICE
AWARD



Nandana Kansra, MD, MPH

WDMS
CAREER
ACHIEVEMENT
AWARD



Giles F. Whalen, MD

WDMS
PRESIDENT'S
AWARD



Julia V. Johnson, MD

WDMS 2017 SCHOLARSHIPS



Britney Atwater - 2020
University of Massachusetts
Medical School



Regina Brown - 2020
University of Massachusetts
Medical School



Alexander Buslov - 2019
University of Massachusetts
Medical School



Colleen Flanagan - 2020
University of Massachusetts
Medical School



Caitlin Gauvin - 2019
New York Institute of Technology
College of Osteopathic Medicine



Samantha Hay - 2018
Virginia Commonwealth University
School of Medicine



Matthew Heard - 2019
Drexel University
College of Medicine



Justin Kittredge - 2018
Albany Medical College



Stephanie Ludy - 2018
University of Massachusetts
Medical School



Jacob Lurie - 2019
Icahn School of Medicine
at Mount Sinai



Charles Nessralla - 2018
University of Massachusetts
Medical School



Alex Newbury - 2019
University of Massachusetts
Medical School



Jerome Rogich - 2018
University of Massachusetts
Medical School



William Sidelinger - 2018
University of Massachusetts
Medical School




Elizabeth C. Dugas - 2018
Worcester State University

WORCESTER DISTRICT MEDICAL SOCIETY ALLIANCE 2017 NURSING SCHOLARSHIPS



Bernice A. Amponsah - 2017
Worcester State University



Irina Muresanu, violin
April 13, 2018
8:00 pm at WamsWorks

Garrick Ohlsson, piano
January 27, 2018
8:00 pm at Mechanics Hall



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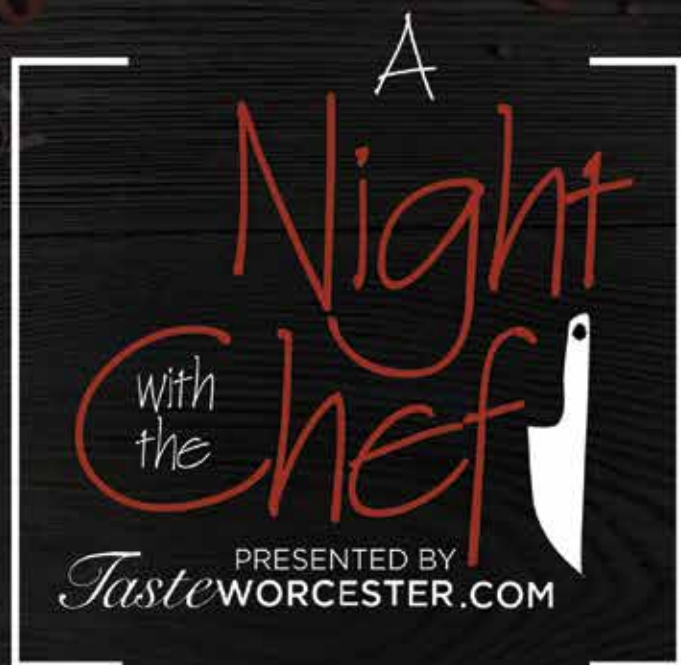
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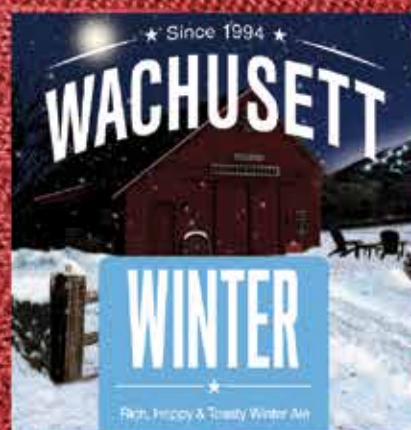
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