



Touchpoints

A NEWSLETTER OF THE KENNETH B. SCHWARTZ CENTER

Strengthening the relationship between patients and caregivers

PREACHING WHAT THEY PRACTICE:

Tufts Program Creates Teachers of Compassionate Care

To the age-old question “can compassionate patient care be taught?,” Tufts University School of Medicine (TUSM) answers an emphatic “yes.”

“It’s a skill to be taught and a habit of mind that can be nurtured,” says Tufts’ assistant dean for Faculty Development, Maria Blanco, EdD, the co-leader of a program at the medical school that is doing both. “There are effective ways to instill these qualities in students—by nurturing their capacity to relate to others and by encouraging mindfulness, self-reflection and self-awareness.”

Supported with a grant from the Schwartz Center, the Schwartz Compassionate Care Faculty Development Program at TUSM is training 16 doctors, nine nurses and three chaplains from five of the school’s hospital affiliates to be master teachers of compassionate patient care. But these teachers will not deliver their lessons in the classroom. Instead, these empathy experts will teach the fine art of caring on the wards of their hospitals where they work and Tufts medical students do their clinical rotations. The program is co-led by Paul Summergrad, MD, professor and chairman of TUSM’s Department of Psychiatry.

Teaching Humanistic Skills

“You have to teach these humanistic skills in medicine’s everyday setting where you can reinforce it daily and where it becomes part of our students’ clinical education,” says Blanco. “It’s at the bedside where you can ask yourself, ‘how do I communicate with the patient? How does this patient feel? What is this patient’s perspective on his or her illness?’ We talk about these topics in lecture halls, but the hospital is the best place to promote this mindfulness and reflection.”

In recent years, the importance of teaching the humanistic skills of doctoring has become a fairly mainstream idea but medical educators still grapple with how best to do it. Tufts University School of Medicine conducted a survey of third and fourth year medical students and found that while they had a good understanding of what comprises compassionate care, many respondents said they rarely receive feedback from their instructors on their bedside manner. Why? Students pointed to a lack of time for observation of their clinical performance on the wards; a focus on clinical competencies during their rotations; and teachers’ discomfort with giving feedback on students’ interpersonal skills with patients.

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Paul Summergrad, MD, and Maria Blanco, EdD, co-leaders of the Schwartz Center Compassionate Care Faculty Development Program at Tufts

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14th Annual
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Thursday, November 19, 2009
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Exhibition Center

See page 5 for details.

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PREACHING WHAT THEY PRACTICE

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“The emphasis is not put on humanistic care,” says Blanco. “And as students move on to their residencies, the humanistic part of training is even less. And of course residents are the primary teachers of students.”

Site-based Compassionate Care Projects

At the Schwartz Compassionate Care Faculty Development Program’s first workshop in October 2008, participants were introduced to approaches to teaching compassionate care in clinical settings. A subsequent workshop with healthcare communications expert and Schwartz Center Board member Beth Lown, MD, gave participants concrete ways to teach and model compassionate caregiving. For example, Lown used an “Ask-Tell-Ask” model with patient conversations, in which the doctor first queries patients about their greatest concerns or questions regarding their condition; then gives them small amounts of information in simple language; and concludes the interaction by asking them if they have questions.

At each of the five affiliate hospitals, participants have developed and begun implementing site-based compassionate care projects to practice the pedagogical strategies they have learned in the workshops, with the goal of instilling empathy skills in their medical students. At **St. Elizabeth’s Medical Center**, Schwartz program participants have trained colleagues to observe and give feedback to

medical students and residents about their bedside manner. Participants from **Baystate Medical Center** have instituted Schwartz Center Rounds for students. At **Lahey Clinic**, medical students, residents and pharmacists are offered new electives in palliative care. **Maine Medical Center’s** project examines the language caregivers use to describe patients and includes an intervention. Finally, at **Tufts Medical Center**, program participants will survey patients’ and family members’ perception of humanistic care delivery on two units before and after they attend a workshop on compassionate care.

“The Schwartz Compassionate Care Faculty Development Program validates the fact that compassion can be taught,” says participant Lauren Michalakes, MD, director of the palliative care program at Maine Medical Center. “It’s not taught as easily as teaching a procedure or how to manage a disease. But it can be role-modeled. And if our institutions validate its importance, it can be passed on to students. It becomes the culture.”

The program will do an extensive evaluation of its efficacy in creating teachers of compassionate caregiving as well as develop an on-line repository of compassionate care resources. “We would never have been able to do this program without the support of the Schwartz Center,” said Blanco. “The Schwartz Center’s goal—to create compassionate caregivers—is our goal as well.”



Thomas J. Lynch, MD

BOARD VETERAN TOM LYNCH, MD, ASSUMES CHAIR RICH DOHERTY BECOMES VICE CHAIR

In June, after more than a dozen years on the Schwartz Center’s Board, **Thomas J. Lynch, MD**, became its chair, succeeding Peter Biagetti.

Lynch, director of Yale Cancer Center and physician-in-chief of the new Smilow Cancer Hospital at Yale-New Haven, is one of the founders of the Schwartz Center and was Ken Schwartz’s oncologist. He was the long-time physician leader of Schwartz Center Rounds at Massachusetts General Hospital’s Cancer Center, where he was chief of Hematology/Oncology.

“The Schwartz Center is doing very important and influential work in the area of compassionate health care and it’s a tremendous honor to assume the position of Board chair,” said Lynch. “I imagine that Ken would be incredibly proud of the organization that has grown out of his vision. My relationship with Ken is, and will continue to be, an essential touchstone for everything I do with the Center.”

Rich Doherty, president of the Association of Independent Colleges and Universities in Massachusetts, has assumed Lynch’s role as Board vice chair. Doherty is a founding member of the Center’s Board and served as co-chair of its Programming Committee for several years.

DID SCHWARTZ CENTER DIALOGUES HAVE AN IMPACT?

Participants report honest sharing of perspectives

The dialogues between patients and caregivers have concluded. The interventions are over. And participants met one last time to assess the effects of the interventions and plan for the future. So how successful was the program model for *The Patient Voice for Compassionate Care: Schwartz Center Dialogues*? What were the perceived outcomes for patient and caregiver participants?

These were the main questions posed by the Goodman Research Group, which recently concluded a comprehensive study of the initiative that brought the perspectives of patients and their families directly to caregivers in a series of facilitated discussions. Three very different practices participated in the program: the Family Health Center of Worcester, MA; Beth Israel Deaconess Medical Center (BIDMC) Healthcare Associates; and the Yale Breast Cancer Center.

According to the Goodman study, the majority of participants were very satisfied with the Dialogues program overall and felt that the phase I panel discussions—in which patients talked about their experiences with their illnesses and the quality of care they received—allowed for the open sharing of feelings and opinions.

“There was a lot of energy during the discussions,” said Bonnie Jensen, a Yale breast cancer patient who participated in the program. “Everyone felt comfortable expressing their feelings, both positive and negative.”

Despite sites’ efforts to recruit a diverse group of patients, the groups were fairly homogenous. Goodman Research Group recommended that greater efforts be made to increase the number of patients of different ages and backgrounds.

Participants said that the phase II intervention workshops, which focused on training caregivers, were well-facilitated and very successful at teaching and promoting communications skills and raising awareness of compassionate care. Some 92% of the caregivers queried after the phase II intervention workshops said compassionate care and communication are “very” or “extremely” important to their work with patients, although many noted that their workload affected their ability to deliver compassionate care. The interventions ranged from workshops on teambuilding at the Family Health Center to improving communication with patients suffering from chronic diseases at Beth Israel Deaconess to understanding the patient experience at Yale.

Many concrete suggestions for improving the patient experience emerged from the initiative. At the Family Health Center of Worcester, plans include providing “customer service training” for caregivers and conducting more frequent patient satisfaction surveys.



Patient Melissa Burns (left) talks about her experience during a Dialogues session at the Yale Breast Cancer Center.

BIDMC has already created a new support group for diabetic patients. Among the recommendations at Yale were the creation of a patient-to-patient volunteer program, patient navigators/advocates and a patient and family advisory council.

“It is good to be reminded of the value of exploring more deeply the patient’s thoughts about change. I have found the tools [learned in the workshops] useful in my own thinking and in interviewing patients.”

— **Caregiver from Beth Israel Deaconess Medical Center**

Because some of the recommendations require buy-in from decision-makers, it’s unclear if every idea will be adopted. But to participant Andee Seigerman, a clinical social worker at the Yale Breast Center, the Dialogues initiative was an important beginning. “It brought people together, got them thinking and maybe laid the groundwork for more work and exploration,” she said.

For more information about this program or if you are interested in starting Dialogues at another institution, please contact Associate Director of Programs, Pamela Mann, at 617-724-9145.

SCHWARTZ CENTER GRANT TO NORWOOD HOSPITAL COLLABORATIVE BRIDGES COMMUNICATION GAPS

The Schwartz Center has awarded its largest grant ever—a two-year, \$200,000 grant to a Norwood Hospital collaborative to develop a program that ensures that patients’ beliefs and care preferences are communicated to their caregivers as they move from one care setting to another.

The grant acknowledges the challenges healthcare organizations face as they try to deliver compassionate, patient-centered care in a complex and fragmented system where patients often see multiple caregivers in many different types of settings.

“Research shows that communication about patients’ wishes and coordination of their care often breaks down as they transition from one care location to another,” said Executive Director Julie Rosen. “This is a time when patients are often the most vulnerable and in need of compassionate care and engagement. The Schwartz Center is deeply committed to addressing these gaps, and we believe Norwood Hospital and its partners have proposed a creative and very effective solution.”

That solution is a collaborative effort of Norwood Hospital and seven other healthcare partners: Caritas Home Care; Caritas Good Samaritan Hospice; Charlwell House; HESSCO Elder Services; Kindred Healthcare; Vista Care Hospice; and Walpole Visiting Nurse Association.

The group developed a tool to convey patient wishes, values and goals systematically among healthcare agencies. Called the LifeBox, this unique communication is designed to highlight “who the patient is.” Norwood Hospital physicians will elicit preferences from patients including what type of medical intervention, if any, they want, their spiritual needs and other medical or social goals. The pilot program began enrolling patients this past summer.

“We are very grateful to the Schwartz Center for this generous grant,” said Norwood Hospital President Margaret Hanson, RN. “It is assisting us and our partners to organize a stronger system of community care for our patients.”

Sample LifeBox Information

- **Who is the patient as a person?**
- **Personal/family goals**
- **Spiritual needs**
- **Healthcare goals**



Representatives from the Norwood Collaborative seated from left: Pat Gavin, Norwood Hospital; Richard Wulf, MD, Norwood Hospital; Sister Florence Kahler, Norwood Hospital; and Dottie Roberts, Norwood Hospital. Standing from left: Thoa Ly, Norwood Hospital; Nancy Huff, Norwood Hospital; Patty Dixon, VistaCare Hospice; Patti Calvert, Norwood Hospital; Ken Kelley, Charlwell House; Sara Chaloux, HESSCO Elder Services; Debbie Mattia, Caritas Good Samaritan Hospice; Debbie Costello, Caritas Home Care; and Jane Mulligan, Caritas Home Care

DevelopmentMatters

YOU ARE INVITED: 14TH ANNUAL DINNER

Date: Thursday, November 19, 5-9:30 pm
Location: Boston Convention and Exhibition Center
 415 Summer Street
Chairs: **John Albert**, Executive Director, Kindred Healthcare
Rick Kobus, Principal, Tsoi/Kobus & Associates
Joyce A. Murphy, Vice Chancellor & COO,
 UMass Medical School/Commonwealth Medicine
Jim Roosevelt, President & CEO, Tufts Health Plan,
 Schwartz Center Board Member

Preview of the Evening: Start off the evening with a reception and silent auction sponsored by **Partners HealthCare System, Inc.**

Celebrate the 11th annual Schwartz Center Compassionate Caregiver Award® sponsored by **AstraZeneca**.

The five finalists are:

Gregory Fenton, MD

Sidney J. Borum, Jr. Health Center
 at JRI Health, Boston, MA

Patricia Guglietta, MD

MGH Chelsea HealthCare Center, Chelsea, MA

Pediatric Advanced Care Team (PACT)

Children's Hospital/Dana-Farber Cancer Institute,
 Boston, MA

Donna Picard, BSN, MA

Greater Lawrence Family Health Center, Lawrence, MA

Amy Ship, MD

Beth Israel Deaconess Medical Center, Boston, MA

Enjoy a video underwritten by **CRICO/RMF** featuring patients/family members who have benefitted from Schwartz Center programs. Stay after the Compassionate Caregiver Award presentation for a coffee and cordials jazz reception sponsored by **Vanguard Health Systems, Inc.**

Silent Auction Highlights: A New York Getaway, including two tickets to Late Night with Jimmy Fallon; two floor seats to the Boston Celtics; box seats to the Boston Red Sox

If you would like to make a donation to the Silent Auction, please contact Elizabeth Hickman at 617-724-4394.

Honor a Compassionate Caregiver at the Annual Dinner!

Have you or a loved one had an exceptionally compassionate caregiver? Would you like to let that person know how much you value this quality? Again this year at the annual dinner, guests will have the opportunity to recognize an empathic caregiver and help the Schwartz Center at the same time by making a donation in honor of this individual.

Caregivers tell us they are nourished and re-energized when they know they are valued. Think about a deserving caregiver—a nurse, physician, social worker, therapist or any other professional caregiver—and come prepared to give us that individual's name and place of work. After the dinner, **the Schwartz Center will send the caregiver a certificate of appreciation on your behalf.**

Here is how one patient described her caregiver when she nominated her for the Schwartz Center Compassionate Caregiver Award:

"She is compassionate, but never pitying. She does not impose herself on the patient, entering your life like an expert who will tell you what is to be done. Rather she is your partner. She becomes truly and deeply a part of your life, not just the authority who will take charge of your treatment..."
 – Carol LaValley

If you cannot attend the dinner, you can still acknowledge a caregiver by contacting the Schwartz Center at 617-724-4746.

DevelopmentMatters

Corporate and Foundation Grants

The Schwartz Center gratefully acknowledges the following funders which have recently awarded grants to support its programs:

Citizens Bank	\$ 2,500
Covidien	\$15,000
Eli Lilly	\$25,000
Josiah Macy, Jr. Foundation	\$25,000
Sanofi Aventis	\$75,000
UJA-FNY	\$10,000

TO MAKE A GIFT

For your convenience, we enclose an envelope should you wish to make a donation to the Schwartz Center. You may also donate by credit card via www.theschwartzcenter.org. Thank you for your support!

PUTTING THE PATIENT AT THE CENTER

Don Berwick, MD, headlines speaker series

The Schwartz Center, in collaboration with **CRICO/RMF** and the **Massachusetts Medical Society**, sponsored a **Speaker Series** in September featuring **Don Berwick, MD**, President and CEO of the Institute for Healthcare Improvement. Entitled *Patient-Centeredness and Patient Safety: How Are They Interconnected?* Berwick's presentation was followed by a panel consisting of two patient safety leaders from local hospitals—**Tejal Gandhi, MD**, from Brigham and Women's and **Pat Folcarelli, RN, PhD**, from Beth Israel Deaconess Medical Center—and a patient member of the Dana-Farber Cancer Institute's Patient and Family Advisory Council, **Kari Dudley**. Dudley is actively involved in promoting patient engagement in quality improvement.

Berwick explained how his position about healthcare quality has evolved over past decades and his increasing belief in the importance of patient involvement. He engaged the 150 attendees by asking the question "What do you really, really want for your health and health care?" Participants discussed their ideas with the person sitting next to them.

Following the audience's conversations Berwick went on to present *his* current thinking about how to design patient-centered care by discussing eight key principles:

- 1 Place the patient at the center
- 2 Individualize
- 3 Welcome family and loved ones
- 4 Maximize health influences within care
- 5 Maximize health influences outside of care
- 6 Rely on sophisticated, disciplined evidence
- 7 Use all relevant capabilities—waste nothing
- 8 Connect helping influences with each other

Folcarelli gave a poignant example of the tension between patient safety and patient-centered care. When she was a young nurse, a patient asked her to light the Menorah candles for Chanukah. She knew this was against hospital safety rules but she did so because it was important to the patient. She was almost fired for her action. This raised a thought-provoking question for the attendees: how can healthcare providers move ahead on the patient safety agenda while keeping the patient's voice front and center?

Gandhi spoke about Brigham and Women's journey to become more patient-centered. "Our goal is to have more patient safety discussions with patient advisory groups in the future." Dudley eloquently spoke about her experiences during her 11 hospitalizations, battling cancer. She explained the importance and the power of speaking up: "I have used my voice and have used it quite loudly to make sure that my concerns are addressed." The audience was inspired to continue wrestling with many of the questions posed during the open discussion.



Speaker Series participants/sponsors (left to right): Don Berwick, MD, Luke Sato, MD, Pat Folcarelli, RN, Kari Dudley, Tejal Gandhi, MD, and Bob Hanscom

Touchpoints

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This op-ed piece appeared in the Boston Business Journal and is reprinted with its permission.



OUR HEALTH CARE WORLD

While the national health care reform debate focuses primarily on coverage and cost, an important but lesser known provision would allow Medicare to reimburse doctors for end-of-life conversations with patients, including discussions about living wills, choosing a proxy and information about medications to treat chronic pain. Unfortunately, the Senate recently eliminated this section from its proposed legislation, but it remains in the House version. This issue, which has been characterized unfairly by critics as mandating “death panels” that would lead to euthanasia, is not about coercing patients to forgo the care they want but rather about improving communication between doctors and patients. It is about engaging in the tough, but meaningful, conversations about the big questions: How much medical intervention is too much? When should comfort replace cure? How does the patient define quality of life? And what is a “good” death?

Simply talking to patients about what kind of care they want at the end of life, what one researcher called “the multimillion-dollar conversation,” can yield significant cost savings. And most importantly, those conversations can also yield a much better quality of life in the final days, with the focus on palliation, not invasion. Dartmouth College researchers say that Medicare could have saved \$50 billion from 2001-2005 if patients’ end-of-life care was more on par with that delivered at the Mayo Clinic, where doctors and nurses work collaboratively with patients and families to really understand their values and preferences. In Massachusetts alone, the savings would have been \$2.3 billion. However, even when the “talk” occurs, not every doctor is listening. A 2002 study by Brown University researchers found that a third of the patients who expressed a preference for their care to focus on comfort believed they received aggressive treatment instead. That disregard has huge cost implications. Patients who received the comfort care they wanted had average one-year health costs of \$52,098 compared with \$92,442 for patients whose life-extending care was contrary to their wishes.

Palliative care involves improving the quality of life for seriously ill patients—not just dying patients—through addressing pain, nausea and other symptoms as well as helping with the emotional toll of illness. Palliative care can—and often does—go hand-in-hand with curative treatments.

Regardless of what type of bill Congress ultimately passes, the health care system needs to do everything it can to encourage the use of the most low-tech tool in doctors’ black bags: superb listening skills. This will not only save the system billions of dollars a year but also will go a long way toward creating a more compassionate, patient-centered system.

Sincerely yours,

Julie Rosen
Executive Director

WHAT'S HAPPENING

Clare Villari



Joseph J. Mullany



The Schwartz Center welcomed two new members to its Board of Directors in June. **Joseph J. Mullany**, president of the New England and Chicago markets of Vanguard Health Systems, was a chair of the Center's annual dinner in 2008 and is deeply committed to the Center's mission. **Clare Villari**, who had a long career at Wellington Management before devoting eight years to the Board of Directors at Second Step in Newton, MA, is eager to apply her development and strategic skills to the Schwartz Center... This month, **Tanya Holton** joins the Schwartz Center staff as the senior director of development. She will focus on major gifts and planned giving and oversee all fundraising activities. Tanya has been vice president for development at the National Braille Press since 2000... Schwartz Center staff and Rounds physician leaders, including **Beth Lown, MD**, **Jon DuBois, MD**, and **Joe Straton, MD**, recently made presentations about the Rounds at three conferences: the 2009 Planetree Annual Conference; the 4th International Conference on Patient- and Family-Centered Care; and The Joint Commission's Annual Conference on

Quality and Patient Safety... The *Boston Business Journal* published **Rosen's op-ed on national health care reform** and the importance of end-of-life conversations (see p. 7). The *Journal* also printed an article titled "Tips from the CAP give business guidance to NPOs." The article featured the Schwartz Center's partnership with **Harvard Business School's Community Action Partners (CAP)**. The volunteer team identified potential revenue-generating opportunities for the Schwartz Center in various healthcare sectors... **Thomas Lynch, MD**, chair, **Schwartz Center Board**, and recently appointed physician-in-chief of the new Smilow Cancer Hospital, was featured in **Yale-New Haven Hospital's** newsletter, *Making an Impact...* An article entitled "Tending to Caregivers' Emotional Needs: Schwartz Center Rounds" was published in *Planetalk*, a newsletter from **Planetree**, an organization that focuses on providing patient-centered care in healing environments. The article features two Planetree-affiliated hospitals that conduct **Schwartz Center Rounds** and discusses the positive impact of the program.

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by joining the compassionate healthcare community online

Visit the Schwartz Center website, www.theschwartzcenter.org to learn more about our programs or to make a donation.

Check out Executive Director Julie Rosen's blog, *Bedside Manner*: <http://www.everydayhealth.com/blog/schwartz-center-bedside-manner>.

Become a fan of the Schwartz Center by searching for "Kenneth B. Schwartz Center" on **Facebook**. If you do not have a Facebook account, sign up at www.facebook.com!

Are you connected? Search for the Schwartz Center on **LinkedIn**.

Look for the Schwartz Center on **YouTube** to view videos of compassion.

If you would like to sign up for our e-newsletter or receive more information about how to interact with the Schwartz Center online, please contact us at schwartzcenter@partners.org.

IN MEMORIAM: WILLIAM SCHWARTZ, MD

The Schwartz Center mourns the loss of William Schwartz, MD, father of Ken Schwartz and an original member of the Schwartz Center Board, who passed away on March 15, 2009. Dedicated to the Schwartz Center and its mission, Schwartz provided invaluable advice to Center staff over the years. The chief of Medicine at Tufts Medical Center for many years, he was a world renowned nephrologist and healthcare economist. He wrote several books and articles on health care economics and the "rationing" of health care. He leaves his wife, Tressa Miller, and his two surviving children, Eric Schwartz, MD, and Laurie Schwartz Naparstek, EdD, who sits on the Schwartz Center Board. His family has designated the Schwartz Center as its charity of choice for donations in his memory. The Schwartz Center will sorely miss him.