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Coming Soon to John Dempsey Hospital: Schwartz Center Rounds®

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University of Connecticut Health Center

Part 1 of a 2-Part Series

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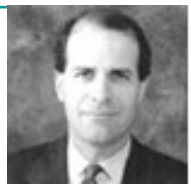
Collaborative Center for Clinical Care Improvement

Coming Soon to John Dempsey Hospital: Schwartz Center Rounds®

Kenneth B. Schwartz died of lung cancer in September 1995. Shortly before his death, he founded the Kenneth B. Schwartz Center at Massachusetts General Hospital, which is dedicated to ***strengthening*** *the relationships between patients and caregivers.*



"These acts of kindness — the simple human touch from my caregivers — have made the unbearable bearable."

Kenneth B. Schwartz

See him and hear his words:
http://www.theschwartzcenter.org/programs/videoHigh.html

From the Website:
http://www.theschwartzcenter.org

When caregivers and patients connect, everybody feels better. The essence of healing is caring for the whole patient — body and mind. Moments of engagement between patients and caregivers offer valuable opportunities for understanding illness, calming anxiety and providing hope. The Kenneth B. Schwartz Center conducts pioneering programs to educate, train and support caregivers in the art of compassionate health care. It's basic medicine.

The Schwartz Center Rounds are a unique and highly effective forum for improving the relationships and increasing the understanding between patients and clinical caregivers by:

- *Exploring the human dimension of health care;*
- *Enhancing communication among caregivers;*
- *Promoting teamwork among caregivers;*
- *Providing support to caregivers; and*
- *Giving caregivers knowledge and insight into the non-clinical aspects of patient care.*

The Essence
Not a problem-solving session; rather, sharing experience and creating strength and hope for the future

Background
The constant and unrelenting stresses of our modern health care system threaten the delivery of compassionate health care. Financial pressures and greater bureaucratic demands mean less face-to-face time with the patient, and a focus on the illness, its diagnosis and treatment, rather than the effect of the illness on the patient's life and family. Many caregivers today are anxious, frustrated and under pressure. They have no structured outlet in which they can express their feelings. In addition, with little or no training to handle the non-clinical aspects of patient care, many feel inadequate when responding to the difficult social and emotional issues that are an inevitable part of patient care.

Excerpts from his story:
Kenneth B. Schwartz (1954-1995)
"Until last fall, I had spent a considerable part of my career as a health-care lawyer, first in state government and then in the private sector. I came to know a lot about health-care policy and management, government regulations and contracts. But I knew little about the delivery of care. All that changed on November 7, 1994, when, at age 40 I was diagnosed with advanced lung

cancer. In the months that followed, I was subjected to chemotherapy, radiation, surgery, and news of all kinds, most of it bad. It has been a harrowing experience for me and for my family. And yet, the ordeal has been punctuated by moments of exquisite compassion. I have been the recipient of an extraordinary array of human and humane responses to my plight.

These acts of kindness — the simple human touch from my caregivers — have made the unbearable bearable.

The nurse was cool and brusque, as if I were just another faceless patient. But once the interview began, and I told her that I had just learned that I probably had advanced lung cancer, she softened, took my hand, and asked how I was doing. We talked about my 2-year-old son, Ben, and she mentioned that her nephew was named Ben. By the end of our conversation, she was wiping tears from her eyes and saying that while she normally was not on the surgical floor, she would come see me before the surgery. Sure enough, the following day, while I was waiting to be wheeled into surgery, she came by, held my hand, and, with moist eyes, wished me luck. This small gesture was powerful; my apprehension gave way to a much-needed moment of calm.

Looking back, I realize that in a high-volume setting, the high-pressure atmosphere tends to stifle a caregiver's inherent compassion and humanity. But the briefest pause in the frenetic pace can bring out the best in a caregiver and do much for a terrified patient.

An eight-year veteran who had experienced cancer in her own family, she was smart, upbeat, and compassionate. I had to receive fluids intravenously every day at the clinic, and while there we talked regularly about life, cancer, marriage, and children. She too was willing to cross that professional Rubicon — to reach out and talk about my fear of dying or, even worse, my fear of not living out my life, of not biking through the hills of Concord and Weston on summer weekends with my brother, of not seeing my child grow up, of not holding my wife in my arms. And she took the risk of talking about her own father's recent bout with cancer. I cannot emphasize enough how meaningful it was to me when caregivers revealed something about themselves that made a personal connection to my plight. It made me feel much less lonely.

The rule books, I'm sure, frown on such intimate engagement between caregiver and patient. But maybe it's time to rewrite them.

I began to have trouble sleeping, and when I awoke, I was filled with dread and despair. I thought frequently of the observation of Richard Block, the founder of H&R Block, who had survived lung cancer after being told initially that he had only months to live: ‘‘I lived for five days without hope and...my life during those five days...was far worse than at any time during the 'horrible' ordeal of tests or treatments.’’

And when I contemplated not living to see my son grow up or not cherishing my wife for a lifetime, I thought of King Lear, who, at a low point, wailed:

‘I am bound
Upon a wheel of fire, that mine own tears
Do scald like molten lead.’

If I have learned anything, it is that we never know when, how, or whom a serious illness will strike. If and when it does, each one of us wants not simply the best possible care for our body but for our whole being.

I still am bound upon Lear's wheel of fire, but the love and devotion of my family and friends, and the deep caring and engagement of my caregivers, have been a tonic for my soul and have helped to take some of the sting from my scalding tears.”

SCHWARTZ CENTER ROUNDS® at John Dempsey Hospital
Purpose
That Schwartz Center Rounds were created to provide a multidisciplinary forum where clinical caregivers have the opportunity to discuss their experiences, thoughts and feelings. The Rounds, which differ from medical or ethics Rounds, offer caregivers a safe, open and relaxed place where they can share their concerns and fears, both for their patients and themselves. The premise is that caregivers are better able to make personal

connections with patients when they have greater awareness of, and insight into, their own responses and feelings. The Rounds provide a scheduled time and place where caregivers focus on the social, emotional and personal aspects of patient care.

Schwartz Center Rounds are held in diverse environments (academic medical centers, community hospitals, community health centers, and nursing homes). Participants comment that the Schwartz Center Rounds fulfill a unique need to discuss difficult social and emotional issues inherent in caring for patients.

Planning Committee

- Leader: Joseph M. Civetta, M.D., Dept. of Surgery and Co-Chair, C4I Pain and Palliative Care Group
- Anthony Ardolino, M.D., Dept. of Medicine, Associate Dean for Medical Student Affairs
- Nancy Baccaro, APRN, Nurse Practitioner in Palliative Care and Pain
- Audrey Chapman, Ph D, Joseph M. Healey Endowed Chair, Medical Humanities, Law, and Ethics
- Shelley Dietz RN, MBA, Director, Patient Flow, Nursing Resources, and Care Coordination
- Mahlon Hale, M.D., Department of Psychiatry, Co-Chair, C4I Pain and Palliative Care Group
- James Menzoian, M.D., Department of Surgery, Co-Director of the Collaborative Center for Clinical Care Improvement (C4)
- Joseph Palmisano, M.D., Dept of Medicine; Director ICU, John Dempsey Hospital
- Daniel Petronella, Director, Pastoral Services, John Dempsey Hospital
- Elizabeth Taylor-Huey, LCSW, Director, Community Education, Department of Psychiatry (Facilitator)
- Patricia Verde, Director of Social Services, John Dempsey Hospital

Endorsements for Schwartz Center Rounds

- Peter Deckers, M.D., Executive Vice President of the University of Connecticut Health Center and Dean, School of Medicine
- Bruce Koeppen, M.D., Dean, Academic Affairs and Education
- Jacqueline Nissen, M.D., GME Designated Institutional Official, Professor of Medicine
- James Thornton, Director, John Dempsey Hospital
- Ellen Leone, RN, MSN, Associate Vice President, Operations, UCHC, Director of Nursing John Dempsey Hospital
- Rhea Sanford, RN, Ph.D., CS and
- James Menzoian, M.D., Co-Directors of the Collaborative Center for Clinical Care Improvement (C4I)

Audience

A broad range of professionals from diverse disciplines participate in the Rounds, including physicians, residents, nurses, nursing assistants, administrative personnel, social workers, psychologists, pharmacists, physical therapists, clergy – AND students in all disciplines. Attendance is said to depend on the size of the institution and varies from 30-150 caregivers, who attend each session. There are always "regulars" who return each month as well as newcomers. We hope to reach the upper end of the range.

Sample Topics
Rounds are based on the discussion of a patient case that raised a specific issue(s) for the caregivers. Participants benefit from the Rounds by discussing the case and specific ways to improve communication skills and interpersonal sensitivity in similar situations.

Sample topics:

- *Managing team conflict around how to treat a patient*
- *How to tell a patient it may be time to stop treatment*
- *When your own issues of mortality come into play*
- *Caring for a colleague*
- *How to discuss a "Do Not Resuscitate" order with a patient and family*
- *When cultural and religious beliefs interfere with your ability to communicate*
- *Stories of hope/miracles*
- *Pain management: comfort v. lucidity*
- *Breakdown in communication between patients and caregivers*
- *Care of the elderly: assumptions and challenges*
- *Race and the patient-caregiver relationship*
- *Sexuality and illness: conversation comfort zone*
- *Are we connecting with our patients or are we too busy?*
- *Delivering bad news*
- *Children dealing with the death of a parent*
- *Pain management in the addicted patient*
- *Death during the holidays*
- *Losing faith in God: Dealing with spiritual crises with patients*
- *How it feels when a patient 'fires" you*
- *Medical mistakes*
- *Dealing with unexpected loss*
- *Humor and healing*
- *The impaired professional*
- *"I should have gone into law" - the price of caring for seriously ill patients*
- *Allowing a good death*
- *What to do when you do not want to walk into the room.*

Remember:

Schwartz Rounds are not problem solving sessions, rather, a chance to hear and share experiences.

Watch for the official announcement of upcoming Schwartz Rounds* sessions to be held next month entitled,

"Introduction to Schwartz Rounds"
Date: June 28, 2007
Time: Noon
Low Learning Center

*This program has been approved for 1 Continuing Education hour for relicensure, in accordance with 258 CMR Collaborative of NASW and the Boston College and Simmons College Schools of Social Work Authorization # D38892

*This program is pending 1 continuing nursing education hour. John Dempsey Hospital is an Approved Provider of Continuing Nursing Education by the Connecticut Nurses' Association, an Accredited Approver by the American Nurses Credentialing Center's Commission on Accreditation."
The University of Connecticut School of Medicine designates this educational activity for a maximum of 1 *AMA PRA Category 1 Credit*™. Physicians should only claim credit commensurate with the extent of their participation in the activity.

Lunch will be served

Coming Soon—Part 2

Part 2 of this newsletter series will be issued soon and will contain a description of format, roles, evaluations, and benefits.

Joseph M. Civetta, M.D.
Department of Surgery
Co-Chair, C4I Pain and Palliative Care Group
Leader, Schwartz Center Rounds
Planning Committee