

# MEDSTAFF NEWSLETTER

## UPSTATE UNIVERSITY HOSPITAL

MARCH 2014

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March 30, 2014  
Happy Doctors Day!

<mailto:askmec@upstate.edu>

### MESSAGE FROM THE MEDICAL STAFF PRESIDENT

BETTINA SMALLMAN, MD

No doubt the last four weeks have provided ample food for reflection. Many of us were faced over the past months with the ultimate challenge of learning a new skill and applying it in daily operation. This process has taken us to a new reality that has certainly been intense, to say the least. However the first big hurdle has been taken by those who are new to EPIC, and we are entering the phase of problem solving and system improvement.

However, there is plenty to learn from this recent experience: undoubtedly, we embrace the mechanical aspects of needing to learn new things keeping an innovative mind, accepting change,

and seeing and taking new chances.

The reality one faces in extreme times of change is the individual's preparedness to learn.

Unfortunately, fear of the unknown literally gets in the way. Most of us face anxiety to learn something new and to accept the fact that there was no choice in the matter. Taking a review of the very first days (in the peri-operative area where I work predominately) it was amazing to observe how colleagues, nurses, residents, medical students, and others, started to network and communicate with each other to get the job done. Reaching out has taken on a whole new meaning.

To quote Robert Frost:

"...Education is the ability to listen to almost anything without losing your temper or your self-confidence..." This thought is particularly applicable to the current process. For many of us it is a reflection of personal victory when faced with a challenging situation.

It is equally important to acknowledge Dr. Neal Seidberg and all of the EPIC support staff that have provided the much needed help.



Bettina Smallman, MD

# The Death of Dr. Billroth

## Anthony P. Weiss, MD, MBA



Thinking about Surgical Grand Rounds from this morning. A masterful talk by our own Dr. Andreas Meier on the life and times of Dr. Theodor Billroth. Even a shrink like me knows the name Billroth, and as someone who loves medical history, I was fascinated by the presentation. But curiously, the emotion I felt in leaving the auditorium was a sense of sadness, almost a feeling of grief. Billroth the man died over a century ago. But I wondered whether the spirit of Billroth, and all that he stood for as a physician, are now also dead.

Three interwoven themes from his life were emphasized in this talk:

- 1) Billroth, and many other physicians of his time, were insatiably curious - they used their daily clinical work to expand our understanding of human pathophysiology, and develop generalizable knowledge to help others around the globe. He carefully tracked his own outcomes, conducted his own autopsies, and wrote up his observations. There was little separation between bench and bedside.
- 2) There was a deep reverence for teaching; a real sense of respect for the concept of apprenticeship and the importance of passing along physicianly knowledge from one generation to the next. The success of the surgeons he trained was emphasized almost as much as his own personal achievements.
- 3) He had passions and interests outside of medicine. He was involved with the world beyond the walls of his hospital. He was a lover of music and a dear friend of Brahms. He was widely read and often wrote on topics of political or cultural interest.

Now clearly Billroth was a special person, and I suspect not every doctor roaming the halls of Vienna General was a brilliant polymath. That said, these themes were not unique to his career, they seem representative of a whole era of late 19<sup>th</sup> century medicine. And as I think about life as a physician today, it carries only faint echoes of that period.

- 1) I worry that the busyness of the day has crowded out any room for curiosity. The clinical work, no longer seems to drive generalizable knowledge. Our outcomes are tracked by others and used as sticks, rather than tools for improvement. Bench and bedside are physically separate.
- 2) Teaching is all too often seen as an afterthought. The genealogical linkage between mentors and mentees seems to longer have the root strength it once did.
- 3) Despite the push for “lifestyle medicine” and a reduction in work hours, most of the physicians I know are fairly unidimensional.

Maybe Billroth is not dead, but he sure appears to be *in extremis*. Think about your own career. Are you excited by the opportunity to learn at work? How often do you write up your observations? What is your attitude toward teaching? Do you have a life outside of medicine?

Let's call a code and try to resuscitate Billroth. Let's see if we can provide enough space to bring back some of the curiosity, pedagogy and humanity that should be present in an academic medical center. These are challenges nationally. Let's see if Upstate can lead the way in a resurgence of these important concepts.



## WELCOME NEW MEDICAL STAFF & APC MEMBERS

Shari Kelley, NP	OB/GYN
Lawrence Cecchi, MD	Ophthalmology
Christina Geatrakas, MD	Radiology

## SCHWARTZ CENTER ROUNDS

As practitioners in today's healthcare systems, we face a plethora of stressors. We receive declining reimbursement for the increasingly complex medical care that we provide. We are challenged to stay knowledgeable about novel drug therapies and emerging technologies. The quality of our care is scrutinized, rated and publicly reported by a variety of outside interest groups. We are in the early days of implementing Epic at Upstate which will revolutionize how we document and charge for the care we give. We are often overwhelmed, over-extended and fatigued. How can we, as caring human beings, remain focused on bringing compassionate care to our vulnerable patients—something that attracted many of us to the practice of medicine?

Over the past several months, physicians have joined their fellow caregivers at Upstate in attending educational sessions focused on the Patient Experience. We have been reminded that our behaviors—good and bad---directly impact our patients and their families. Almost simultaneously, Upstate has joined nearly 300 healthcare facilities in 37 states in offering interdisciplinary *Schwartz Center Rounds*®.

What are Schwartz Center Rounds? The *Schwartz Center for Compassionate Care* describes the Rounds in this way:

“*Schwartz Center Rounds*® offer healthcare providers a regularly scheduled time to openly and honestly discuss social and emotional issues that arise in caring for patients. Panelists from diverse disciplines participate in the Rounds, including physicians, nurses, social workers, psychologists, allied health professionals and chaplains. After listening to a panel's brief presentation on an identified case or topic, caregivers in the audience are invited to share their own perspectives on the case and broader related issues. **The focus of each presentation and discussion is on the human dimension of medicine.** Caregivers have an opportunity to share their experiences, thoughts and feelings on thought-provoking topics drawn from actual patient cases.”

The mission of the *Schwartz Center for Compassionate Healthcare* is to “promote compassionate care so that patients and their caregivers relate to one another in a way that provides hope to the patient, support to caregivers and sustenance to the healing process.” We invite you to join us for our next Rounds on Tuesday April 1 from 3:45-4:45 PM in the Interfaith Chapel.

At Upstate, the Schwartz Center Rounds program is supported by the Dr. Daniel Burdick Compassionate Care Fund, established in 2013 by a generous founding gift from the children of Daniel and Billie Burdick. The gift honors Dr. Burdick's compassion for both patients and caregivers throughout his medical career as a surgical oncologist and general surgeon, and his foresight in recognizing the emotional toll of serious illness on care providers.

# EPIC CORNER-NEIL SEIDBERG, MD

Important message from the EPIC Corner:

Ordering a consult requires two steps:

1. Request for a consult needs to be placed in EPIC.
2. The fact that a consult has been requested still needs to be communicated directly to the service/ attending.

While computer-mediated communication has become very common in work life, perhaps even dominant, it is crucial to acknowledge the fact that face-to-face, phone conversation and text messaging (please be aware of HIPPA regulations) is equally important to make sure that the order does not sit unnoticed in the system.

In essence step #2 is the instant alert that an action is required by a caregiver.

## EPIC HOTLINE 315-464-EPIC

## MEC MEMBERS

**Bettina Smallman, MD;** Medical Staff President,  
Chair, Medical Executive Committee  
(Pediatric Anesthesiology)

**Mitchell Brodey, MD;** Medical Staff Vice-President  
(Medicine)

**Robert Kellman, MD;** Medical Staff Vice-President  
(Otolaryngology)

**Satish Krishnamurthy, MD;** Medical Staff Treasurer  
(Neurosurgery)

**Colleen E. O'Leary, MD;** Medical Staff Past President  
(Anesthesiology)

### MEMBERS AT LARGE

**Tamer Ahmed, MD;** (Pediatric Surgery)

**Sharon Brangman, MD;** (Medicine)

**Derek Cooney, MD;** (Emergency Medicine)

**Timothy Creamer, MD;** (Medicine)

**David Halleran, MD;** (Colo-rectal Surgery)

**Leslie Kohman, MD;** (Thoracic Surgery)

**Kara Kort, MD;** (Surgery)

**Zulma Tovar-Spinoza, MD;** (Neurosurgery)

**Howard Weinstein, MD;** (OB/GYN)

### APC ELECTED MEMBER

**Lisa Cico, NP;** (Surgery)

### EX-OFFICIO, NON VOTING MEMBERS

**Nancy Daoust, MS, FACHE;** Chief Administrative Officer,  
Upstate University Hospital at Community General

**Gregory Eastwood, MD;** Interim President, SUNY Upstate  
Medical University

**Beth Erwin, CPCS, CPMSM;** Director, Medical Staff  
Services

**Sarah Fries, NP;** Associate Director of Nursing for Advanced  
Practice Services

**William Grant, EDD;** Interim Associate Dean for Graduate  
Medical Education

**Bonnie Grossman, MD;** Associate Medical Director  
(Emergency Medicine)

**John McCabe, MD;** Chief Executive Officer (Emergency  
Medicine)

**Regina McGraw, JD;** Senior Managing Counsel

**Katie Mooney, RN, MS, NEA-BC;** Chief Nursing Officer

**Paul Seale, FACHE;** Chief Operating Officer

### AD HOC, NON VOTING MEMBERS

**Robert Carhart, MD;** Chair, Credentials Committee  
(Medicine)

**David Duggan, MD;** Dean, College of Medicine, SUNY  
Upstate Medical University; (Medicine)

**Louise Prince, MD;** Chair, CQI Committee & Chief Quality  
Officer (Emergency Medicine)

**Anthony Weiss, MD;** Chief Medical Officer and Medical  
Director (Psychiatry)