

breakthrough

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breakthrough

“There’s a Disconnect Somewhere” And Medicine for the Greater Good is Aiming to Fix It

The starfish story. It’s a familiar one to young doctors and medical students at Johns Hopkins Bayview, but in case you haven’t heard it, here goes:

Hundreds, maybe thousands of starfish had washed up on the beach and were going to dry out. An old man was standing at the edge of the water and throwing them back in. A little boy came up to him and said, “This is a waste of time. There are too many of them. You can’t make a difference.” The old man picked up a starfish and said, “It makes a difference to this one,” and threw it into the ocean. There are different versions of this story, but you may like the one where the boy starts picking up starfish and throwing them in, too.

Panagis Galiatsatos, M.D., Chief Resident in internal medicine, not only knows this story well, he would like to see a sequel. “We try to be like the old man, taking the extra time to talk to the patients, helping them know how to manage their disease when they leave the hospital,” he says. “But why should the story end when the patient leaves the hospital – when we throw that starfish back into the water? We really need to know what’s going on, because they’re coming back to the hospital or clinic with the same health issues. There’s a disconnect somewhere.”

For years, Bayview physicians including Colleen Christmas, M.D., director of the residency program, cardiologist and teacher Roy Ziegelstein, M.D., now Vice Dean of Education (see story on Page 19), and David Hellmann, M.D., Chairman of the Department of Medicine and Vice Dean of Johns Hopkins Bayview, have been encouraging young physicians to think beyond the hospital.

When Galiatsatos was an intern and resident, he learned from these and other faculty that “disease management isn’t just talking about disease in a clinic in the confines of the hospital.” He made many trips out into the neighborhoods around Johns Hopkins Bayview during his residency; a local fellow himself, he talked to church and community groups he knew, spoke at health fairs, and fielded health questions at ask-a-doctor sessions. “I was always astonished at what I thought people knew and what they actually understood.” After a while, he started wondering, do these health fairs ever make a difference? There were some meaningful successes: “I went and spoke to a school, and four months later, a mom came up to me and said, ‘My daughter and I heard your talk, and we lost weight together, about 20 pounds each!’”

And yet, Galiatsatos says, he kept wondering whether these community talks were actually making an impact. “Isn’t this like giving someone a medication but not knowing the ramifications? Don’t we need some kind of follow-up?” He saw his fellow residents making their own forays into the neighborhoods, taking the initiative to reach out – writing a column in a local Spanish-speaking newspaper, for instance – and decided that a more formal program was needed.

“We are training a different sort of physician for the 21st century, one with the skills and belief that genuine investment in community health is an integral part of what we do here.”

“That’s how Medicine for the Greater Good (MGG) was born,” he says. When Galiatsatos became Chief Resident, he worked with Hellmann and Christmas to add a required community service component to the teaching curriculum. The requirement is very much open to the residents’ interpretation, particular interests, and timing. At some point – they choose when – during their three-year training,

they need to do something – they choose what – in the community to promote health. Then, after their experience, they give a presentation on how it went and what they learned. Galiatsatos has also tapped Johns Hopkins physicians who are involved in their own outreach to help by talking to the residents, fielding their questions, and offering guidance; Galiatsatos calls them “champion faculty.”

“These champion faculty are people who are already doing a lot of work with areas like health policy, health disparities, and international health,” he says, “so we asked them to come and talk to the residents and answer questions like, ‘Why did you feel you needed to promote health in this area? How have you done this, and what have been the results and the outcomes?’”

Some categories for MGG projects include:

- International health and health in other cultures
- Spiritual Influences in Medicine (talking to congregations)
- Behavioral Counseling
- Health Policy and Advocacy
- Communication with the Lay Public
- Inter-Professional Care and Team Building
- Medical Journalism and Public Speaking through Media
- Promoting Health through Public Organizations
- Health Disparities and Social Determinants of Health

“One of our interns wants to have health fairs for refugees in Baltimore, where they learn things like how to set up doctor appointments, and how to manage their medications at home,” says Galiatsatos. Another is doing an internship with the local ABC

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news affiliate. Another wants to use Twitter Chat for Johns Hopkins Bayview clinic patients: "For an hour every week, there will be a health expert in a specific field. Our patients can log on and there will be a physician talking about a specific subject like back pain, and the community can tweet their questions and comments. It will be educational, with real-time responses." One resident wants to talk to groups about setting up advanced directives. Another would like to make posters for homeless shelters with practical advice on how to combat frostbite.

Its planners hope that MGG will be helpful for all demographic groups, not just the poor, not just minorities, not just refugees, not just the homeless. There are unhealthy people everywhere: Go to the mall, or Hershey Park, or the Inner Harbor, and you'll see plenty of people in all walks of life who are headed for health problems because of their lifestyle.

Whether the project is a one-shot deal or something that requires more time, "We want them to approach these opportunities with critical thinking: How are you hoping this is going to affect the community? We're not asking residents to come up with answers, but to really think about it." MGG, he hopes, "is going to influence how we talk to our patients, what our idea of medicine is going to be from this point on. Maybe it will even influence these residents' career choices."

Many of the projects require little or no extra money, although Galiatsatos is seeking grant support to pay for travel expenses, the cost of printing posters or pamphlets, and some small equipment purchases – a few blood pressure cuffs and scales – to take on the road.

The program is very new – it just started in July – but Galiatsatos is planning to study its impact on "communication skills, empathy, humanism, advocacy, and burnout" in these doctors for years to come. "We will track participation in MGG experiences – we anticipate that most residents will not only participate in one, but will likely participate in many – and at the end of each one, we will ask them to write a one-page reflection of what they learned, felt, and can use in their future practices from this experience." He also plans to follow residents' career choices, and to ask community members who have participated in these experiences for feedback on how they thought it went.

The residency is a delicate time in a physician's life, Galiatsatos says, "when their identity as a physician is being molded. This is an opportunity to grow trust in the physician, and trust in Johns Hopkins Bayview," and this is important because "for every great partnership we've created, there have been one or two that never worked out." One incident he will never forget happened when Galiatsatos was a resident himself. "There were three African American Baptist churches, and they told me, 'We don't want your help, we're not a charity, don't come and preach, and then just leave.'"

Christmas hopes that through MGG and other programs, communities in Baltimore will see that Johns Hopkins Bayview is making a long-term commitment to their health. "We hope that our neighbors as well as our residents will see that we are training a different sort of physician for the 21st century," she says, "one with the skills and belief that genuine investment in community health is an integral part of what we do here, and central to making a lasting impact in medicine." ■