



Opening Lines



The Division of General Internal Medicine has a strategic plan that emphasizes three priority areas: improving the continuity of patient care, linking the clinical, education, and research arms of the Division, and supporting the academic careers of faculty and staff. This issue of Generally Speaking focuses on that third priority area, celebrating several excellent programs that were expanded or launched this past year to provide unique support for members of our Division. Our program in faculty and staff professional development is led by Mary McNaughton Collins and Shelli Mahan and has already implemented several initiatives that are supporting people across our large Division. The programs that are described in this issue include the Writer in Residence program, led by Suzanne Koven, the DGIM Coaching program, led by Mary and Kerri Pala-

mara McGrath, the Balint Group initiative, led by Karen Carlson, and the Winickoff Scholars Program, led by Dick Winickoff. Each of these programs seeks to provide unique experiences and support for faculty and staff who are exploring both old and new interests, but in ways that require assistance outside their normal workday. While each of the programs approaches this goal with different tools, one key feature in common is the strong commitment of the program leaders to support our Division members. While innovative ideas and abundant resources are always good elements to include in any successful program, ultimately, it is about the local program leadership that defines the pathway to success. In DGIM, we are fortunate that we have a deep bench of faculty and staff who bring their extraordinary talents to this important mission. Enjoy!

Balint Groups: Coming Soon to DGIM

By: Karen Carlson, MD

Every clinician faces the challenge of dealing with disturbing patients or clinical cases. Yet in our busy practices we rarely have time to reflect on them or to share our concerns with colleagues. We all have patients we don't like, who overwhelm, annoy, or depress us; cases where we feel we are missing something, can't do enough, or just don't connect.

Since the 1950s, Balint groups have evolved as a process for helping clinicians better understand their patients, themselves, and their relationships. Dr. Michael Balint was a Hungarian general practitioner and psychoanalyst who emigrated to England before World War II. After the war, he ran groups for London GPs using case-based exploration of doctor-patient relationships. He and his wife Enid, a social worker, coined the term "patient-centered medicine." Over the next two

decades, Balint's influence spread worldwide, and in the early 1970s, Balint groups became an integral part of family practice training in the U.S.

A typical Balint group consists of roughly 10 clinicians and an experienced group leader who meet regularly to explore challenging cases. Each meeting begins with an invitation: "Who's got a case?" One member describes a case and the dilemmas the patient presents. Other members ask clarifying questions to get a better sense of the patient and the clinician's responses. Then the presenter steps back while the group shares thoughts and feelings in an empathic way about what might be going on in the relationship between the patient (including the family) and the clinician. Presenters leave with a sense of greater ease about the relationship, often with new insights

(Continued on page 3)

DGIM Rounds Feature Winickoff Scholars

On May 6th, DGIM Grand Rounds featured presentations from Winickoff Scholars, Drs. Jim Morrill, Annie Brewster, and Helen Delichatsios. Dr. Morrill examined two sub-populations of Hepatitis C patients at MGH Charlestown, paying particular attention to the rising Hepatitis C prevalence among young adults. Dr. Brewster focused on the power of storytelling in the healing process, featuring Health Story Collaborative and the Sharing Clinic at the Russell Museum, both of which she founded. Dr. Delichatsios demonstrated the potential benefits of Shared Medical Appointments (SMA) focusing on nutrition, outlining how doctors can implement SMAs and the positive outcomes they create. You can learn

more about Dr. Delichatsios' work in her column on page 2.



(L to R) Drs. Morrill, Brewster, Delichatsios, and Winickoff

Culinary Literacy Corner

Helen Delichatsios
Culinary Literacy Expert

What is culinary literacy?

To me, culinary literacy is having the knowledge and skills to prepare and enjoy a healthy and delicious meal. The goal of this corner is to cultivate enthusiasm and provide tips on nutrition for ourselves, our families, and our patients. Many physicians lapse in taking care of themselves, although it is well documented that health professionals with better self nutrition are more likely to discuss and counsel patients on improving their nutrition.

As part of a growing trend, some physicians have taken teaching cooking skills to an advanced level, going as far as having dedicated Teaching Kitchens for their patients in some instances. [A recent Bloomberg News article focused on the rise of culinary medicine.](#) This article (6th paragraph from the end) includes a paragraph with the work I have been doing at MGH Beacon Hill with Shared Medical Appointments (SMAs) that include cooking demonstrations.

In this corner, I will share tips, ideas, and recipes, and I look forward to feedback (no pun intended...) on culinary literacy ideas and suggestions you may have. For this first in-

stallment, I share a seasonal recipe that is a staple in our family and one that I've demonstrated and eaten with my patients during an SMA.

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The Culinary Literacy Corner will be a recurring section of Generally Speaking. If you are interested in learning more about Dr. Delichatsios' work in culinary medicine, email her at: HDelichatsios@partners.org

Faculty Coaching Kickoff

Monday, May 23rd was the Kickoff Day of our new DGIM Faculty Coaching Pilot Program! We're thrilled to have 32 DGIM faculty from across both Primary Care and Hospital Medicine who have completed Coach Training with Dr. Kerri Palamara McGrath. These 32 DGIM faculty members ("Coaches") will be coaching approximately 70 DGIM Faculty members ("Coachees"), meeting three times in the coming nine months. We'll keep you posted on the results of this pilot, as we have IRB approval to evaluate the program. We're looking forward to making a positive impact on our participating faculty - both the coachees and the coaches. We anticipate growing/expanding this program in the coming years. Please stay tuned!

Service Excellence Award Nominees

We'd like to congratulate Meghan Meehan, NP and Sara Joyce, NP, both of the Hospital Medicine Unit, on their nomination and Honorable Mention for the 2016 Service Excellence Awards.

MGH Wins Prestigious McGaw Award

MGH was named the 2015 recipient of the Foster G. McGaw award as a result of the work being done to address substance use at our community health centers in Revere, Chelsea, and Charlestown. A ceremony to commemorate the award was held May 12th, and Boston Mayor Martin Walsh was among those in attendance. You can read more coverage about the McGaw Award [here](#) and learn about the work being done at our health centers [here](#). Additionally, we invite you to view the [Foster G. McGaw video](#), which highlights some of the work that goes on at the MGH and in the communities we serve.

Traditional Greek Salad:

Ingredients: tomatoes, cucumbers, red onions, green pepper, feta cheese, olive oil, oregano, olives.

Directions: cut up the vegetables, crumble the feta, add the olive oil, and garnish with oregano and olives - adjust ratios to your preferences. Add some fresh whole grain bread for dipping into the olive oil. Simple, delicious, healthy, and colorful salad - served as a light meal or a side dish, perfect for the summer. Enjoy!



DGIM Ventures to SGIM 2016

Once again, the SGIM annual meeting gave DGIM members the opportunity to showcase their work and catch up with colleagues. There were 42 presentations, symposiums, and workshops involving DGIM members. Tim Ferris, MD, delivered the Malcolm L. Peterson Honor Lecture, one of the conference two keynote addresses. Addi-

tionally, our annual DGIM dinner had a great turnout. As always, it was great to get so many of our colleagues together to let loose and enjoy each other's company. Please check out some picture from the conference, courtesy of Drs. Atheen Venkataramani and Dan Henderson



PCOI jumps the firewall and expands beyond MGH

Where do you look when your patient asks for information on Zika, when you need to quickly calculate BMI, want the latest on opioid prescribing, or need to craft a patient letter reporting bone density results?

The PCOI website has long been the go-to place for answers to questions like these for primary care clinicians and staff at Mass General. Now, in its sixteenth year, the website is available across the Partners network.

Developed at MGH as a collaboration of DGIM (Michael Barry, MD) and the Lab of Computer Science (Octo Barnett, MD), and led by Lessie Robb-Nicholson since 2003, the website is a decision-support tool that facilitates day-to-day practice for primary care teams. According to our annual survey, users rely on PCOI throughout the day to save time, find trusted information, and deliver quality patient care. In 2015, the site had almost 8000 unique users, and since inception, has sustained well over 2.5 million user-sessions.

When Partners Population Health Management recognized PCOI's features and benefits as a way to support the work of primary care practices and enhance patient engagement, they asked PCOI to broaden its reach. In the past year, PCOI access has expanded to Brigham and Women's Hospital, Newton-

Wellesley Hospital, and North Shore Medical Center. And, we moved the server outside the MGH firewall, making PCOI available to anyone with a Partners password.

A small team of clinician authors, medical editors, and web developers, guided by an advisory board, manage PCOI content. Over 100 MGH medical residents have authored clinical guidelines while on the PCOI medical writing elective. The once MGH-only team now has RSO representation among the advisory board, editorial team, and specialty reviewers.

To celebrate this expansion, PCOI has unveiled a new look, with easier navigation, updated colors, and a newsletter style for bimonthly emails.

Click around and see how PCOI can be useful to you. Some of our most popular features include evidence-based clinical guidelines (we have 260), printable patient handouts (720, in English and Spanish), and a reposi-



PCOI Team (from left): Olga Khmelnik, Mary Hohenhaus, Angela Freniere, Cathy Leamy, Shana Bimbaum, Julie Martin, Mary Morgan, Elina Levin. Missing: Wynne Armand, Lessie Robb-Nicholson.

tory of useful forms. Other favorites are Clinical Access Guides to help with referral management, medical calculators, and links to resources like Harvard Medical School, PubMed, and UpToDate.

Not yet registered? Sign up at <https://oi.mgh.harvard.edu>. PCOI is accessible through Epic and Partners Applications (Clinical References)...and from home, too!

If you have ideas for new guidelines, patient handouts, or other functionalities, please email the team at pcoiweb@partners.org.

HMU Awards Second 'Happiness Hero'

In its continued effort to spread happiness throughout MGH, The DGIM's Hospital Medicine Unit (HMU) has announced its second Happiness Hero - Ruel Las!

The HMU Happiness Committee was founded to promote optimism, resilience, and camaraderie. In September 2015, the committee created an award which seeks to recognize these virtues amongst our colleagues here at MGH. The award identifies those who inspire joy, and convey enthusiasm throughout the day. The DGIM generously funded a certificate and a custom-designed Happiness Hero

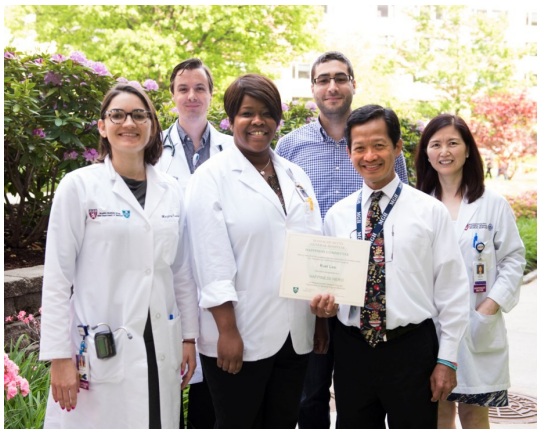
pins to reward the awardees.

As our second winner, and just in time for summer, Ruel Las has been recognized by many within the department as a Happiness Hero! For the past 9 years, Ruel has worked as a cashier at Eat Street Café, helping many hungry patrons get a second helping of smiles.

When given the news of Ruel's award, manager Latoya Brewster explained she is not only encouraged by the news, she too has noted Ruel's infectious optimism at work "He has been a model employee, and many look to him when he is working."

It is clear that Ruel not only excels in his duties and daily responsibilities, but does so with compassion and presence. Others have noted: "He is an incredibly positive person, always smiling, and always makes an effort to make others happy" and "Genuinely cares -in a place as busy as Eat Street, he always seems to find a moment to be fully engaged and thoughtful!"

In your travels around MGH, please be mindful of Happiness Heroes all around you, as this distinction will be awarded quarterly. And if you are at Eat Street Café, make sure to congratulate Ruel on this wonderful accomplishment!



Ruel (front right) and the HMU happiness Committee

Balint Groups

(Continued from page 1)

about what is going on with the patient—or with themselves.

Balint groups exist to provide a supportive and safe setting for reflection in order to make care better. The goal is to open one's mind to new possibilities through a deeper understanding of the clinician-patient relationship. Balint groups are not therapy groups! The goal is not to give advice or solve problems. The leaders make sure there is no criticism of diagnoses or treatments and keep focus on the case.

Starting in September, Dr. Kathleen Ulman and I are excited to launch a Balint group for clinicians in the DGIM. Dr. Ulman, an experienced group psychologist, currently leads a group at WHA. I developed a course based on Balint groups through HMS (described in this issue) and am eager to share the power of this approach with colleagues at MGH. If you are interested, please contact us or come to the first planning meeting on June 21st (6 pm, Yawkey 4B) to learn more.

Pages: Notes from the DGIM Writer in Residence

Suzanne Koven
Writer in Residence

Is Community the Antidote to Burnout? A Report from Orvieto, Italy

In the lovely hill town of Orvieto, just a little more than an hour north of Rome, you'll find a necropolis ("dead city"), ruins of an Etruscan burial ground from the sixth century B.C., in which tombs sit side by side in tidy rows, separated by lanes. As you wander through the miniature, silent "neighborhoods" it's clear that the Etruscans valued community--even after death.

I visited the necropolis this past April while attending "Reflection and Resiliency," an HMS CME course directed by DGIM's Dr. Karen Carlson, HMS psychiatrist Dr. Richard Mollica, and British physician, Dr. Andrew Elder. The course gathers doctors from around the world who wish to acquire skills to help prevent and heal burnout. Reflective writing, meditation, and Balint groups (described in this issue by Dr. Carlson) are some of the techniques participants learn.

While these techniques are incredibly useful, much of the inspiration doctors gain during this course occurs during the off hours. Sharing stories over local wine or afternoon coffee at the rustic inn where the course takes place proved remarkably therapeutic. It was both illuminating and reassuring to learn that

challenges we may have thought unique to us as physicians in the U.S. (or in the U.K.'s National Health Service, or the Australian or Swiss or Canadian systems) are shared by colleagues around the globe. Feeling part of an international community of doctors was, in itself, healing.

I realized in Orvieto that my own professional stress comes at least as much from feeling isolated as from increased time pressure and administrative tasks. I've often noted the irony that medicine attracts socially skilled people and then places us with one patient at a time, behind closed doors. Digital communication, though efficient, has reduced the amount of time we spend talking with our colleagues. As in other aspects of modern life, in medicine we may now find ourselves more connected electronically, and yet more lonely, than ever.

In *Tribe: On Homecoming and Belonging*, bestselling author Sebastian Junger argues that the high prevalence of post traumatic stress disorder among veterans has less to do with the psychological toll of combat--he points out that many vets with PTSD saw none--but, rather, with the grief veterans feel when they leave their comrades and return to a society in which it is difficult to reproduce the sense of belonging and purpose they had



Doctors from across the globe gathered to take part in Dr. Carlson's HMS Course

while in the military.

Residency is a kind of "tribe." Few of us will again feel the comradeship we felt as trainees. One way to decrease burnout among more mature clinicians is to recreate some of that comradeship. Balint groups, the Literature and Medicine program, and courses such as SMART, a resiliency training series recently offered by the Swartz Initiative, are just a few efforts in this direction.

Meanwhile, watch for announcements of next year's Reflection and Resiliency course in Orvieto. You'll return to your practice from the dead city feeling more alive.



Would you like to share a story from your DGIM experience here, or have a private consultation about a manuscript or about writing in general? Contact me at skoven@mgh.harvard.edu

ECOCH Addressing Impact of Social Determinants

Many people think that good health is determined by their access to doctors. While that's obviously important, about 60% of health status is determined by the social and economic conditions where you live and work. These social determinants of health include the financial and social supports available in our homes, neighborhoods, and communities; the quality of our schooling; the safety of our workplaces; the cleanliness of our water, food, and air; and the nature of our social interactions and relationships. They shape our health and the length and quality of our lives.

MGH partners with local underserved communities to change those conditions. For example, 'Healthy Chelsea' and 'Revere on the Move' work to make healthy food and physical activity more accessible through

advocating for walking trails or creating community gardens and farmers markets so that the healthy choice is the easier choice. Why do we do this work? It is incumbent on health care to not only treat people when they are sick, but also to prevent illness from happening in the first place. We have a mandate to improve outcomes for patients and the community AND to reduce costs. Prevention is an important part of that strategy.

In [this video](#), we show you how members of the hospital staff recognized social determinants of health barriers faced by their patients, and the resources they used and actions they took to treat them successfully. After watching this video, you will be able to recognize these barriers and use the hospital and community resources to help your patients.

MGH DIVISION OF GENERAL INTERNAL MEDICINE



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