

Medicine

ON THE MIDWAY



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on Chiari**

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Forced Reflection

by Katie Scarlett Brandt

While helping others find peace, Deborah Derylak sometimes finds her own. But Derylak, a chaplain at the University of Chicago Medical Center, has learned through experience the importance of separating her personal sense of closure from her professional duty.

Derylak recalls a particular patient for whom she provided spiritual care and support as his illness grew increasingly critical. Their time together often involved just the two of them, and Derylak grew fond of him as she helped him through his challenges and changes. When he was dying and his family gathered at his bedside, Derylak said she had to remind herself: “Who am I in all this?”

Derylak isn't alone. Physicians, nurses, social workers, chaplains and others in health care deal with death on a regular, if not daily, basis. The profession can exact a heavy toll physically, emotionally and spiritually on its practitioners.

The Schwartz Center Rounds are open to all health care staff at the University of Chicago Medical Center. They take place on the second Friday of each month from noon to 1 p.m. in Dora DeLee Hall.



To help them cope, the Kenneth B. Schwartz Center in Boston began holding a monthly meeting, called the Schwartz Rounds, nearly a decade ago. Open to all employees, the meetings are therapy sessions, in a sense, and have moved beyond Boston to 80 other sites nationwide, including the University of Chicago Medical Center. Each month, medical professionals gather to discuss various health care issues on personal levels, across disciplinary lines.

One month, for example, the conversation focused on missing the chance to say goodbye to patients when they die or transfer elsewhere. Another session centered on “little white lies” that caregivers might tell in certain situations.

“We don’t talk a lot about these kinds of things on the job. The conversation is usually more analytical,” said Cynthia Pleasant-King, rounds facilitator at Chicago and manager of performance improvement for the Academy.

John Schumann, MD, serves as the physician sponsor at Chicago for the rounds. He calls the discussions “forced reflection” in a field where the typical day doesn’t offer time to stop and contemplate. “Many doctors have learned to control their emotions, but we encourage topics that touch nerves and make people think about the care they provide,” he said.



For Pleasant-King, facilitating the rounds provides a chance to see how the caregivers she trains view their own work with patients. “As a lay person, you don’t usually think of how physicians and clinicians are feeling,” she said, adding that hearing their reactions to difficult situations and day-to-day work gives her “even more respect for them.”

The rounds proved popular from the very beginning. A larger-than-anticipated crowd arrived for Chicago’s inaugural discussion, sending the group to a different room. “There’s a real appetite for this here,” said Nicole Woods, former rounds facilitator at Chicago. “People are looking for a chance to share in a different way.”

The conversation on missing the chance to say goodbye clearly touched nerves, bringing tears to some eyes as people remembered their experiences with patients’ deaths or transfers.

Derylak, a petite, soft-spoken woman with short brown hair and glasses, was one of three panelists in the hour-long program, including Mary Horkan, RN, and Andrea Bial, MD. Derylak told the hushed crowd that she and her long-time patient finally found a brief moment to share their own goodbye. As she took his hand in blessing, he said, “I’ll be OK.”

Horkan told the crowd that she feels people deserve to die with dignity and that she learned from her grandfather’s death that some people need to die alone. Her voice grew shaky when she

recalled her grandfather, lying in his bed alone just before he died, and how he had sent each of his grandchildren on a special errand to get them out of the room. As a hospice nurse, she said it’s difficult for her sometimes to leave people in their final hours, even if that is what they want.

Bial, who works in geriatrics, said she felt left out when an older female patient, whom she had befriended, died. The woman’s son came from Pennsylvania to take care of his mother’s funeral, but neglected to tell Bial about the arrangements.

Following the panelists’ testimonials, the discussion opened to the audience. People from all areas of health care raised their hands to speak. Many said they could identify with the kind of grief and stress that Derylak and others had experienced. They discussed ways to cope with what they see and experience every day. A nurse suggested keeping a journal; a social worker said she writes letters to patients’ families. By the rounds’ end, the general consensus was that all participants were undergoing similar experiences; they just didn’t necessarily realize how much talking with peers could help.

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Health care providers often see people at the lowest, most frightened points of their lives, Woods said. “In this particular field, they *need* to talk like this.” Such candid discussions help health care professionals realize that they are not working in a vacuum.

“It makes them more whole and even leads to less turnover in some departments,” she said.

Derylak, who expected the first Schwartz Rounds to be a powerful hour, said she was impressed by the tremendous response. “It’s an unusual thing,” she said. “People talk to each other all the time, but this is a different opportunity for us to come together as a whole to share common feelings and experiences.”

The rounds took about six months to implement at Chicago. And although the team still is ironing out some structural details, Pleasant-King said she is very impressed and touched by what she has witnessed so far. “[People] speak with no barriers or boundaries,” she said of the meetings, where tears and laughter are equally common. “You don’t often see that in a hospital.”