

For a **WEB EXTRA** with a video about the Always Events project noted below, see [dartmed.dartmouth.edu/w11/we07](http://dartmed.dartmouth.edu/w11/we07).



**HEARTWARMING NEWS:** Dr. Naomi Gauthier, a Dover, N.H.-based pediatric cardiologist with the Children's Hospital at Dartmouth, was one of five finalists, picked from about 100 nominees, to receive an annual award from the Schwartz Center for Compassionate Healthcare.

THEN & NOW

A reminder of the pace of change, and of timeless truths, from the 1935 bulletin describing DMS:

"The mezzanine floor [of Dartmouth College's Baker Library] is reserved for the Medical Library, where some 14,000 volumes have been segregated from the stacks. The current numbers, as well as the bound volumes, of the periodicals devoted to the medical sciences are to be found in the journal room on this floor."



92,341

Number of books in Dartmouth's two biomedical libraries in FY2011

152,331

Number of journal volumes

4,385

Number of electronic journal subscriptions

41,246

Number of other items

Going above and beyond a good bedside manner

Patient-centered care, one of the newer concepts in medicine, is about more than just cultivating a good bedside manner. It is about respecting patients' values, preferences, and needs; providing coordinated, integrated care; communicating clearly; attending to patients' emotional as well as physical needs; involving patients' family members and friends, as appropriate; facilitating continuity of care; and making care accessible to all who need it.

Licia Berry-Berard, M.S.W., the manager of DHMC's Office of Patient- and Family-Centered Care (PFCC), may put it best when she says, simply, "It is how we listen to and embed the patient-family perspective . . . in the work of the organization."

**Embed:** Created in 2008, the PFCC office has been working to "embed" that perspective in as many parts of the institution as possible. The speed and breadth of that integration has garnered national recognition for DHMC—most recently in the form of two grants from the Picker Institute, a nonprofit dedicated to advancing PFCC.

The first is the Picker Institute-Gold Foundation Graduate Medical Education Challenge Grant. It focuses on training resident physicians in the best ways to share bad news with patients and their families. "Delivering bad news is not routinely taught during medical school and is an important skill," says Jonathan

Huntington, M.D., Ph.D., a DMS '07 who is now a fellow in the DH Leadership Preventive Medicine Residency.

He is one of the principal investigators for the second grant from the Picker Institute—an Always Events Challenge Grant.

This one involves implementing training for front-line nurses to promote and evaluate competency in a list of behaviors that should always happen. These include mundane habits, such as wearing one's name badge, as well as more nuanced behaviors, such as addressing and referring to patients by name (and a name that they prefer), not by their disease.

Central to both grants is a group called patient family advisors (PFAs). These are volunteers who have had experience at DHMC as a patient or a relative of a patient and who are committed to improving care. Today, DHMC has about 130 PFAs who serve on committees; teach nurses, residents, and medical students; and advise leaders on new policies.

**Start:** PFAs got their start at DHMC in the Children's Hospital at Dartmouth (CHaD). In 1997, a concerned parent and her child's doctor founded the Boyle Community Pediatrics Program, out of which sprang the CHaD Family Advisory Board. A related initiative that also began at CHaD is From the Other Side of the Stethoscope (FOSS), a curriculum for medical stu-

dents. Students learn a series of questions to use with patients who have chronic illnesses; the questions are designed to improve patient interactions and appear to be achieving that goal. "These questions allowed and forced me to slow down," wrote one student of FOSS, and "to think about [patients'] lives outside of the hospital." FOSS has since been implemented on the geriatrics unit as well.

**Care:** While such initiatives are laudable, patient- and family-centered care is just the right thing to do, according to Berry-Berard and others. "Of course we need to partner with our patients," says Antoinette LaMonica, M.S.W., the recently retired manager of the Boyle Program.

PFCC is "more than just being kind," adds Berry-Berard. It's about "including patients as partners in everything we do."

JENNIFER DURGIN

MARK WASHBURN



Berry-Berard, left, meets here with one of DHMC's patient family advisors.