

PHYSICIANS AS PARTNERS IN MISSION

Since this issue of *Health Progress* is focused on physicians, I thought it might be helpful to review the top ten areas where there are opportunities for mission leaders and physicians to partner. So, with a drum roll in the background and in my best David Letterman style, here are the Top Ten ways mission leaders can minister with physicians:



BRIAN SMITH

Number 10 — Be involved from the beginning. One thing mission leaders frequently tell me is: “Those physicians who turned out to be a bad fit with our organization were never taught what it means to be a part of the Catholic health care ministry and what was expected of them.”

All too often, mission leaders are not included in the physician interview or credentialing process. Some organizations put a copy of the *Ethical and Religious Directives for Catholic Health Care Services* in the application packet and hope the physician reads it before signing his or her paperwork.

So, ask yourself, does someone — preferably the mission leader of the facility or region — have a mission and ethics conversation with every physician who is seeking privileges at the institution? The time for this open, transparent conversation is during the credentialing process, not during orientation. Remember, a physician will usually be on staff at a hospital or long-term care facility for as many years as he or she practices medicine. That could mean 30 to 40 years. Doesn't it make sense to have the mission and ethics conversation during the courtship phase of the relationship?

Number 9 — Make an impression at physician orientation. There is wide variation across the Catholic health ministry when it comes to physician orientation. I have seen attempts to cram physician orientation into two to three hours, with mission being allotted about 15 minutes. I also have seen physician orientations that last one full day, during which the foundational role of mission and ethics is evident in its allocation of 60-120 minutes.

But more important than the amount of time al-

lotted is what is conveyed. The mission portion of orientation helps the physician connect his or her personal calling to the healing ministry of Jesus. It is a time for them to experience the spirituality of the organization, hear the Gospel stories as well as the stories of the founding congregation that began the institution. Even for physicians who are not Christian or who don't practice any faith, this can be a time to impress them with the culture they are joining: one that prays, uses ritual and cares for the spirit of patients, families and staff — including the physicians. They are joining a community of healers that treasures collaboration and expects them to behave consistently with the heritage, mission and values of the organization.

Number 8 — Get them while they are young. If you have residents or medical students who are a part of your organization, it is important they understand Catholic health ministry.

I once had a fourth-year resident tell me, “When I first came here, I thought, ‘I will put in my time, be careful not to do anything against the ethical teachings of the Catholic Church and move on.’ What I discovered is the great compassion Catholic hospitals have for the poor and underserved. I witnessed how people are treated with dignity at the time of death and saw the difference it means to patients and their families when spiritual care is part of the healing process. I want this to be the way I practice medicine.”

She was hired by that system as a hospitalist. Not every resident or medical student who trains in a Catholic setting will end up on staff one day, but at least they should experience the difference in our institutions and can decide if this is part of their calling.

Number 7 — Attend physician meetings and get on the agenda. As part of the senior leadership

team, mission leaders should attend physician meetings, including the general medical staff and department meetings. If your system owns physician practices or joint ventures with physicians, this is another opportunity for mission integration. You may need to get yourself invited, but this can be accomplished by helping physicians see mutual areas of interest (quality, patient satisfaction, ethics, continuing education, formation and well-being, for example). Be sure you offer more than the opening prayer at these meetings. I have asked to be on physician agendas covering a range of topics from new ethics policies to teaching classes for Continuing Medical Education (CME). If you have something to offer physicians that is helpful to them, you will be welcome at their meetings.

Number 6 — Be a champion for physicians. As you get to know physicians, listen to their needs. Many of those needs are related to what they think is best for their patients. They may have voiced a concern in the past to a staff nurse, mid-level manager or even a senior leader and nothing happened. If enough of their concerns and ideas for improving quality are overlooked, they will feel unheard and not part of a healing community. In one facility where I worked, a surgeon complained to me that the air conditioning in the operating room was not keeping up during the summer months. When I asked him how long this had been a problem, he stated, “Two years! No one listens to us!” Unfortunately, in that facility, no member of the senior leadership team attended the surgery department’s meetings, and their complaints never rose past the director of nursing for that department. When the information finally got to the people who could do something about it, the air conditioning was fixed within a month. So let physicians know you are there to serve them, too!

Number 5 — Find physician champions. This is not a *quid pro quo* to the previous paragraph. Mission leaders need physicians who will help champion mission- and ethics-related causes. Any changes to policies dealing with matters such as advanced directives, do-not-resuscitate orders, organ and tissue donation, ethics consultations, palliative care and hospice consultations need a physician champion.

Mission and ethics may take the lead in shepherding the policy through the various layers of approval, but a physician who is competent and passionate about these medical issues is necessary to convincing other physicians that the policy is important and should be followed.

Number 4 — Find physicians to serve on the ethics committee and ethics consultation teams. This is easier said than done. Physicians are being asked to do more, adapt to the new health care environment and expect less reimbursement. It is hard to ask them to volunteer their time by serving on the ethics committee or case consultation team. I have found, however, that many physi-

Do you spend time with physicians outside of meetings? Do you share a cup of coffee in the physician lounge, or invite a doctor to a no-agenda lunch?

cians are interested in ethics, and if the committee meetings are short, well run and educational, they do not mind attending. Meetings held during a meal may be more convenient and encourage attendance.

Ideally you want a good mix of physicians who work in the areas where ethical issues are most likely to arise: ER, ICU, labor and delivery, surgery, palliative care and hospice. Being able to call on the expertise of physicians is critical during ethics case consultations.

When you do involve physicians in ethics meetings, make sure their time is well spent — the background information should already have been gathered and the key people should be in the room.

Number 3 — Offer physicians continuing medical education. Although physicians are busy, if they know the educational programs offered are relevant and will help them be better at what they do, they will attend. Programs that offer CME credits certainly will get a physician’s attention, especially if there is a meal included! Most physicians are required to have at least one Category One CME each year, and it can be difficult to find one in ethics. Offering physicians an easy way to meet a professional requirement builds great rap-

port between the physicians and mission/ethics department.

Number 2 — Include physicians in formation.

One way to help physicians continue to feel they are part of a healing community, and that what they do is ministry, is to include them in the formation programs offered in your system. (See article on page 32.)

In the last year, I have heard many physicians say, “I am burned out. Who is going to minister to me?” We desperately need our physician colleagues to be healthy, inspired and committed to the mission. How can we help them stay renewed?

Are physician leaders invited to participate in your senior leadership formation process? Have you considered offering physician retreats, evenings of recollection or opportunities for physicians to simply gather over a meal and share? (See article on page 14.)

Number 1 — It’s all about the relationship with individual physicians, practices, departments and the medical staff. Think how any relationship begins — by learning a person’s name. This may seem simple, but when you have a medical staff of several hundred names and faces to learn, that is no small feat. Physicians, like anyone else, want to know you know their name and are not resorting to the generic, “Good morning, Doctor.”

Relationships grow and develop through sharing time and mutual interests. Do you spend time with physicians outside of meetings? Do you share a cup of coffee in the physician lounge, or invite a doctor to a no-agenda lunch? Do you know the names of their spouses or significant others and of their children? Do you show an interest in them as a person and not as someone who can help you with your agenda?

With shared time and experiences, trust develops. When they know you, doctors are more likely to ask for an ethics consult, share a concern about something going on in the organization or be a physician champion. With shared time, you are able to see mutual interests and possibilities for collaboration on quality, educational or formation initiatives.

A Catholic OB/GYN and I often shared lunch, and he once told me he had an idea for a one-hour module on Part Four of the *Ethical and Religious Directives for Catholic Health Care Services*. He told me, “If only I had administrative support to apply for the CMEs and help refine my Power-Point, I would love doing something like this.”

I volunteered to help him with those pieces, and within two months we were offering a one-hour, Category One CME module on Part Four of the *Directives* for 60 physicians. People in relationship have dialogues and get things done!

Another benefit of having established relationships with physicians is the ability to have difficult conversations when it is necessary. In one ministry where I served, I was asked to tell a group of physicians about a change in procedures that the senior team knew would not be well received.

At first I contemplated sending a letter to each physician. Then I remembered my maxim: “It’s all about the relationship.” I did not know these doctors at the time, and they only knew me as “the mission guy.” I decided to make individual appointments with each of them. It was important that they see me face-to-face, share their frustration out loud, ask their questions and have a person to call with questions in the future.

Although a letter certainly would have been more efficient, it would not have established a working relationship. This event actually cleared the way for me to offer education to some of the physicians and their staffs and occasioned several phone calls when they had patients with potential medical ethics issues. Being in relationship allows conflicts to be resolved sooner.

Sometimes relationships become friendships, the kinds of friends who invite each other to dinner, play golf, attend birthday parties and weddings. Sometimes we mourn with those friends when they experience loss, be that through divorce, the death of a spouse, child or patient. I count among some of my closest friends physicians with whom I have ministered.

We sometimes forget physicians are people too. They have good days and bad days, joys and sorrows, successes and failures, work time and play time. They need to be with people with whom they can be themselves. They want their ideas heard, and they want to contribute in a meaningful way. They are healers who want their calling to be linked to something bigger than themselves, and they are hungry for education, formation and wellness.

Mission leaders and physicians have so much they can learn from one another when they partner in this healing ministry.

BRIAN P. SMITH, MS, MA, MDiv, is senior director of mission integration and leadership formation, the Catholic Health Association, St. Louis.

JOURNAL OF THE CATHOLIC HEALTH ASSOCIATION OF THE UNITED STATES

www.chausa.org

HEALTH PROGRESS®

Reprinted from *Health Progress*, May-June 2014

Copyright © 2014 by The Catholic Health Association of the United States
