University Hospital’s Security Management

To provide a safe and secure environment for patients, staff, and visitors, University Hospital’s new Comprehensive Security Strategic Plan protects not only the external perimeter of the medical district, but also internal access to hospital buildings.

“During the planning of the hospital, we formed a task force to assess how to construct the best physical security barrier to protect the hospital and campus, while allowing ready access,” hospital Associate Vice President Anthony Patterson, MSHA, says. “We evaluated each building that allows access to the hospital complex and added strategically placed cameras, new controlled door security systems, and digital recorders, all of which limit and monitor access to key facility portals,” he says.

Last year, University Hospital employees’ identification badges were

continued on page 3

Narrative Medicine

EMPHASIZING THE HUMANNESS OF PHYSICIAN-PATIENT RELATIONSHIP

Early in his medical training, an attending physician told Fred Griffin, MD, to “cut out the editorializing” and stick strictly to clinical facts when describing a patient’s case. This admonition to ignore less obvious aspects of patients’ lives and illnesses did not hold much appeal for Dr. Griffin, who thought important diagnostic information could be overlooked with a totally objective approach.

He also came to believe that reducing patients’ illnesses to the bare details of their physical and laboratory findings can deprive physicians of the human connection in clinical work — the very aspect that draws many to medicine. This lack of “humanness” in day-to-day practice can lead to physician frustration and burn out, he says.

Dr. Griffin, who recently joined UAB as associate professor of psychiatry, is now introducing the university community to narrative medicine, a term coined by Columbia University internist Rita Charon MD, PhD, who suggests that practicing medicine with narrative competence, which she defines as the ability to acknowledge, absorb, interpret, and act on the stories and plights of others, can lead to more effective and satisfying medical care (JAMA. 2001; 286:1897-1902).

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IN-STATE PROJECTIONS — TOP 5 SOLUCIENT-DEFINED LOW-GROWTH SERVICES

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<tr>
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<tbody>
<tr>
<td>HIV</td>
<td>2,097</td>
<td>2,114</td>
<td>0.80%</td>
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<tr>
<td>Gynecology</td>
<td>15,686</td>
<td>15,861</td>
<td>1.10%</td>
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<tr>
<td>Psych/Drug Abuse</td>
<td>28,025</td>
<td>28,658</td>
<td>2.30%</td>
</tr>
<tr>
<td>Otolaryngology</td>
<td>5,698</td>
<td>5,852</td>
<td>2.70%</td>
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<tr>
<td>Trauma</td>
<td>2,522</td>
<td>2,605</td>
<td>3.30%</td>
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The 5-year in-state growth projection for all services combined is 3.7%
Source: Solucient Inpatient Demand Estimates
(Solucient DRG groupings differ slightly from UAB-defined Discharge Service) Prepared by UABHS Department of Strategic Planning
way, with empathy and acknowledgment of what a patient is feeling, provides a sense of the biopsychosocial totality of a human being and helps physicians grasp the context in which patients’ illnesses arise.

“The physician-patient relationship is at the heart of medicine, but some aspects of modern medicine — including medical training, managed care directives, and the spread of subspecialization and biomedical technologies — can factionate individuals into organ systems or abnormal test results, diminishing that relationship and making it less satisfying and effective,” Dr. Griffin says. “If physicians don’t understand the context in which a person lives, for example, they may prescribe treatment that is theoretically correct but irrelevant because of the patient’s family situation, cultural background, or personality style. Being able to put yourself in your patient’s place — to imagine what it would be like to be the patient — multiplies diagnostic and therapeutic skills.”

SELF-REFLECTION AND INSIGHT

To develop narrative competence, physicians must not only read patients’ emotional and social clues, but reflect on how patients’ stories affect them, Dr. Griffin says.

“Making medical decisions requires a certain amount of detachment, but if physicians become too removed from their emotions, they may no longer understand what patients are feeling. Being attuned to one’s emotional responses creates a self-reflective space that literally provides ‘in-sight’ into the situation,” he says.

Narrative medicine offers a combination of tools to help create self-reflective space. Imaginative literature is one such device that can inform clinical work. “Reading literary works and noting how they affect us can spur our imaginations and jar us out of habitual responses to patients,” says Dr. Griffin, who has used the short stories of physician-writer William Carlos Williams in narrative medicine courses and to help resolve a therapeutic impasse with a patient.

“The capacity to recognize and reflect on what happens in the physician-patient relationship is further developed when doctors experiment with writing vignettes about patient interactions,” Dr. Griffin adds. “Sometimes, when you’re under a lot of stress with a patient, you become locked in two-dimensional roles — noncompliant patient and unhappy doctor, for example. Literature can help clarify our emotional reactions and bring some resolution to these seemingly insolvable situations.”

Taking a narrative moment — sharing one’s thoughts with colleagues or writing them down — can also create insight. With the help of Dr. Griffin, pulmonologist Waid Shelton, MD, is putting narrative medicine into practice on the pulmonary unit to help ease the stress that inevitably accompanies caring for patients with chronic and serious illnesses.

“Narrative medicine gives us the opportunity to focus on the doctor-patient relationship,” Dr. Shelton says. “We ask our interns and residents to write a few sentences about their patients and discuss responses in our daily meeting. People seem to appreciate talking about the emotional aspects of patient interactions that rarely come up in more usual data-driven discussions. These exchanges take only a few minutes but give us an opportunity to reflect and add a little extra energy to the day.”

During a recent pulmonary grand rounds, Drs. Griffin and Shelton presented their experiences with narrative medicine to a receptive audience — when they opened the floor to discussion, many in the room seemed eager to talk about their own experiences.

“Sometimes, being a doctor can be alienating and lonely, and it’s clear that talking about these events has great value,” says Dr. Griffin, who looks forward to collaborating with colleagues on both the medical and academic sides of campus. He recently led a Scholar’s Week course for UAB medical students called “Doctor Stories: An Introduction to Narrative Medicine.” During the course, students wrote short narratives about their clinical experiences and read published pieces written by physicians and patients. Dr. Griffin also hopes to introduce the emerging field of narrative medicine to residents and fellows, as well as to faculty and community physicians.

“I hope other faculty will have the kind of courage and intellectual curiosity that led Waid Shelton to create narrative medicine rounds on the pulmonary unit,” he says.

CONVERSATIONS WITH PHYSICIANS

Before coming to Birmingham, Dr. Griffin conducted several series of guided readings of the works of John Berger and William Carlos Williams for practicing physicians that he called “Conversations with Physicians,” and would like to direct a similar series at UAB. Eventually, he plans to incorporate these experiences into a book that will serve as a guide for integrating narrative medicine into medical practice.

“I came to UAB because of the opportunity to teach psychotherapy in an environment that would also foster the interdisciplinary work I’m interested in,” he says. “Through my writing, I hope to offer a new perspective to the literature on narrative medicine; most people writing in the field approach it from studies of literature and medicine or from the discipline of literary studies. Over the years, I’ve had the privilege of learning so much from my patients and teachers about the importance of the human connection between physician and patient. It’s this experience from clinical psychotherapy and psychoanalysis — where the doctor-patient interaction is central to the work — that I would like to translate and pass on to physicians working in other areas of medicine.”
Dr. Griffin welcomes inquiries from those interested in learning more about narrative medicine. Please contact him at flgriffin@uabmc.edu.

**NARRATIVE MEDICINE**

**SUGGESTED READINGS**


The number of police officers monitoring the expanded hospital has **doubled**, and employees who manage the card access system, automatic locks, panic buttons, patient tagging systems, and cameras have increased 60%.

“Cooperative efforts with hospital administration were critical in assessing measures necessary to provide the most efficient and practical means of securing the facility and protecting faculty, staff, patients, and visitors. Along with the physical security measures, the UAB Police Department increased its staffing presence to a more suitable level for an institution with the current space and footage, particularly as it is a Level I trauma center,” UAB Captain of Police Jimmy Nordan says.

Additionally, the medical center has access to the resources of the entire officer force, including the **special operations unit**, patrol division, and investigative unit. In reality, the medical center has at its disposal the entire resources of the UAB Police Department,” he adds.

Forty-three perimeter card readers in the hospital complex serve as 24-hour access points for faculty and staff, locking automatically **during nonbusiness hours** to limit visitor and family access to the 19th Street Spain Wallace entrance and 4th Avenue deck entrance. The Emergency Department (ED) entrance is limited to those seeking medical treatment, family members, or other visitors.

“We now have **373 cameras** located in the hospital’s main interior traffic flow areas, some dedicated to specific departments to protect against property theft,” Anthony Banks, University Hospital physical security operations supervisor says. The North Pavilion features 150 cameras, 195 card access readers, 76 panic buttons, and 133 alarm doors.

“Because of the high volume of patients, families, and friends in the ED day and night, it has historically been a security focal point,” Banks says. Specifically, 36 cameras monitor the North Pavilion first floor and ED entrances, along with driveways at the atrium entrance and both ED entrances. A metal detector at the interior entrance covers the waiting area, ED triage, and psychiatric care room.

“Cameras are networked and tie back into digital recording devices; images and video are stored perpetually on the digital server. These recordings allow us to **search specific dates and times** to investigate security concerns,” Banks adds. In addition, the ED houses a video monitoring station allowing security staff to view cameras positioned throughout the North Pavilion.

“The new plan and technology address our internal and external security, enabling UAB Police to lock down the perimeter of the facility, should the need arise,” Patterson closes.

**NEXT LIVE WEB CAST IS JUNE 20**

June 20’s UAB Insight-LIVE Web cast features an **abdominoplasty** performed by John Anastasatos, MD. Held at noon in a University Hospital surgical suite, it can be viewed worldwide from any computer with Internet access. Viewers can e-mail questions during the procedure; CME credit is available.

The initial Web cast, a laparoscopic-assisted ERCP by Ronald Clements, MD, and Mel Wilcox, MD, moderated by Brandon Roy, MD, logged 800 viewers. The most recent Web cast featured a laparoscopic right hemicolectomy by Marty Heslin, MD, moderated by Pablo Arnoletti, MD. These are archived on the site.

To access a Synopsis article from the last 2 years, visit our Web site at [www.health.uab.edu/synopsis](http://www.health.uab.edu/synopsis). You can search by date or subject in the left sidebar.

**UAB PHYSICIANS**: visit MSI, the password-protected Medical Staff intranet site, at [https://horizon.hs.uab.edu](https://horizon.hs.uab.edu).
Dr. Coke, professor of diagnostic sciences and director of the general dental residency at the School of Dentistry, was 1 of 35 professionals nationally recognized at the 17th Annual Conference on Special Care in Dentistry, held in Washington, DC, in April.

John A. Smith, MD, PhD, MMM, professor and director, UAB Division of Laboratory Medicine, received a Doctor of Science (Honoris causa) degree from Purdue University at its May 14 commencement “in recognition of his contributions to protein research and for his leadership in molecular biology education.”

Dr. Smith, a Purdue alumnus, received the Purdue School of Science’s Distinguished Alumnus Award in 1995 and served on the Dean’s Advisory Council (1995-1998) and as a member of the Strategic Planning Committee and Director’s Advisory Council for the Purdue Cancer Center (2001-2005).

Dr. Smith earned a MS and PhD degree from the University of Melbourne, a MD degree from the University of Missouri School of Medicine, and a medical management master’s degree from Tulane University. A resolution accompanying the DSc degree detailed Dr. Smith’s distinguished career as a biochemist and pathologist at Harvard and UAB, noting: “He is widely known for his seminal studies in protein and peptide chemistry, the elucidation of the molecular basis by which MHC-class molecules bind peptides, and key studies of the biochemistry of aminoterminal protein processing.” He has served 20 years as a founding editor of Current Protocols in Molecular Biology.

Among other DSc recipients were: Dr. Endre A. Balazs (biologist, established Boston Biomedical Research Foundation, founder of Biomatrix Inc., now owned by Genzyme Inc.); Dr. Leroy Davis (biologist, retired president, South Carolina State University); Professor Albert W. Overhauser (physicist, National Medal of Science, National Academy of Science, Purdue); and Professor David O. Sieg mund (statistics, National Academy of Science, Stanford).