

THE REST OF YOUR LIFE

Physicians Take the Stage

According to Dr. Joel Ang, his vocation as a full-time family physician and his avocation as a violinist are irrevocably intertwined.

In family medicine, he explained, “you have to think of a patient as someone who is multidimensional. In music, you do the same thing. You’re trying to put things together, trying to work on very specific details of that piece.”

Born in the Philippines, Dr. Ang was raised in Raleigh, N.C., where he started playing violin at the age of 12 years in an orchestra at the public school he attended and went on to excel with the instrument. He enrolled in music camps each summer, played in state orchestras in high school, and earned a spot in the Duke University Symphony in Durham, N.C., as a college undergraduate.

He kept playing during medical school—though not as much as he would have liked—and viewed his avocation as “a way to keep stress from building up.”

As he improved, he became intrigued by the technical demands of the violin, noting that “a lot of brain power and technical work is required before you achieve proficiency with the instrument,” said Dr. Ang, who practices family medicine in Washington.

These days, Dr. Ang is a violinist with the Washington Metropolitan Philharmonic Association orchestra and serves as its associate concertmaster. He is also a member of the World Doctors Orchestra, which convenes twice a year for concerts in different cities around the globe and donates concert proceeds to charity (www.world-doctors-orchestra.org). The group’s most recent performance was in Berlin on July 4, 2009, an experience that was unforgettable for Dr. Ang.



COURTESY WORLD DOCTORS ORCHESTRA

Dr. Joel Ang is a member of the World Doctors Orchestra, which convenes twice a year to perform concerts for charity.

“Berlin was a standout because the music our conductor chose was pretty difficult, a piece by [the late composer] Gustav Mahler,” he said. “The symphony was about 75 minutes long, and we only had 4 days to rehearse before the performance. We played from 9 a.m. until about 6 p.m. each day. It was a pretty intense time, but it was good because I shared it with close to 100 other physicians. It was inspirational to me.”

Dr. Ang practices on a daily basis and is currently taking private lessons from a violinist with the National Symphony Orchestra. “I keep myself pretty full with the music,” he said.

Steered Clear of Burnout

When Dr. Marilyn Kellam started practicing internal medicine in 1985, she quickly realized that she could easily become a “serious workaholic” if she didn’t find an outlet for creativity.

“I could see it coming that I could spend all of my time in the hospital taking care of patients,” said Dr. Kellam, who

at the local Trawler Dinner Theater. The cast members “looked like they were having so much fun,” recalled Dr. Kellam, who took piano lessons as a youngster but no formal voice lessons. After the show, attendees were informed that the theatre’s next production would be Camelot. Dr. Kellam decided that she “would like to get involved with that show in some way,” so she auditioned and earned a role as a tree.

“It also turned out to be a part as one of the ladies of the roundtable,” she said. “I also got a part as a singer and dancer as part of the chorus. At the first rehearsal, I was totally hooked; I was sucked in.”

Mindful that she would benefit from professional voice training she enrolled at the University of Maryland Eastern Shore in Princess Anne and took personal lessons from voice teacher Dr. Gerald W. Johnson for several years, developing a proficiency in classical music style. She performed in about 35 productions at the Trawler Dinner Theater under the direction of Judi Beck before it closed in 2000.

currently practices at Shore Memorial Hospital in Nasawadox, Va. “This drove me to make sure that I had a healthy mix of work and avocation and to make sure that I was more well rounded.”

That outlet became singing, an avocation she pursued after attending a production of “The Fantasticks”

Determined to pursue singing as a creative outlet, she auditioned for a role in a production of Turandot staged by the Norfolk-based Virginia Opera. She earned a role in the chorus, and since then has performed in about two Virginia Opera productions each year and has understudied for some principal roles as well.

“When I’m involved with an opera it only involves 2 months of my time,” she said. “But it’s an intense amount of time. It involves rehearsals Monday, Tuesday, and Saturday, and commuting 60 miles each way.”

Dr. Kellam, who considers current voice teacher, Sondra Gelb, a key influence, described her involvement in the opera production as “pure joy; no strings attached. It’s something I do for me, and there’s camaraderie, a team spirit. There’s a creative spirit and, of course, the magic of music, and I don’t have to worry about hurting anybody.”

Roles have varied over the years and have included Carrie Pipperidge in “Carousel,” Snoopy in “You’re a Good Man, Charlie Brown,” and the Wicked Witch of the West in “The Wizard of Oz.”

By Doug Brunk

E-MAIL US YOUR STORIES

The purpose of “The Rest of Your Life” is to celebrate the interests and passions of physicians outside of medicine. If you have an idea for this column or would like to tell your story, send an e-mail to d.brunk@elsevier.com.

More Accountability Is Needed to Improve Patient Safety

BY SUSAN BIRK

ROSEMONT, ILL. — Despite major patient safety strides during the past decade, health care providers need to create more accountability for medical errors and patient safety lapses in order to continue improving, according to Dr. Robert M. Wachter, professor and associate chairman of medicine at the University of California, San Francisco.

At the Joint Commission national conference on quality and patient safety, Dr. Wachter offered his perspectives on the status of patient safety in health care 10 years after the publication of the first Institute of Medicine report on the subject (“To Err Is Human: Building a Safer Health System”). He and Dr. Peter J. Pronovost of Johns Hopkins University, Baltimore, published an editorial on the topic

shortly after the conference (N. Engl. J. Med. 2009;361:1401-6).

Balancing a culture of “no blame” with a culture of accountability remains a key challenge for providers.

“‘No blame’ is the right response for innocent slips and mistakes, which turn out to be most errors. But there need to be clear demarcations of blame-worthy acts—not just gross incompetence, not just disruptive behavior, but also failure to follow reasonable safety standards,” said Dr. Wachter.

Dr. Wachter cited the fact that average hand-washing compliance rates continue to hover at only about 50% as an example of the need for more accountability. “I don’t believe that is fully a systems problem,” he said. Part of the problem is that “there have been no penalties for transgressions.”

Although accountability is essential, “my guess is it will go too far,” Dr. Wachter added. “We’ve created an environment where people don’t want to have to talk about errors. We’re probably going to have to go too far and then come up with a sweet spot.”

Dr. Wachter also commented on other aspects of patient safety:

► **Regulation.** Health care organizations need regulators to set standards, but the challenge is ensuring that these standards truly help organizations improve safety. Until the Joint Commission developed standards for reading back instructions, “virtually none of us thought of doing that on our own,” he said.

At the same time, “it is extraordinarily difficult to have a set of rules and standards that apply equally in nuanced areas to organizations that are incredibly

different in the way they do business, their financial resources, and their capacity,” he said.

For that reason, “regulation is extraordinarily useful to get people moving, but it tends to run out of gas over time,” Dr. Wachter said. To illustrate, he cited the Joint Commission’s recent decision to remove adherence to medication reconciliation standards as a requirement for accreditation because organizations struggled to develop appropriate processes.

However, having an “outside organization creating rules and standards we must abide by was extraordinarily important in the first 5 years” after the IOM report, he said. Despite some glitches, “the Joint Commission has improved its processes tremendously.”

► **Reporting.** “The admonition to report everything is silly,” Dr.

Wachter said. “Our mistake here was to not be thoughtful about what we are going to do with all of these reports” before requiring them.

However, providers have learned from this experience and begun to think more critically about what should be reported and how the data should be used, he said.

State reporting requirements on the 27 “never events” put forth by the National Quality Forum have led to more focused patient safety efforts.

He added, however, that labeling these adverse occurrences “never” events was a misnomer that put unfair pressure on providers because many of these problems, such as decubitus ulcers, are not even largely preventable based on present science. “It’s a politically driven misnomer,” he said.