

THE REST OF YOUR LIFE

Stepping Out to Dance

Finding time for renewal is no easy task for full-time physician Dr. Shaun J. Gillis, a married mother of three children, aged 9, 6, and 3.

That's why she looks forward to her 2-hour dance rehearsals every Thursday night, which she began 3 years ago as an outlet for exercise and stress release.

Dancing "is almost like yoga for my mind or meditation—it's a chance to step away from what I do every day, all day," said 39-year-old Dr. Gillis, who practices ob.gyn. in Bozeman, Mont. "I'm not mom, and I'm not the doctor. I'm just dancing, minding what my feet are doing. It's relaxing mentally, a chance to step away."

A Montana native, Dr. Gillis started dancing competitively as a freshman in high school and went on to join the dance company at Montana State University in Bozeman, where she specialized in lyrical and tap dancing.

Her dancing days were put on hold when she enrolled into medical school at the University of Washington, Seattle. "It was very sad," she recalled. "With medical school and residency, I was too busy."

When she relocated back to Bozeman she joined Tanya's Dance Co. in Belgrade, Mont. (www.tanyasdanceco.com) on referral from a friend and picked up dancing again after a 10-year break. Returning to dance "was very comfortable," she said. "Once I started moving, I realized I could do this again after taking a long break. I've also had some really great teachers who have been encouraging and positive."



Dr. Shaun J. Gillis described clogging as an "American version of Irish folk dancing. It's all about the footwork."

Tap dancing "has become my new favorite. But I also like lyrical dance; it's more expressionistic," said Dr. Gillis. She's also adept at clogging, which she described as "an American version of Irish folk dancing. It's all about the footwork. There is not a lot of arm movement or upper body motion, but the steps are quite different from Irish folk dancing."

She also admires the work of the Alvin Ailey American Dance Theater, a New York City-based company that tours extensively.

Tanya's Dance Co.—whose members range in age from 18 to their early 50s—competes with other dance groups in Montana during March and April and

"to take an individual talent and turn it into a team sport because we compete as a team," she said. "The judges score you on costumes, makeup, and hair—so everything needs to be very uniform."

She said she enjoys such camaraderie with other women from all walks of life. "I interact with people that I would never interact with on a daily basis," she said. "Nobody else in my group is a physician or in the medical profession."

Dr. Gillis initially worried what her patients would think about their doctor performing dance routines in public, but she is over that now, and explained that many of her patients showered her with support and encouragement.

stages a local performance in June. Right before the curtain went up at last year's performance someone's child yelled out "Go Mom," which caused the dancers to erupt with laughter, she recalled.

In the spring of 2007, Dr. Gillis and her teammates received the honor of having the No. 1 tap routine in a statewide competition. Such events represent a chance

In fact, some members of the dance team are her patients. "This is a small town, so it happens," she said.

Her goal is to keep building her skills and to keep dancing as long as she is physically able.

"There are some incredibly difficult tap moves that I watch my teacher do and I'm just in awe," she said.

Adding that, "I'm constantly striving to see if I can get my feet to move like that or learn a complicated series of steps. It's challenging."

Dr. Gillis noted that it saddens her to think she went 10 years without dancing, "because it was such a joy to get back into. Being a physician you have to maintain balance and things that you enjoy outside of medicine." ■

By Doug Brunk, San Diego Bureau

E-MAIL US YOUR STORIES

Do you trade in your lab coat on the weekends for two-wheeled transportation and leather? Is the highlight of your year bike week at the beach? Have you ever had the misfortune of suffering from road rash? Whether you enjoy taking leisurely rides on a cruiser or prefer the speed of a crotch rocket, we want to hear your stories. Send an e-mail to d.brunk@elsevier.com.

THE OFFICE

The Value of Group Visits

As with so many things, I had heard about group medical visits long before I offered them. I had not remotely thought of offering them. Then that mother of invention, necessity, pushed her way into my office.

I had been struggling to help my most difficult patients. These were the patients with multiple problems. Many were obese with diabetes and chronic pain. In addition to their disease burden, many faced chaotic lives. They were living in poverty and lacked support at home.

Although they had frequent office visits, I was not succeeding in getting them to clinical goals. I felt like a nag when I tried to help them make changes. It wasn't good for them or me. And that was when I remembered I had a tool I was not using.

In October 2006, I began to offer group visits to patients with overlapping problems. We meet in my waiting room once a month from 5 p.m. to 6:30 p.m. The goal is to have the group work together on problem-solving skills and common problems.

Before each group meeting, I assess the

patients' charts to see who needs refills or labs and what issues need to be addressed. I start each group off on a topic. Sometimes I give them a lighthearted quiz.

I am careful not to run the sessions as a class. The goal is for the patients to interact and solve problems with one another. I am

there as a guide. I use an easel and markers to write down key words as they come up, to help define and reinforce take-home points. These are not group therapy sessions. The groups focus on medical issues such as accepting the need to take daily meds, affording care, and forming strategies for managing pain and achieving good nutrition despite the constraints of family and finances.

One of the most rewarding topics focuses on assertiveness skills. More than any other aspect, helping patients with this skill helps them feel more confident in managing their stress and their medical care. Another recurring topic is how to deal with setting goals and managing setbacks.

The ideal group size is from four to seven patients. This seems to be the magic

number that allows everyone some air-time and prevents any one person from dominating the conversation.

During the group visits, I meet very briefly with each patient individually to check weight and vital signs and discuss any particular issues.

I bill the same way as with an individual visit. However, the evaluation and management (E/M) codes do tend to be less robust in this setting.

Privacy is important to address from the outset. From the beginning, I have made it clear that no one need reveal anything he or she does not wish to reveal. I wrote down a list of problems that many of my patients share and asked each person to think about which ones applied to him or her. Inevitably, the participants do reveal details about themselves as they become comfortable. In addition, when I communicate with participants via e-mail to remind them of group dates, I make sure that messages are sent individually to safeguard privacy.

Group visits are efficient. The work we

all do with patients is repetitive, and it is more efficient to do it once for five people than five separate times. I run an individual medical practice, so my panel is small. Nevertheless, the group allows four to seven people to be seen in the

duration of time I would have needed to see three patients during one-on-one office visits.

The bottom line is that my patients have benefited. The beauty is that when they solve problems with the support of

their peers, they are more likely to set manageable goals. And when they achieve goals, there is a lovely positive feedback cycle that begins. This grows confidence.

Confidence is an undermeasured tool in our practices. Confident patients are more compliant and achieve better outcomes.

As a physician who is seeking to help motivate healthy behaviors, I find the synergistic value of group visits both humbling and rewarding. ■

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BY JEAN ANTONUCCI, M.D.

The beauty of group medical visits is that when patients solve problems with the support of their peers, they are more likely to set manageable goals.