THE PHYSICIAN VOLUNTEER

Robert L. Zemke, MD

Named 2007 Senior Volunteer Physician of the Year

In a unanimous vote by the MMS Committee on Senior Volunteer Physicians, Robert L. Zemke, MD, was selected to receive the 2007 MMS Senior Volunteer Physician of the Year Award for his exemplary dedication to volunteerism and his lifelong sharing of medical expertise.

A graduate of University of Minnesota Medical School, Dr. Zemke practiced family medicine for the majority of his medical career in Fairmont, Minnesota. In 2002, Dr. Zemke joined the Duffy Health Center in Hyannis, where he has volunteered 20 hours each week since his first day.

Because Dr. Zemke performs minor surgery, the Duffy clinic can offer wound and other minor surgical care at the point of intake — the model that best serves the homeless.

In recent years, the Duffy Health Center has experienced increased patient volume, which has necessitated additional staff. Since the Duffy Health Center has a Federal Health Care Professional Shortage Area designation, it attracts younger health care providers. In a nomination letter supporting Dr. Zemke, one of those physicians writes, “When he is in the clinic, we all frequently go to Bob for advice regarding management of certain medical problems. His advice is always sound and his teaching leaves the younger clinicians satisfied that they have been well educated.”

The Massachusetts Medical Society is pleased to recognize Robert L. Zemke, MD, as the 2007 Senior Volunteer Physician of the Year.
Where Experience and Learning Meet

The committee continues to work in conjunction with Boston University School of Medicine (BUSM) to enable volunteer physicians to serve as facilitators for courses offered to first- and second-year medical students.

A free mentoring training session for the following course will be offered at the Massachusetts Medical Society, 860 Winter Street, Waltham, MA 02451-1411.

Integrated Problems
Monday, June 18, 2007 • 9:00 a.m.–2:00 p.m.
Lunch will be served.

The Integrated Problems (IP) Course is administered by Peter F. Shaw, PhD, associate director of the Office of Medical Education at BUSM, and Adrianne Rogers, MD, director of the Office of Medical Education. The IP Course is a problem-based learning course taken by all BUSM students throughout their first and second years of school. The course involves the discussion of clinical cases to assist students in developing methods for learning, teaching, and integrating information from other courses and from independent study.

Groups made up of six to eight students meet with a facilitator for two hours each week for 10 to 12 weeks between early September and early December. The facilitators guide and answer questions as needed; however, they are not teachers in the traditional sense. This fall, the course is tentatively scheduled for Thursdays from 9:00 to 11:00 a.m. and Fridays from 12:00 to 2:00 p.m.

If you are interested in attending the June 18 training session, please contact Erin Tally at (800) 322-2303, ext. 7413, (781) 434-7413, or via e-mail at etally@mms.org.

The Bedside Advocacy Project

The Bedside Advocacy project, a nonprofit, tax-exempt organization, is currently inviting semi-retired or retired physicians to serve as volunteer advocates and facilitators for fragile elderly and other high-risk patients in a variety of venues. The role of volunteers will be to alleviate anxiety, enhance comfort, facilitate improved communication with the health care team, and be on the lookout for hazards to patient safety. Of equal importance, they will help patients and their families understand and navigate the health care environment and educate patients and families about speaking up, getting answers, and making their needs known.

The first pilot project will be launched in 2007. Each participating volunteer physician will initially serve one patient-client on a one-on-one basis. New volunteers will provide backup for other fellow health professional or experienced layperson volunteers. Initially, volunteer advocates will serve as members of small two- to four-person teams. The main function of the teams will be to provide mutual support in their management of the individuals they each serve. Physician volunteers will draw on the insights and experience gained from years of active practice, but none will practice medicine. To the contrary, they will do their best to serve the interests of their clients by facilitating and enhancing communication with and the care provided by the physicians and others responsible for the patients’ care.

For more information, contact Jonathan E. Fine, MD, by e-mail at JonathanFine@bedsideadvocates.org, by phone at (617) 547-0023, or by visiting www.bedsideadvocates.org.

– Jonathan E. Fine, MD
Executive Director of Bedside Advocates

A New Generation of Volunteers

In the past several years, an unprecedented number of large-scale disasters have challenged our response systems and our ability to provide medical care to all victims. Incidents such as Hurricane Katrina and the 2005 Tsunami have served as pivotal moments, renewing a sense of civic responsibility in many and underscoring the need for continued efforts to redefine how volunteers are identified and utilized during times of crisis. Many studies have looked at the lessons learned from these events, and one central theme has consistently emerged: the quality of the local response determines a major part of the quality of the overall response.

The Massachusetts Medical Society (MMS) and its Committee on Preparedness are committed to enhancing our health care system’s capacity to prepare for, detect, and respond to the consequences of a disaster, terrorism, or other health emergencies.
Experience demonstrates that during a time of crisis we can anticipate an outpouring of volunteers. But during a crisis, managing the volunteer identification and credentialing process is complex and inefficient, and valuable volunteer resources often go unutilized. One of the most important ways to mitigate the challenge presented during a surge event is to engage volunteer health professionals in the response network prior to an incident.

In order help achieve this goal, the MMS is seeking physician volunteers to enroll in three new preparedness projects sponsored by the Massachusetts Department of Public Health (MDPH): the Massachusetts System for Advance Registration of Volunteer Health Professionals (MSAR), the Volunteer Surveillance Corps (VSC), and the Health and Homeland Alert Network (HHAN).

MSAR is a statewide, secure database that pre-credentials active and retired health care professionals who are interested in volunteering in the event of a public health emergency. By registering with MSAR, health care professionals can be part of a statewide, automated alert system and respond when activated to a public health emergency. For more information or to register, please visit www.mass.gov/MSAR or contact Kerin Milesky at (781) 434-7280.

The VSC is a network of active and retired physicians who promote disease reporting and vigilance in order to improve emergency preparedness. This ongoing effort is aimed at enhancing disease surveillance at the local level. Volunteers may be asked to assist by collecting or disseminating critical information, calling clinicians in the event of an outbreak or other public health emergency, assisting with vaccine promotion and distribution, or providing support to their local boards of health.

Additionally, physicians are invited to register on the HHAN. The HHAN provides secure Web-based communication and information-sharing capabilities to responders throughout the Commonwealth. Physicians who register receive emergency alerts via e-mail, phone, or pager, as they desire.

For more information about the VSC or to register for the HHAN, please contact Vanessa Kenealy at vkenealy@mms.org or (781) 434-7319.

Events such as Hurricane Katrina often result in an outpouring of national unity. We see the best in people when things are at their worst. If a large-scale disaster were to strike here in Massachusetts, many of you would respond. I know you would want to help, because you have a role to play. Your Committee on Preparedness is asking that you consider your role during a disaster. Registering for MSAR, the VSC, and/or the HHAN is one way of helping to prepare now for such an event in the future. Registration is completely voluntary and does not obligate you to respond. By becoming an MSAR and/or VSC volunteer, you will help ensure that the Commonwealth’s communities — families, neighbors, and friends — have access to uninterrupted and vital health care services when they’re needed most.

— Paul Biddinger, MD
Chair, MMS Committee on Preparedness

Volunteer Opportunity in Eastern Cape Province of the Republic of South Africa

The Global Medicine Committee (GMC) is looking for volunteer physicians to work in the Eastern Cape Province of the Republic of South Africa for one- to three-month periods. This novel Guest Physician Exchange project is an outgrowth of a Commonwealth-Province twinning agreement. The GMC is a collaborating partner in the Massachusetts Health Task Force. Our volunteers will be integrated into either urban or rural settings, doing basic primary care or some specialty work depending on Massachusetts physicians’ preferences and South African need. All physicians will be licensed by the South African government and will receive a free CME course on culture and contemporary medical practice in the Eastern Cape environment before going. Once there, our physicians will be mentored in conditions of care by a collaborating South African doctor. The Eastern Cape will provide housing, and the costs of transportation and other expenses will be tax-deductible through collaboration with a local non-governmental organization, South Africa Partners.

For more information, e-mail Barbara Herbert, MD, at barbaraherbert@massmed.org or GMC staff liaison Jed Clifton at jclifton@nejm.org.

— Barbara Herbert, MD
SMART Recovery℠/MA
A Network of Volunteer-Led Self-Help Groups

There have been over 10,000 free SMART Recovery Self-Help Group meetings in Massachusetts in the past 18 years. Most have been in the community, but approximately 2,000 have been held in jails or prisons. All of these meetings have been facilitated by volunteers, mostly those who have “graduated” the program. However, a number of volunteer professionals and physicians, psychologists, and social workers have been invaluable in establishing meetings in new venues and in mentoring the volunteer non-professionals.

There are currently 16 community and 7 prison meetings that occur weekly. However, the demand, especially from prisons, far exceeds the supply: the rate-limiting step is the availability of volunteer facilitators.

SMART Recovery has an extensive training program for anyone considering participating as a facilitator, either on a weekly or bi-weekly basis, or even as an occasional fill-in. There are manuals, videotapes/DVDs, conference-call trainings, a monthly 3-hour training session at Mt. Auburn Hospital on Saturdays from 10:00 a.m. to 1:00 p.m., and mentoring of initial meetings.

The SMART Recovery program is evidence-based and is directed toward those who are considering abstinence or have made a decision to abstain from destructive use of substances or behaviors. The foundation of the program is cognitive-behavioral and it uses motivational enhancement concepts and a non-confrontational approach, which is quite accessible to lay people and to non-mental health professionals. The SMART Recovery International Advisory Council is comprised of 18 of the world’s eminent addiction researchers. SMART is often effective for people for who do not find AA helpful.

As a retired physician, I can attest that I get many of the same satisfactions I obtained in a medical practice from facilitating SMART Recovery meetings. The program not only helps people change their addictive behaviors, but also encourages self-empowerment, a critical factor in recovery from criminal thinking errors as well as addictions, and requires neither an active license nor liability insurance.

Anyone is welcome to attend any of our training sessions or observe meetings. Visit www.smartrecovery.org to view the details of the program or to observe one of the 20 weekly online meetings. Contact Joe Gerstein, MD, FACP, at (339) 927-1020 or jgerstein@hotmail.com for more information.

– Joseph Gerstein, MD, FACP