

Online Interview with Ken Brummel-Smith, MD



Kenneth Brummel-Smith, MD is the Charlotte Edwards Maguire Professor of Geriatrics and the chair of the Department of Geriatrics at the FSU College of Medicine. He is editor of five textbooks, Geriatric Rehabilitation, Practical Ambulatory Geriatrics, Interviewing and Patient Care, Geriatric Assessment, and Reichel's Care of the Elderly. His research has addressed the effect of a support group on caregivers of patients with Alzheimer's disease, methods of assessing pain in persons with Alzheimer's disease, and advance care planning. He serves on the National Advisory Council on Aging for the National Institute on Aging.

How long have you been working in your speciality?

I started in geriatrics in 1983. I completed a residency in family medicine, then a fellowship in faculty development. While teaching in a family medicine residency 3 years after that, I was sent to a Society of Teachers in Family Medicine conference on integrating geriatrics into family practice teaching. I feel in love with the concept of the "functional approach" and dedicated myself to learning more geriatrics. After taking a 1-year

certificate course in geriatrics at UCLA I was offered the position of Co-Chief of the Clinical Gerontology service at Rancho Los Amigos Hospital, the largest rehabilitation hospital in the US. And that was the start of it all!

Which aspect of your work do you find most satisfying?

Although my work now is primarily academic, I still get the most satisfaction is working closely with an elder in guiding them through difficult medical decision-making situations. I never cease to be amazed how well people can think through difficult medical decisions, if they are fully engaged in the process and educated about their options. We rarely give patients enough credit to do this.

What achievements are you most proud of in your medical career?

Being selected by the American Geriatrics Society for the Dennis W Jahnigen Memorial Award for outstanding contributions to geriatric education in 2006, and by the students of the Florida State University College of Medicine (FSUCOM) for the Hippocratic Award in 2008 for best representing professionalism, compassionate care, and inspirational teaching.

Which part of your job do you enjoy the least?

Dealing with personnel issues in my department

What are your views about the current status of medical training in your country and what do you think needs to change?

I think we need to make some fundamental changes. The future of medicine is in managing chronic conditions in a team environment. Much of the ways we teach medicine today is just like we did 30 years ago when I was in school. First, I would rethink the role of basic science teaching. Not every student needs the same thing. I see the best value of basic science is to teach critical thinking, but most of it today focuses on memorizing and regurgitating minute details. Second, I would provide most clinical teaching in teams of providers – especially medicine, social work, nursing and pharmacy. Third, I would equip students with real skills for helping patients to manage chronic conditions – patient-centered compassionate care, using motivational interviewing. Finally, I would adopt what most other advanced countries do – require a service commitment

after graduation in rural and underserved areas, in exchange for more subsidies of educational costs.

How would you encourage more medical students into entering your speciality?

Start with positive role models – we use a senior mentor program where each student is assigned a mentor in the community in the 1st year of med school. The senior mentors are relatively healthy, very active and engaged in their communities and a real hoot to be around! We train every student in geriatric issues as a normal part of clinical care, not something special or different. And we have required integration of geriatrics into all other classes and a required 4th year rotation. Perhaps that's why we have the highest rating by our graduates of their geriatric skills in the country.

What qualities do you think a good trainee should possess?

Compassion for others, an inquisitive mind, the recognition that authority is often wrong, and a commitment to evidence.

What is the most important advice you could offer to a new trainee?

Relax and remember you (and all of us) are not that important in the large scheme of things

What qualities do you think a good trainer should possess?

Relax and remember you (and all of us) are not that important in the large scheme of things

Do you think doctors are over-regulated compared with other professions?

No – we under-regulated. Nobody should let us do all the things we get away with. What other business can kill tens of thousands clients a year and get away with it? If you doubt this, you have not read the Institute of Medicine's report "To Err is Human." But you should!

Is there any aspect of current health policies in your country that are de-professionalising doctors? If yes what should be done to counter this trend?

Yes. Calling patients "consumers." Allowing doctors to advertise – especially plastic surgeons. And the growing influence of money on medicine – unnecessary surgeries and diagnostic

tests, and unthinking acceptance of pharmaceutical companies information.

Which scientific paper/publication has influenced you the most?

Donald Berwick, "What patient-centered should mean: Confessions of an extremist," *Health Affairs* 28, no. 4 (2009): w555–w565 (published online 19 May 2009; 10.1377/hlthaff.28.4.w555)

What single area of medical research in your speciality should be given priority?

Non-pharmaceutical management of behavioral disturbance in dementia

What is the most challenging area in your speciality that needs further development?

Developing a reasonable reimbursement system that recognizes the role of cognitive work and support of families in the patient's care

Which changes would substantially improve the quality of healthcare in your country?

A single-payer national health insurance program, dissolution of the fee-for-service model of reimbursement, cost-effectiveness research, regulation of pharmaceutical costs

Do you think doctors can make a valuable contribution to healthcare management? If so how?

Absolutely – if they put the patient first in all considerations.

How has the political environment affected your work?

Mostly through frustration. Washington seems to be in the lobbyist's pocket and while I had great hopes of health care reform, I think we will be worse off if the present plans go through.

What are your interests outside of work?

My family, cycling, and racquetball.

If you were not a doctor, what would you do?

Be a National Parks ranger.