Residents Learn “The Art of Observation”

Objectivity is critical to the practice of clinical medicine, but mastering the skill of observation during a patient’s examination is a special challenge. Refining these clinical inspection skills is the principle behind an innovative teaching program, called “The Art of Observation,” that is being offered to Rehabilitation Medicine residents at NewYork-Presbyterian Hospital.

According to Nancy E. Strauss, MD, Director of Residency Training for Rehabilitation Medicine, the approach to graduate medical education has changed dramatically, transitioning from traditional, didactic lectures to more creative and innovative teaching strategies. “Our core curriculum is reevaluated constantly to accommodate new information and new skills; we are also open to new ideas on how to encourage residents to apply their knowledge in the most effective ways,” Dr. Strauss said. “Although an exercise for improving observational skills, the program at The Frick Collection has provided one of many innovative teaching approaches that we use to address competencies creatively at multiple levels.”

Inspection is a key element of patient assessment, and yet observation is often overshadowed by medical technology and the remarkable variety of diagnostic tests available today. This situation led Andre Panagos, MD, to explore a unique method of teaching inspection—using the observation of art at a world-renowned New York City museum as a prototype for clinical

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Stroke Rehabilitation Symposium Draws National Audience

The Department of Rehabilitation at NewYork-Presbyterian Hospital recently played host to an internationally renowned group of experts in the field of stroke rehabilitation. Symposium 2007: Stroke Rehabilitation Innovation and Technology, held in March, was attended by 250 physiatrists, therapists, and nurses from throughout the United States and as far away as Europe.

Keynote speaker Steven Wolf, PhD, Professor of Rehabilitation Medicine at Emory University School of Medicine, Atlanta, reviewed his recently published, multicenter EXCITE (Extremity Constraint Induced Therapy Evaluation) Trial, which examined the efficacy of constraint-induced motor therapy following stroke. Pamela Duncan, PhD, Senior Research Fellow at Duke University School of Medicine, Durham, NC, and an international authority on stroke rehabilitation outcomes, reviewed the challenges in measuring clinical outcomes through the continuum of stroke care.

“Both Drs. Wolf and Duncan are icons in the field of stroke rehabilitation research,” said Michael W. O’Dell, MD, Co-Director of Symposium 2007. “That both researchers received their medical school training in physical therapy from Columbia University College of Physicians and Surgeons makes it even more gratifying to have them as featured

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Symposium 2008: Stroke Rehabilitation
April 4-5, 2008
For more information, please visit www.nyprehabmed.org
Physiatrists Pay Tribute to James S. Lieberman, MD

Following the death of James S. Lieberman, MD, colleagues reflected on the life and professional accomplishments of the prominent physiatrist. Dr. Lieberman, who led the Department of Rehabilitation Medicine at NewYork-Presbyterian Hospital from 1991 until his passing in 2006, was Physiatrist-in-Chief at NewYork-Presbyterian Hospital, H.K. Corning Professor of Rehabilitation Medicine Research, Chair of Rehabilitation Medicine, Senior Associate Dean for Clinical Services, and Associate Vice President for Health Sciences at Columbia University College of Physicians and Surgeons, and was Professor of Rehabilitation Medicine and Division Chief of Rehabilitation Medicine at Weill Cornell Medical College.

“He was one of those rare individuals who excelled to high levels in the areas of scholarly research, clinical care, education, and administration. He has made significant contributions to our field,” said Nancy Strauss, MD.

Dr. Strauss, who became Interim Physiatrist-in-Chief following the death of Dr. Lieberman, and Michael W. O’Dell, MD, Acting Chief of Rehabilitation Medicine at NewYork-Presbyterian/Weill Cornell Medical Center, both remarked that those who had the privilege of working with and learning from Dr. Lieberman have incorporated his teachings into their own professional practice.

“We continue to honor, remember, and thank James S. Lieberman, MD, for his valuable contributions.”
—Nancy Strauss, MD

“He was instrumental in teaching me the subtleties of department administration and was a very important mentor to many physiatrists, particularly in our Rehabilitation Medical Scientist Training Program,” said Dr. O’Dell.

“He had the best methodology in evaluating a department of rehabilitation—both its strengths and weaknesses,” said Joel A. DeLisa, MD, MS, President, Kessler Medical Rehabilitation Research and Education Corporation, and Professor of Neurology, Dr. Lieberman enjoyed a long career in rehabilitation medicine and neuromuscular diseases and was one of the few physiatrist members of the prestigious Institute of Medicine.

“As our Department moves forward and continues to excel and expand on multiple levels, we continue to honor, remember, and thank James S. Lieberman, MD, for his valuable contributions,” added Dr. Strauss.

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A variety of other research and clinical topics were presented, including functional electrical stimulation, by John Chae, MD, of Case Western Reserve University School of Medicine, Cleveland; use of functional magnetic resonance imaging to predict recovery, by John Krakauer, MD, Assistant Professor of Neurology at Columbia University College of Physicians and Surgeons; and the role of robotics, by Bruce Volpe, MD, Professor of Neurology and Neuroscience at Weill Cornell Medical College. Sue Ryerson, PhD, addressed how research findings can be integrated into clinical practice, and Joan Toglia, PhD, spoke about new strategies for assessing and treating neglect.

Hands-on skills were the focus of the afternoon sessions; NewYork-Presbyterian’s physical and occupational therapists led small-group workshops. Topics included assessment of the neurologic foot, use of posturography, upper extremity technologies, and spasticity management, among others. “We offered a huge variety of hands-on workshops related to stroke rehabilitation,” said Kerri A. Morris, MA, OTR/L, Co-Director of Symposium 2007. “Nearly all were conducted by rehabilitation therapists from NewYork-Presbyterian Hospital, which is a remarkable testament to the quality and breadth of talent on our staff.”

“As NewYork-Presbyterian Hospital establishes a premier center for stroke rehabilitation,” commented Dr. O’Dell, “it is appropriate that we should host the very best in the field to join our staff in providing an educational experience second to none.” Symposium 2008 will be held on April 4th and 5th. Content and registration information will be posted on the Department Web site; please visit www.nyprehabmed.org.

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Therapists from the Department of Rehabilitation Medicine at NewYork-Presbyterian Hospital are exporting their skills and expertise to patients in need from around the world. In both developed and developing countries, these rehabilitation professionals have provided desperately needed clinical services and education. There is also a benefit at home, as these therapists return to New York City to practice in one of the most culturally diverse environments in the world.

“Therapists from NewYork-Presbyterian Hospital/Columbia University Medical Center have visited developing countries where the task was either to support existing programs or to set up programs where there were none previously. I think we benefit greatly from these trips. The staff learns how to adapt their skills to a new environment and appreciate how the fundamentals of rehabilitation are applicable across borders,” said Leslie Kane, MA, OTR.

At NewYork-Presbyterian/Columbia, Yuliya Zemlo, OTR, and Allison Koblenz, OTR, recently worked in a community rehabilitation setting in Mexico. Caring for a variety of diagnoses, including spinal cord injuries, amputations, and cerebral palsy, the therapists were immediately confronted with the dilemma of providing rehabilitation care with very few resources. Such a simple task as ordering items from a catalogue was impossible. For one patient, Ms. Zemlo sewed an adapted device by hand. “You have to think much more creatively. Most of the prostheses and the wheelchairs were homemade,” said Ms. Zemlo. Both therapists resided with families that included at least one member with a disability. “In New York, I do not routinely observe people with disabilities functioning in the community. This was a real opportunity to see how disabled people in Mexico coped with their daily routines. It produced a real change in my outlook in regard to how I work with patients in my daily practice,” Ms. Zemlo said.

Sandy Do, PT, traveled to Pakistan to assist earthquake victims. Her experience resulted in a presentation on the role of physical therapy in disaster relief at the World Confederation of Physical Therapy conference in Vancouver, Canada, in June. Therapy practice in resource-poor settings is fraught with cultural sensitivity challenges and, often, language barriers. “Because the profession of physical and occupational therapy has changed so much in the last 15 to 20 years, I think it is our responsibility as a profession of rehabilitation specialists to share and exchange education and skills, expanding the field of international health and rehabilitation.” Ms. Do is already planning a return trip to Vietnam to organize a continuing education course with an American physical therapy professor and 3 students.

“The experience with another language and a different culture has direct applications to our multicultural center in New York,” said Ms. Kane.

Even in developed countries, the opportunity to participate in and observe different healthcare system models can be very insightful. Erin Embry, MS, CCC-SLP, a speech-language pathologist at NewYork-Presbyterian/Weill Cornell Medical Center, recently completed a 5-week fellowship at Lund University and Gothenburg University in Sweden, and a variety of other hospitals. Focused on the treatment of swallowing disorders in adults and children, Ms. Embry said that the experience proved to be an important opportunity to see healthcare delivery through a new perspective. “It was fascinating to see the differences that derived from nationalized healthcare delivery,” she said. “It made me think of how we care for patients in new ways.” Ultimately, Ms. Embry said, she felt that the experience would have a lasting impact. Although international journals and meetings can communicate advances in the field of rehabilitation medicine, she suggested that face-to-face collaboration has its own rewards.

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— Sandy Do, PT
inspection. “Observational skills are difficult to teach in a rigorous fashion. The concept of art observation is something that was originally developed in collaboration with Weill Cornell Medical College and The Frick Collection. Although most residents find this course a fun exercise, I think it really sharpens their skills,” Dr. Panagos said.

Victor M. Ibrahim, MD, a third-year resident in the Department of Rehabilitation Medicine at NewYork-Presbyterian Hospital, was among the first to take the course. The Frick Collection, an intimate museum featuring the art collection of a successful 19th century industrialist, is housed in the mansion he once occupied on Fifth Avenue in Manhattan. “The Frick Collection program teaches you to grasp and verbalize details that inform both subjective and objective observations. This unique approach to refining observational skills is invaluable to any clinician and is difficult to crystallize without this kind of instruction,” Dr. Ibrahim said.

The residents are first instructed in how to recognize subtle details when observing a painting or sculpture. Small groups are assigned to a work of art in the collection and asked to provide a detailed description of that piece. Hypotheses are formed regarding the subjects in the work of art but must be based only on observable traits in the picture, such as the emotional appearance of a face, body language and habitus, dress, and other items in the picture. Art observation skills are then translated into clinical observation skills when photographs of patients are displayed, and the participants are asked to demonstrate the same techniques used with the art.

“When you have residents bombarded with information, it can be difficult to get them engaged. Both Dr. Strauss and I have been interested in approaches that will motivate the residents and get them involved in thinking clinically, rather than just memorizing key signs and symptoms,” Dr. Panagos said. “A trip into the museum takes them out of their usual context and can generate a new perspective. The ability to quickly form an impression of a patient by subtle details can be a tremendous advantage when trying to ask the right questions and follow a rational path toward uncovering the key complaints.”

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