

West Virginia University School of Medicine
Gold Humanism Honor Society
Induction Ceremony Keynote Address
Allison Bardes, MD
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Good morning! Thank you Dr. Ferrari for the honor and privilege of speaking here today. As he said, I am Allison Bardes. I am an assistant professor in the dept of ophthalmology, working as a comprehensive ophthalmologist, focusing on cataract and refractive surgery. First of all, congratulations on the huge honor of being inducted into the Gold Humanism Honor Society. You should be very proud to be recognized in this way. You already embody the ideals of medicine – kindness and compassion, so when I was thinking about what to talk to you all about today, I struggled a bit. The humanistic part of medicine is one that I feel very passionate about. I could talk to you about it all day, but none of you want to sit her through all of that, so I promise to keep it brief ☺. I thought about all of the experiences I’ve had in medicine. The things I’ve learned from my colleagues and mentors about being a good, kind, and compassionate doctor, the lessons I’ve learned from trial and error, and from personal experience. And from that, I’ve chosen 3 key actions (if you will) that I feel can elevate your patient care. The first one is obvious, but of utmost importance.

1. **Learn the medicine – and learn it well.** Learn by reading, and learn by doing. In the age of iPhones and iPads, Google and PubMed searches, technology giving us a plethora of information at our fingertips, it is easy to get complacent. It’s tempting to cram information into you head for a test - fast short lived memorization, but I urge you to learn the information in a way that you can remember forever, in a way that makes it part of your muscle memory. For me, the best way to do that is by treating a patient with the condition. The conditions I know the best, are the ones that I spent hours in the ER or the hospital stressing over, and the ones I followed for months and now years in clinic. How many of you have read the book “Outliers” by Malcolm Gladwell? In it he proposes that you become an expert in something when you’ve done it for 10,000 hours. Now there’s a lot of debate about the accuracy of this statement, but what he means by this is deliberate practice. Practicing in a way that pushes your skill set as much as possible. Day in, and day out. Over and over. Medicine makes it

even more complicated, because it is also always evolving. Even when you repeat things, you can't always continue to do it the same way you always have. You have to continue to learn. As I am sure the faculty here can attest to, the learning is never finished. There is always more. New medications, new surgical techniques, and new care philosophies emerge as our knowledge of medicine grows, and the best way to take care of your patients and to gain their trust, is to stay current with the literature, and soak in as much knowledge as you possibly can.

2. **Learn about services available to your patients.** This one is less obvious. But I assure you, it is one of the most important aspects of patient care. I learned the significance of the need for services through personal experience. A little over a year ago, I received a video from my sister in law of my niece's eyes. At the time she was 2 months old and I was 3000 miles away. Now newborn's eyes can do really weird things – cross, drift, generally have borderline purposeful movement. The visual system can't develop completely in utero because there's no stimulation of the system. It takes time. Months. Years. I watched the video 10 times probably. My heart sunk. She had pendular nystagmus. It's a back and forth eye movement that is involuntary. When it develops at this young age, it generally means that the visual system isn't receiving the stimulation it needs. Cataracts, high refractive error, retinal disorders, brain tumors. Almost always though, it is an indication of very poor visual potential. Not exclusively, but almost always. From this, over the last year, I have realized how difficulty the "waiting" part of medicine can be. Waiting for MRI results, waiting for her to be old enough to have her retinal function tested, waiting for her to be old enough to test her visual function in a meaningful way, waiting for follow up appointments and genetic testing results. It's excruciating. Families feel helpless. So what do they do – they turn to the internet for help. And as you all know, nothing good is ever said on the internet. There is a lot of helpful information, but also an equal amount of unhelpful information. As the joke goes, all symptoms entered into WebMD end in cancer, right? It was the same in my family's situation, except in this case, all searches ended in blindness. Even though I am an eye doctor, they spent hours going down internet rabbit holes and worrying about their daughter's future and how it was going to impact their life. As they should. There was, and still is, a lot of unknown for her, but we know

now that she is not, in fact, blind. For you, if you can empower your patients, and help them find resources to overcome their obstacles, they will have better outcomes and retain more optimism. In my family's case, getting services like birth to 3 and support groups helped immensely. In other situations, physical therapy, occupational therapy, dietetic services, home health services allow patients and their families to get through the waiting process (waiting to heal from surgery, waiting for function to recover after a stroke, waiting for chemotherapy to take effect) and move forward with their lives. Taking what I learned from my personal experience forward, I recently had a patient suffer from strokes of both optic nerves. He went from seeing 20/20, to having his world turn dark and barely able to see outlines of things. He lives in rural West Virginia without reliable access to transportation. He gets around by walking, he cooks for himself, he pays his own bills. His world is changed. My technical job as a physician is to see if there's anything I can do reverse his vision loss and monitor his exam over time. But that's not what he needs. He needs me to help fix his life. He needs to be able to pay his bills, cook his meals without burning himself, navigate his neighborhood so that he doesn't get hit by a car. He needs help figuring out how to live, and that is what's going to make the biggest difference in his life. Getting him in touch with our Eye Institute and state's low vision programs will make much more difference in his life than I ever will. Our patient's needs don't end when they leave our office or the hospital. No matter your specialty or what specialty you choose, the same rings true. Teams of physical therapists, occupational therapists, vision teachers, school teachers, and home health aides are the champions of the day in and day out. Get to know what's available, share this information with your patients. They will be so grateful.

3. **Leave your mess at the door** – if you remember nothing else that I say today, please remember this. Leave your mess at the door. You may be tired, overworked, stressed, wishing could be sleeping instead of in the ER for the 3rd time in the middle of the night, feeling swamped in a busy clinic, worried about things at home, or whatever it may be. But when you enter a patient's room or talk to a family, leave all of that behind. Smile. Look at your patient in the eye. Be a source of peace. Be a source of knowledge and reassurance. Be patient. You are helping people in their struggles. Trust me, there will be moments when you forget. It happens to everyone.

You will get yelled at by patients or their families. You will bear the brunt of their frustration and fear. It can be easy to lose your cool. Now I'm not saying you should let them walk all over you. You deserve to be respected in your role, but having empathy in difficult situations is necessary. In my experience, people are rarely meanspirited. Their lashing out usually stems from fear or frustration. The patient that I told you about before – he's one of the hardest patients to deal with that I've ever encountered. In his case, he's deeply frustrated. I have to remind myself of that every time I interact with him, and if I'm having a tough day myself, it gets even harder. I am by no means perfect at not letting my own emotions get the best of me when taking care of patients, but I try. And I challenge you to do the same.

Find ways to be the calm presence your patients need in times of illness. Become familiar with, and offer resources to help them in their day to day, be confident in your knowledge and strive to be a lifelong learner. Do these things well and encourage it in those around you, because they're looking up to you. Your patients will be eternally grateful for it (whether they thank you for it or not). Thank you for the opportunity to talk with you today, and again, congratulations!