

health care providers, house staff learn who and what patients have left behind when they arrive at the hospital, an often forgotten but equally important transition time.

Residents also learn how to provide counseling and treatment to match patients' needs and concerns. One key component of the Aliko Initiative is learning to assess and overcome potential barriers to medication adherence, particularly by tailoring evidence-based treatment to the patients' particular preferences and resources.

During each day of the hospitalization, house staff continue these conversations, honing their skills in patient education and joining with patients in shared decision making about diagnostic or therapeutic options. Leading up to and on the day of discharge, house staff prepare patients and their caregivers for the transition to home, rehabilitation centers, or other settings in the patients' communities.

In contrast to usual practice following discharge, residents call all patients within a few days of discharge to answer questions, check their understanding of the hospitalization and treatment recommendations, review their understanding and ability to adhere to the discharge treatment regimen, and offer assistance with any problems that have arisen in the transition.

Finally, the Aliko Initiative provides the most powerful learning opportunity of all: team members learn to know their patients as individuals within their own homes and communities. Five or more patients per month give residents permission to visit them after discharge in their homes or subacute care facilities. Often, patients allow residents to photograph or film these visits, so the house staff can teach their colleagues about these rich, rewarding experiences during a monthly Aliko morning report conference.

OUTCOME—NARRATIVE MEDICINE YIELDS BETTER PATIENT CARE

Since October 2007, over half of our house staff have participated in the Aliko rotation. During hospitalizations, residents spend more time at the bedside with their patients and patients' loved ones, discussing medications and other treatments and coordinating care with outpatient providers. Interns and residents say they gain their greatest insights during their time with patients after discharge, when they call all of their patients and visit five or six patients at their homes or subacute care facilities.

In addition to enhanced time with patients, team members have the time to reflect on their professional and personal growth, both individually and as a team. Each month, faculty and attendings working with the Aliko house staff meet to debrief the team about their experiences. The most striking and consistent observation is how often house staff report "being surprised" by what they have learned about their patients. Prior assumptions about a patient's preferences, barriers, abilities, or concerns are regularly challenged when residents take the time to know patients individually. This deeper insight, in turn, has repeatedly led to opportunities to provide better patient care. Below we present some examples of "assumption-challenging" Aliko experiences and how they impacted patients and house staff.

MS. P: THE HOME VISIT

A few days after discharge from the hospital, the Aliko Team intern and attending visited Ms. P at her home, learning more about her home situation and meeting her mother and son. They discovered that—in an attempt to remind herself to take her medications—Ms. P keeps her medications on her dining room table. Otherwise, she reported, the medications are "out of sight, out of

mind." The intern realized that both Ms. P's mother and her son also keep their prescription and over-the-counter medications in the same location, increasing the chances that any of them could take the wrong medication. The intern also learned about the ways Ms. P copes with caring for her family, including the supports she receives from her community. Together, the intern and Ms. P brainstormed about how to organize her medications more safely and help her remember how to take them.

From the home visit the intern learned more about the challenges of integrating a complex medical regimen into a person's daily life and ways to engage patients in finding solutions to these challenges. Ms. P expressed appreciation that the intern took the time to come to her home: "They treated me like I was someone special."

This learning experience is just one of many. Other examples of Aliko experiences include:

An intern spent significant time with a man facing a difficult decision about treatment for pancreatic cancer. The patient initially told him, "I'll do whatever you say, Doc." Nevertheless, the intern patiently spoke with him every day to learn about his goals of care and preferences. He wasn't sure he was making any difference until one day the patient told him, "Doc, I don't want any of those things. I want to go home." The intern helped him transition to home hospice, and felt certain that this was "the right thing to do for him."

A former Aliko resident working as the urgent care doctor for the clinic described "an Aliko moment" during which he discovered that a patient with gastrointestinal bleeding was unable to afford his proton pump inhibitor after hospitalization. Experience on an Aliko Team gave him the skill and confidence to ask the patient explicitly and thoughtfully about all barriers to adherence. The resident switched the patient to a generic medication covered by the patient's insurance and spent time counseling the patient about the rationale for this therapy.

An intern visited a patient with urinary retention in a subacute care facility and learned that the patient's Foley catheter had been removed despite notations not to do so in the "hospital course" section of the discharge summary, and despite the patient's own recall of their recommendations. The team resolved that in the future they would document more explicit instructions with the medications list at the end of discharge summaries and call ahead to subacute care facilities for similar important follow-up issues.

Although residents were initially concerned that fewer patients would mean less opportunity for traditional medical learning, in fact, they report having more time for evidence-based and bedside teaching. One team decided to focus on physical diagnosis skills. The teaching attending physician on this team described the experience as "the first time I am sure that the interns really knew how to examine a patient by the end of my weeks with them." The supervising residents also relished the additional time to search the literature for articles and prepare teaching for the team.

House staff participating in the Aliko team feel greater pride and more fulfilled in their work. In the words of one intern, "It's given me time to be the kind of doctor I've always wanted to be and do the things I should be doing for all my patients."

MS. P: EPILOGUE

Asked about the home visit, Ms. P said, "I thought those days were over. You know, how the doctors used to come to your house. They came down, sat down to talk, to see

how I was getting out of the hospitalization. And that made me feel good because some doctors don't have that interest or do a follow-up to find out how the patients are doing . . . That's letting the patients know that someone else cares. That made me feel that I was important, and they're learning from me! . . . They treated me like I was the only patient they had to see that day. They treated me like I was someone special."

WHERE FROM HERE? MORE OPPORTUNITIES FOR INNOVATIVE MEDICINE

Our early experience suggests that the Aliko Initiative has the potential to increase residents' skills and motivation to deliver patient-centered care. Ongoing and planned evaluations of the program's outcomes include:

An assessment of Aliko residents' self-assessed behaviors, attitudes, and skills before and after participation in the experience.

Trainees' perceptions and understanding of medication adherence and cost.

An audit of the medical records of patients cared for by an Aliko team, compared with patients cared for in other settings, to evaluate prespecified aspects of inpatient care, transitions of care, and the quality of discharge documentation.

In addition, we will examine the impact of the Aliko Initiative on such patient outcomes as hospital length of stay, quality and safety of the transition from hospital to home or to another care team at a skilled nursing facility, rates of rehospitalization, patients' knowledge about their medical conditions and medications, and patients' perspectives about the quality of their care and health care providers. These evaluations may help educators at other institutions determine what parts of this curriculum to try at their own institutions, and to secure grant funding to support such efforts. In addition, such evaluations may prove helpful to policy makers as they shape the future funding structure of GME.

Like the Flexner Report a century ago, the Aliko Initiative resulted from private philanthropy directed to improving medical training for the public good. When doctors and private citizens together view medicine and medical education as a public trust, everyone benefits. It also reminds medical educators that we cannot accept the status quo and need to show the public what our vision for patient-centered care can and must be. As Molly Cooke and her coauthors write, "No one would cheer more loudly for a change in medical education than Abraham Flexner. . . . He would undoubtedly support the fundamental restructuring of medical education needed today. Indeed, we suspect he would find it long overdue."

Acknowledgment: The Aliko Initiative is funded through the Johns Hopkins Center for Innovative Medicine, thanks to the generosity of Mrs. Aliko Perroti.

HONORING TYLER AARON BEDELL

HON. SAM GRAVES

OF MISSOURI

IN THE HOUSE OF REPRESENTATIVES

Wednesday, October 14, 2009

Mr. GRAVES. Madam Speaker, I proudly pause to recognize Tyler Aaron Bedell, a very special young man who has exemplified the finest qualities of citizenship and leadership by taking an active part in the Boy Scouts of America, Troop 374, and in earning the most prestigious award of Eagle Scout.

Tyler has been very active with his troop participating in many scout activities. Over the

many years Tyler has been involved with scouting, he has not only earned numerous merit badges, but also the respect of his family, peers, and community.

Madam Speaker, I proudly ask you to join me in commending Tyler Aaron Bedell for his accomplishments with the Boy Scouts of America and for his efforts put forth in achieving the highest distinction of Eagle Scout.

SUPPORTING NATIONAL WORK
AND FAMILY MONTH

SPEECH OF

HON. SHEILA JACKSON-LEE

OF TEXAS

IN THE HOUSE OF REPRESENTATIVES

Tuesday, October 13, 2009

Ms. JACKSON-LEE of Texas. Mr. Speaker, I rise before you today in support of H. Res. 768, "Expressing support for the designation of the month of October as National Work and Family Month" I would like to thank my colleague, Rep. MCCARTHY, for introducing this act of solidarity, as well as the co-sponsors.

It is well established that employees who are able to effectively balance family and work responsibilities feel healthier and more successful in their relationships with their spouses, children, and friends. The quality of workers' jobs and the supportiveness of their workplaces are key predictors of job productivity, job satisfaction, commitment to employers, and retention; employees who are able to effectively balance family and work responsibilities are less likely to report making mistakes or feeling resentment toward employers and coworkers. These workers are also engaged and less likely to look for a new job in the next year, and also enjoy better overall health, better mental health, and lower levels of stress.

It is not only at the office that this balance makes a difference—job flexibility often allows parents to be more involved in their children's lives, and parental involvement is associated with higher child achievement in language and mathematics, improved behavior, greater academic persistence, and lower dropout rates. Conversely, a lack of job flexibility for parents negatively affects child health by preventing children from making needed doctors' appointments and receiving adequate early care, which makes illnesses more severe and prolonged.

American workers know this firsthand. That's why research by the Radcliffe Public Policy Center in 2000 found that men in their 20s and 30s and women in their 20s, 30s, and 40s identified as the most important job characteristic a work schedule that allows them to spend time with their families. According to research by the Sloan Center for Aging and Work, a majority of workers age 53 and older attribute their success as an employee, by a great or moderate extent, to job flexibility, and also report that, to a great extent, job flexibility contributes to an overall higher quality of life.

In a 2009 survey entitled "Great Expectations! What Students Want in an Employer and How Federal Agencies Can Deliver It", attaining a healthy work-life balance was an important career goal of 66 percent of respondents, and a 2008 study entitled "A Golden Opportunity", which found that workers between the ages of 50 and 65 are a strong source of

experienced talent for the Federal workforce and that nearly 50 percent of these potential workers find flexible work schedules "extremely appealing". According to the 2006 American Community Survey, 47 percent of wage and salaried workers are parents with children under the age of 18 who live with them at least half-time.

Since 85 percent of United States wage and salaried workers have immediate, day-to-day family responsibilities outside of their jobs, efforts to help workers achieve this balance is of no small importance to the prosperity of our nation. As an example, from 2001 to early 2008, 1,700,000 active duty troops have served in Iraq and 600,000 members of the National Guard and Reserve (133,000 on more than one tour) have been called up to serve, creating a need for policies and programs to help military families adjust to the realities that come with having a family member in the military.

This resolution supports the designation of "National Work and Family Month"; recognizes the importance of balancing work and family to job productivity and healthy families; recognizes that an important job characteristic is a work schedule that allows employees to spend time with families; supports the goals and ideals of "National Work and Family Month", and urges public officials, employers, employees, and the general public to work together to achieve more balance between work and family; and requests that the President issue a proclamation calling upon the people of the United States to observe "National Work and Family Month" with appropriate ceremonies and activities.

CONGRATULATING ST. JOHN THE
BAPTIST GREEK ORTHODOX
CHURCH

HON. DINA TITUS

OF NEVADA

IN THE HOUSE OF REPRESENTATIVES

Wednesday, October 14, 2009

Ms. TITUS. Madam Speaker, I rise today to congratulate St. John the Baptist Greek Orthodox Church as they mark their 50th anniversary as a congregation during the month of October. I am looking forward to celebrating with my friends at the church in the coming weeks.

Incorporated on April 8, 1959, and named in September of the same year, the Church has long served as a pillar of the Las Vegas community. As the first Greek Orthodox Church in Southern Nevada, St. John's welcomed new Americans of Greek descent to Las Vegas and helped them feel at home in the community. St. John's has also educated thousands of children in the rituals and faith of the Greek Orthodox Church, ensuring the strength and vitality of the doctrine.

Since 1959, the congregation and its leaders have remained true to its core Greek Orthodox principles of faith and family. This large and dynamic community has been a guiding light in Southern Nevada. The Church offers both religious and Greek language classes for children and young adults, as well as a bookstore for all ages. The Church has been home to many happy occasions, including christenings, religious holidays, birthdays, and weddings. Our community has also come together

in times of mourning to offer consolation and comfort to the grieving. St. John's has been a valuable part of my life since I moved to Las Vegas more than 30 years ago as I was welcomed with authentic Greek hospitality.

In the past 50 years, the Church has expanded from a small group of patrons to a large community meeting in a beautiful Church located in the heart of District 3, whose design was inspired by St. Euphemia of the Hippodrome in Constantinople. Today, St. John's has a vibrant membership and is host to a community center and educational facilities.

Since 2003, the Hellenic Historical Society has been preserving and chronicling the history of the Greek community of Las Vegas in order to pass on this important record to future generations. Through exhibits and presentations, the Historical Society has been educating and informing the Greek community of its deep roots in the Las Vegas Valley. Their newest educational project is tracing the ancestral roots of the Greek community and their journey to Southern Nevada.

The Church is also active in social justice projects that benefit children, seniors, the sick, and the poor. Through a variety of social action projects, congregation members are constantly contributing and working not only to improve Southern Nevada, but also the worldwide community.

The Church hosts regular events celebrating Greek heritage such as folk dancing, led by award winning dancing teams, and Easter egg hunts. There is also an annual Greek Food festival which is famous throughout the Las Vegas Valley for its wonderful music, camaraderie, and the best Greek food outside of Athens.

I congratulate St. John the Baptist Greek Orthodox Church for its first 50 years of successes and extend my best wishes for the next 50 years.

COMMEMORATING THE 120TH ANNI-
VERSARY OF THE FENIMORE
STREET UNITED METHODIST
CHURCH

HON. YVETTE D. CLARKE

OF NEW YORK

IN THE HOUSE OF REPRESENTATIVES

Wednesday, October 14, 2009

Ms. CLARKE. Madam Speaker, I rise today to commemorate the 120th anniversary of the Fenimore Street United Methodist Church located in Flatbush, Brooklyn.

Fenimore Street Methodist Church was incorporated on August 20th 1889 and admitted into the New York East Conference in April 1890 with Rev. James L. Hall as its first pastor.

Over the years, Fenimore has served the people of Brooklyn as not only a house of worship, but as a pillar of the community. As the neighborhood changed, so did church patronage which culminated in 1968 with Rev. William J. Smart becoming Fenimore's first black minister. In the tradition of firsts, in 2002, Rev. Dr. Maxine Nixon was named Fenimore's first female minister.

Fenimore Street Methodist Church has undergone many renovations and weathered many challenges under the steadfast leadership of its pastors. Providing such services as the summer camp for neighborhood children