LINDA – Fieldnotes – May 8, 2007

Subject: Dr. Valentine Burroughs
Location: North General Hospital, Madison and 122nd St, 5th Floor
Time: 12:20-1:40
Total recording time: 33 minutes, 51 seconds

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I called yesterday to ask if I could arrive a little later, and Nancy Santos (Dr. Burroughs' administrative assistant) told me he wouldn't be in that day. We rescheduled for noon today. I called this morning at 10:30 to confirm and Nancy said he would be in.

I arrived late at the hospital. Once there I went to an information desk, where I waited with several other people to speak with the receptionist. A sign above her desk had some kind of acrostic on it, but I can't remember what those words were. I seem to remember that they instructed the waiting person to check in with the receptionist. The last word instructed us to "Smile."

After finishing with the two people ahead of me, the receptionist greeted the person behind me, then turned to me. I told her that I had an appointment with Dr. Burroughs and she told me to go to the fifth floor and take a right from the elevator to the Department of Medicine. She wrote something on a sticker that turned out to be a visitor pass, with the department, date, time, and floor written on it.

I walked past a security guard sitting behind a podium. After taking a wrong turn to the staff elevators, marked by a sign, I waited for the non-staff elevators with several other people. A large group exited out of an elevator going down, mostly young middle-class white and Asian women wearing name tags. I glimpsed one with "Dr." in front of a name. When they peered at a sign that listed what was on the different floors, a man who seemed to be a patient (with a bloody bandage held between his lips) and I stepped aside to give them room. I can't remember what they were saying, but a woman dressed in scrubs told them the cafeteria was downstairs. When the next elevator came, on its way down, the group herded onto it. A man who appeared slightly older than the women, perhaps in his late thirties or early forties, thanked the nurse just before he stepped into the elevator.

When an elevator going up arrived, about 9 people crowded onto it, including a nurse with a cart and a delivery man carrying at least six paper sacks stuffed in grocery bags. The elevator stopped at floors 2 and 3 before reaching 5. I approached two young men, one who was wearing a white uniform shirt with a name stitched onto it, the other wearing a blue uniform, where Dr. Burroughs' office was. He asked a passing woman

wearing scrubs. She directed me down the hall and to the right; there, a sign reading "Department of Medicine" hung above a door.

I walked into a waiting area, with a row of blue molded plastic chairs along a wall. Next to a door, a reception desk curved toward a row of offices. I walked to the desk, where no one sat. A woman in one of the offices with an open door asked if she could help me. I went to her door and told her I was late for an appointment with Dr. Burroughs, and she told me I could have a seat. I walked past a chair next to the reception desk to sit in the row of seats next to the door.

I took out a notebook after a few minutes and began taking notes. Several people walked in and out of the office. Most stopped by the open office. Two women smiled and greeted me as I waited. I noted the Dance Theatre of Harlem poster on the wall, the linoleum floors, the institutional colors (blue, gray, a little pink) of the room.

Eventually a man stopped to talk with me. He was dressed in a yellow dress shirt and orange tie, khaki slacks, and leather shoes. He had a medium build, was probably around 5'8" or so, with milk chocolate skin and a moustache. When I explained that I was waiting for Dr. Burroughs, he told me he was Dr. Burroughs. I quickly said that I was a researcher from Teachers College who had emailed him a few weeks ago about a project I was doing on education in Harlem. The slightest shadow crossed his face and he told me he'd see what he could do.

I sat back down [and cursed myself for not mentioning Ed Gordon's name]. A few minutes later, one of the women who had walked by earlier introduced herself as Nancy Santos. She was about 5' 8" with red high-heeled backless sandals. She wore a black short-sleeved shirt and black pants. Her wavy, layered hair was tinted light brown, and she had freckles and pale skin. She led me out the office and down the hall to a conference room, and told me that Dr. Burroughs would be with me.

The conference room had a table with eight blue plastic chairs arranged around it. Three stacks of blue plastic chairs sat in two corners of the room. A third corner held two black plastic chairs, set side by side, plus another black chair covered with leather. One corner (with a stack of blue chairs) also held a five-shelf bookcase with medical journals stacked or lined up on its shelves. These included several volumes of *Journal of Pediatrics*, *Annals of Medicine*, *New England Journal of Medicine*, and *Archives of Dermatology*. A TV monitor was mounted above the bookcase.

One wall held a stained white board with diagrams and numbers drawn on it. I could not make sense of these numbers and pictures. Next to the door was a telephone between two panels. One panel had two indicator lights: one read "CALL" with a yellow light, the other read "CANCEL" with a red light. Both lights were unlit. The other panel had a tiny red button on it. On another wall there was a rectangular panel that may have been some sort of display board, e.g. something that lit up to show slides or transparencies. The flooring was the same grayish linoleum as the Department of Medicine, with painted beige walls.

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As I waited in the conference room, I hastily scrawled some notes, including my observations of people walking by. People recognizable as doctors, nurses, and staff went by, e.g. a woman wearing a stethoscope and white coat, women wearing scrubs, men wearing white coats, blue coats, or uniforms. Most looked into the room as they went by. I noticed that most of the female nurses wore "outfit" scrubs, that is, solid colored pants matching patterned tops. I marveled at the sheer number of people walking by; I did not keep track but would estimate that at least 30 different people went by. Some people went by several times, such as a nurse in green and aqua scrubs. [Writing this, I note that I noted both female and male doctors, but would not know how to tell male nurses. Also, other terms for hospital personnel floating in my head, such as orderlies.] Many of them held Styrofoam containers of food in their hands. Others were only audible to me, such as the male humming and singing "Have You Seen Her?"

The hallway smelled of food. At 12:36, a man came just inside the conference room holding a fragrant plate of chicken and some other food. He asked if I was with the American Board of Psychiatry and something [possibly neurology; this is what a google search brings up]. I asked if this is the group walking around, and tell him no, I'm waiting for Dr. Burroughs. He turns to the man behind him and says, "They're having a meeting." Later, when he and his companion walked by again, his food was covered by another plate, and he was holding a red bottled drink.

At 12:48 the phone rang. I hesitated a moment, then answered the phone with, "Conference room." It was Nancy, and she told me to head back. I picked up my bag and papers (description of project and consent forms), which I had placed on the table. Nancy met me in the front of the Department of Medicine and said something about when you can't move the mountain, you move to the mountain.

Dr. Burroughs was sitting behind a desk, with the light off in the office. He told me he'd be right with me. I sank onto a chair at a small wooden round table that had another chair facing it. I took off my jacket; it was much warmer in his office than the conference room. Papers were stacked around the table. I noted what looked like framed certificates on the wall. When he finished with his email, he came around his desk and turned on an overhead light from behind me. The light was much softer than the harsh fluorescent light in the conference room. His office also had windows overlooking the street [a welcome sight after the drab conference room].

I began by telling him that the project was under IUME at Teachers College, and we were looking to extend Ed Gordon's work on supplementary education by doing an ethnography of what the work looked like on the ground. When I told him we were interested in education, he mentioned public education. I said we were interested in all kinds of education happening in the hospital, and asked if it was a teaching hospital. He said it was, and started telling me about training residents. I asked if I could record, and he agreed, making some comment of how I'd get more that way.

[This was the easiest start to an interview I'd ever had; I got the sense that he was quite practiced, and understood quickly some of the things I wanted from him.]
I pulled out the recorder, said quickly something like, Linda Lin with Dr. Burroughs, May 9th [although it was May 8th]. He talked about it being a **teaching hospital**, but a **community teaching hospital** as opposed to an **academic medical center**. North General is affiliated with Mt. Sinai "right up the street." He listed the numbers of residents affiliated with particular departments.

I asked about the distinction between a community hospital vs. an academic hospital, which led to a discussion about **primary, secondary**, and **tertiary care**. Primary care as "**basic**" care, secondary as "more sophisticated," and tertiary as very "capital intense," utilized by a wide network. He gave the example of brain surgery or open heart surgery, which require a lot of resources. Academic medical centers don't do basic work, they do the most high-powered work. They have access to **human capital** and **economic capital.**

Such intense capital, huge economic investments, a wide attraction of like-minded practitioners that focus on one problem, take that one problem to the next level. Rare and complicated disorders, e.g. Siamese twins. Don't do pediatric visit.

During our interview I heard a sound from his computer that sounded like mail arriving on Microsoft Outlook. Trains also go by.

Mission to educate primary care providers. I ask if these are people who want to train in primary care, and he says that about 50% do specialize or go on to do something else. If more than that, he says, they are not carrying out mission. Pause.

I ask if a lot of the primary care providers are interested in working in Harlem, or communities like Harlem, and he says they certainly are. He talks about the **ethnic breakdown** of trainees, that they tend to populate areas of diversity and need. Healthcare manpower shortages, sick population.

I ask about the specific issues of healthcare in Harlem.
Health disparities.

- infant mortality, statistics, twice as high as Upper East Side
- heart disease
- diabetes [I mention programs in diabetes programs]
- cancer care, minorities get less cancer care, less intensive.

Assumption made by health care system that minority patients don't have the wherewithal to go through treatment. I make him clarify this, and he says the assumption is that, and he says, "not meaning to be prejudiced, but when they see an African American or Latino patient," that this person can't follow a complicated regimen, and won't get the full line of services.

I mention this idea of the "resistant" patient along race and class lines, about what the patients are willing or able to do. Ease of getting medication, did the provider make sure

that the patient understood the instructions. We start talking about **health literacy.** Many Americans cannot interpret the instructions on a medicine bottle. **Majority providers** may assume that **minority patients** understand when they do not understand, e.g. an insurance form. He cites a person who is learning English as a second language will have a much harder time. I respond by stressing that a lot of Americans have trouble, and then to add the assumptions about a patient's intellect and so forth, makes it all the worse.

He brought up the idea of **cultural competency,** and training residents to take time to understand differences in cultures. He mentioned African American patients, Hispanic patients, and Asian American patients. He described Western medicine as using more powerful medicines based on **chemistry** rather than naturally-based. Also different conceptions of pain—that other cultures treat pain as part of life, Western cultures want to fix pain.

Also **assessing health literacy**. Providers need to make sure patients understand what they've said. Patients also don't remember everything that's said, and if they don't understand in the first place. We try to train our physicians in training to look at cultural difference and health literacy. I say something about making cultural literacy as part of professional responsibility.

I ask about capital, human capital and financial resources, the resources and constraints on his work. He discusses **reimbursements** by comparing the rate of inflation of health care costs and the rate of reimbursements. Medicare, Medicaid, and managed care all have resources constraints. CMS, Center for Medical Services, is constrained by Congress, always trying to make Medicare and Medicaid spend less, with the cost of services going up. This hurts institutions. You can't provide the services you want to provide. Shortfall.

On the human capital side,

Medicaid is a low payer, really impacts a hospital that serves a majority of patients that use Medicaid. You can't provide the kind of services you want to provide, and attracting people to the kind of institution, relative to the rest of the marketplace. People don't have insurance. Private hospital. You try to help people get insurance, but it takes time. Leads to deficits. As a private hospital, don't have mayor's checkbook to bail them out.

I mention that this both a private and a community hospital. Also disparities. I say that you must have a lot of very dedicated people. They can go elsewhere. I mention I've never been in a place like this. Other places you can tell are understaffed.

I ask about the public education piece. He says the hospital serves as a gathering place, providing meeting rooms for community groups. Education of community groups that come here, those that ask for our help in terms of disease, regulations, organizational improvements. Get involved with social organizations, orgs that benefit the community. Involve ourselves with community leaders, to advise and educate on health issues. I mention that I'd be interested in talking with community groups.

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I summarize
- resident training program
- community groups
- patients and health literacy
- work with community boards
Multiple forms of eduction

He mentions staff education, that they understand the mission, customer services, the importance of public safety. Managers, front-line providers, employees who all have to understand. Mission and values of the organization, the vision, on a day-to-day basis. It's not always done, but that's the goal, there's always one or two. He mentions patient satisfaction surveys. I ask about on-the-job training, and he mentions orientation, employee assessments of annual competency exams.

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I ask about the structure of hospital, and he indicates that this is the last question, since he's got another appointment.

Bureaucracy of well-established roles and responsibilities. Board of trustees that represents the community, public opinion, officials. "Owned by the public." It includes community members of some standing in the community, such as bank presidents.

The governing body hires a Chief Executive Officer, a CEO, who runs the hospital. He hires an administrative staff, which includes a Chief Operating Officer, Chief Financial Officer, Chief Medical Officer [his position], Chief Nursing Officer, and a General Counsel.

Series of Vice Presidents of various services: patient care, development, planning, operations. They have a staff.

There's a financial staff, administrators. All the managers come under the Chief Operating Officer, doctors under the Chief Medical Officer, and the departments, e.g. radiology, pediatrics, medicine, surgery, they report to the Chief Medical Officer. Nurses under the Chief Nursing Officer, with nursing departments throughout the hospital. Everyone reports to the CEO by way of the COO.

Then you go into the actual rank-and-file
Actually managers
For the clinical departments, and the hospital departments,
Then the rank-and-file on the grassroots level.

I thank him for his time, and present the consent forms and description of the project. He signs one and hands it to me. I propose working with some of these community groups as one of the next steps. He asks me to make a copy of the one he signs.

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He asks for help in getting health care instructions at a lower reading level. He says that a lot of government forms are a 10th grade level, and that they need to be taken down to a 3rd grade level. I say I've taught elementary school for a few years, and I say there are people who must be knowledgeable. I tell him I'll keep my eyes and ears open for people who can do this work. I ask if I can ask about the community groups, and he agrees.

I leave his office and he closes the door. I stop at Nancy Santos' desk, where two men are waiting, one in a lab coat, the other in a blue-shirt uniform. I tell her I need to ask her something. She finishes speaking with the uniformed man, and the doctor follows us down the hall to the copy machine. While walking down the hall I tell her that Dr. Burroughs wants a copy of the consent form. She makes a copy of several papers the other man hands her, and gives the copy and the originals to him. She copies the consent form and I ask her who I should talk with about the community groups doing health education. She tells me Guedy Arniella does community outreach, such as street fairs. When I ask if Guedy also works with community groups she tells me that she would know who does. She goes back to her computer to find Guedy's phone number. She tells me that her office is in another building across the street, and motioning me to the window, points out a "pink building" to me. I ask if I should make an appointment rather than show up, and she says yes, that Guedy might not be in the office. Her phone number is (212) 423-4796. She apologizes for keeping me waiting and I dismiss the need to apologize, saying that he gave me 40 minutes of his time. I thank her and leave.