### **REFLECTION**

# Gifts From Unexpected Places

Adrienne Feller Novick

Northwell/NuHealth, East Meadow, New York

#### **ABSTRACT**

When I was a new social worker, a series of events changed my clinical practice. I believed academic pursuits and scholarly work were the key components to cultivating my clinical skills. My education had elucidated the importance of taking the time to listen to the patient's narrative to optimize their care. I recognized the value of listening and yet I was mystified and frustrated by my lack of success at building rapport with patients. I began my quest to find a mentor and discovered him in a most surprising place. I learned the best strategies to help people were not always found in books or taught in school. Some of the greatest gifts come from unexpected places.

Ann Fam Med 2022;20:279-280. https://doi.org/10.1370/afm.2793

### **INTRODUCTION**

uring my internship in clinical social work at a psychiatric hospital, I worked with acute, chronic geriatric psychiatric patients in a partial hospitalization program. My greatest challenge was my lack of success developing rapport with patients. I was brimming with enthusiasm to help people. I was a combination of confidence, excitement, and nerves as I walked into the room for one of my first patient meetings. My patient was a 78-year-old woman with a vacant look, staring directly in front of her. I took a deep breath and introduced myself. I asked her to tell me about herself. I made eye contact and leaned forward to listen as I waited for her response, but there was no answer. I was flustered yet undeterred and I asked, "What brought you to seek treatment?" We sat in the small room in awkward silence. I used all the tools I had learned: I asked open ended questions, I was empathic and acknowledged the challenges of starting treatment, and I practiced mirroring her posture in an attempt to break through her defenses. After cajoling, she eventually responded but still our time together lacked the rapport and trust I needed to build a meaningful connection. As I continued to meet patients, I sensed that I was missing something that would foster connections with the patients. I spoke to my supervisor and coworkers for suggestions to enhance my communication skills. My confidence faltered. I needed to find someone I could speak with and observe their strategies for patient engagement. I decided to keep a watchful eye for my potential mentor.

At work, my daily schedule was full, especially with having to enter patient notes into medical records. Although the work was meaningful, I had begun to focus on the task in front of me and lose sight of the person in front of me. The challenge I had building rapport with patients started to affect my work. My focus shifted from my work with people to my work of getting records entered correctly in the patient's charts.

The myriad of my responsibilities included the completion of admission assessments for new patients, many of whom had recently completed the inpatient psychiatric program. After the formal assessment was completed, I would ask patients about their experience in the inpatient program. I relished the opportunity to listen to people. Gaining insight into the underlying aspects of their life events afforded me a significant learning experience. I learned to distinguish the threads that were woven into the colorful tapestries of their lives.

During one of these conversations, an elderly gentleman mentioned Carlos, a staff member in the inpatient program. The new patient proceeded to tell me that Carlos would speak with him about baseball. He said, "Carlos knew all the

Conflicts of interest: author reports none.

#### CORRESPONDING AUTHOR

Adrienne Feller Novick Northwell/NuHealth Medical Ethics 2201 Hempstead Turnpike East Meadow, NY 11554 anovick@numc.edu statistics." The patient's eyes sparkled, and with rapt attention I observed his demeanor shift from subdued to enthusiastic. He continued, "Carlos knew all the baseball players from back in the day when I was young." I was intrigued; I recognized Carlos had utilized the technique of finding a shared common interest with the patient to build an alliance. Carlos found a thread in this person's tapestry and used it as a therapeutic tool for patient engagement. I decided to add this technique to my growing skillset. I realized it might be worthwhile to learn a few fun facts about various topics including prominent old-time baseball players in order to further my therapeutic practice.

The next week, I was performing an intake assessment for a diminutive gray-haired woman who was slumped in the chair in front of me. I asked her to tell me about her inpatient program experience. Her face was expressionless and she told me she could not stop crying for days. Then, a hint of a smile appeared as she told me what happened next. She had heard Carlos singing a song in Spanish that her grandmother would sing to comfort her. She exclaimed, "My heart felt warm" and she described hearing this song as a pivotal moment during her treatment. I observed an unexpected transformation when she spoke of Carlos. I was intrigued that something as simple as a song provided her with comfort and I sat back in my chair to reflect on this. I realized it was more than the song—Carlos had been able to find a connection with this patient in a meaningful interaction. This is what I wanted, the ability to recognize the meaningful threads of a patient's tapestry and connect at this deeper level. I had not met Carlos, but he was obviously a man of insight. Perhaps I had found my future mentor.

The very next day, assessing another patient, I asked: "What did you learn inpatient that is useful in your daily life?" She leaned toward me, "I learned it is ok to ask for help" and shared a story about dropping her cane. She was alone, pondering how to reach it when Carlos walked down the hall and inquired if she needed assistance. Looking toward the floor, she explained, "I need my cane to walk." She described how Carlos rubbed his chin, and asked: "Why don't you ask for help?" With Carlos, something extraordinary happened: she realized it was ok to ask for help.

I knew I needed to meet Carlos and learn about his training and techniques. I was confident I had found my mentor. I decided to take a chance and made a detour after work one day. Resolutely I made my way to the inpatient program to find Carlos. I feared he would say no to my request, that he was too busy. I rang the call bell and peered into the little camera to enter the locked unit. I showed my hospital ID card and heard the buzz which allowed me entrance. The door closed behind me with a heavy thud. There was no turning back; I was nervous and excited at the prospect of meeting him.

I approached the nurse's station and asked for Carlos. The nurse at the desk looked at me over the glasses that were sliding down her nose with a puzzled expression and said, "Carlos? You want to speak to Carlos?" I said, "Yes please, several of my patients have mentioned him. I want to learn about his techniques for patient engagement." She called on the overhead speaker, "Carlos, can you please come to the front desk?"

I heard footsteps heading toward me. I was eager to meet this knowledgeable man who had helped so many people; I assumed he would be the head of the inpatient program or one of the top therapists. Carlos walked up to the nurse's station, and asked: "What can I do to help?" She pointed toward me and to my surprise I discovered Carlos was part of the maintenance team.

In that moment, my worldview changed. I had probably walked past Carlos and never noticed him. Carlos, in his blue maintenance uniform, had made a profound therapeutic impact by taking a moment to observe people and connect with them. At first, I felt awkward talking to him, but something about him made me feel at ease. I told him the story of how I came to find him and the positive effect he has had on so many people. He looked surprised. He explained his grandmother raised him to be kind to everyone you meet and to treat people the way you want to be treated. He modestly said, "I don't do anything special." Every Tuesday for the remainder of the year, I picked up coffee Cubano and we would take a few minutes to sit by the time clock and say hello. I listened with rapt attention as he told stories about his life and about the people he met. One day, I asked him how he knew the right thing to say to people, to connect with them. He smiled and told me I was on the right path.

Through Carlos, I gained the humility to recognize the power of the extended health care team, that everyone plays an important role. I learned to appreciate the often-overlooked people around me: the maintenance staff, food service, housekeeping, laundry, security team, engineers, and the telephone operators. I make a point to say good morning to all of them. I learned to keep my eyes open for unexpected opportunities to help people and that being there for people is perhaps my greatest gift. I learned that some of the greatest gifts can come from unexpected places if I take the time to notice.

## Read or post commentaries in response to this article.

**Key words:** core values; professional humility; relationships; communication; random acts of kindness; professional practice; mental health treatment; patient centered care

Submitted February 15, 2021; submitted, revised, September 28, 2021; accepted October 11, 2021

Acknowledgments: The author thanks Ashley Warman, MS, HEC-C.