

Integrating Acupuncture Services at Massachusetts General Hospital

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As we enter 2005, exciting opportunities are available for both new and seasoned acupuncturists seeking employment or to expand their current practice. This interview will introduce a new series on unique practice settings, with this first article focusing on a hospital-based program. As more hospitals value an "integrative approach," Western medical institutions are including acupuncture among their wellness services. Working in a hospital setting can provide a rich learning experience for the acupuncturist. The rewards from a professional and public health perspective are many.

The following is an interview with Irene Martyniuk, MAc, LAc. Irene provides acupuncture care at Massachusetts General Hospital (MGH). MGH, located in Boston, is the third oldest hospital in the United States and the largest in New England. It consistently ranks as one of the country's best hospitals in evaluations conducted by *U.S. News and World Report*. Irene is currently the only non-MD acupuncturist providing care at MGH, and has been treating patients on-site at MGH since 2002.

Q: Thinking back on your first year at MGH, what was different about working in a hospital setting than you had expected?

Irene Martyniuk (IM): I received a very warm welcome from clients. Clinicians were receptive because they had patients who experienced the benefits. It is very important that we encourage clients to share their use of holistic practices and successes with their medical providers. Because a hospital setting is much more formal, I dress highly professional, both because of the hospital culture and because appearance counts. The pace is very quick, and again, the culture demands that I keep up. It is challenging sometimes to create a serene space in such a busy environment.

Q: What would you highlight or recommend for successful integration into the hospital culture for a student or new practitioner?

IM: Stow your ego. Be nice to everyone! The staff can help make a shift run like silk, or run like an obstacle course. My most consistent contact is with the nursing and administrative staff. These staff colleagues influence everything from making sure I have enough treatment rooms, to getting notified of cancellations. Attitude makes a big difference. You will encounter people who are skeptical about acupuncture, or on rare occasions, disdainful. You can view this as an opportunity to be defensive, or to educate. I also ask my patients to report back to their providers any feedback they have about acupuncture - positive or negative. Patient input was key to the expansion of acupuncture from six to 10 hours per week, as was support from staff. Also find a way to convey some basic information about acupuncture in a succinct manner. This will help you with talking to patients, and also with beginning conversations with other clinicians.

Q: Do you participate in grand rounds? What should an acupuncturist expect?

IM: MGH conducts social service grand rounds, during which my philosophy is to listen and learn.

This is an opportunity for challenging cases to be discussed by all clinicians. If I am working with a patient who is having some trouble, this is a chance to compare notes and receive support from the doctor and social workers. This also provides a mechanism for recommending acupuncture to clinicians who may not see its applicability to a particular case - another educational opportunity! Be prepared to hear a lot of Western medical terminology. If you're not sure what it means, write it down and look it up - don't waste time in the meeting asking about things you can look up. This is a very limited amount of time to do some team troubleshooting. The fact that I'm asked to participate is a privilege.

Q: What is challenging about being a non-MD acupuncturist at one of the world's most prestigious hospitals?

IM: It helped that I had a few years of experience doing acupuncture before entering that environment. I have confidence in my abilities and in the importance of the work. I have also seen the power of integration. I have some colleagues in the acupuncture world who are extremely critical of Western medicine, but that is as unhelpful as the skepticism I see among medical providers. We have so much to learn from each other. I am treated with respect by the head of the department, and her support of the acupuncture program sets the tone for the rest of the practice.

Q: Has working in the hospital changed how you have had to practice? Have you needed to make concessions?

IM: The hospital can be noisy, and sounds from the hallway carry over into the treatment areas. The examination rooms and tables were not meant for an extended treatment, so I adjust with pillows, blankets, etc. I do not have a dedicated room, so depending upon which rooms I'm assigned, I sometimes can set up a portable massage table. The exam tables limit my ability to do a back treatment. The pace is very different. The doctors see patients at 15-minute intervals. I have to try to maintain a slower pace in my interactions with patients despite the hubbub. I am occasionally "bumped" from a room by doctors. This is an exercise in patience. I have limited permission to do pole moxa, so I am more likely to instruct a patient about moxa pole for home use. The first time I used a moxa pole, I warned the staff in my sector about the odor. One of the nursing assistants was still going up and down the hall trying to figure out what was burning. So even now, when I'm going to use moxa, I give the staff a general "heads up."

Q: How has working in a hospital enriched your professional development?

IM: I work on an outpatient floor, so I have the rare opportunity to see the integration of biomedicine and Chinese medicine in action. If I see a patient who has a troublesome tongue coating (possibly thrush), or who reports burning and frequent urination (possibly a UTI), or who is distressed, or who has a fever, I can immediately go down the hall and ask a nurse, fellow, or attending physician if they can take a look. This is a wonderful advantage for the Western provider, the patient and me. Because I often see patients on a weekly basis (more frequently than their doctors do), I am another set of eyes, another point of intervention that can impact the patient positively.

Note from the authors: If you work in a unique setting, consider sharing your experience. Please e-mail us at the addresses below.

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