

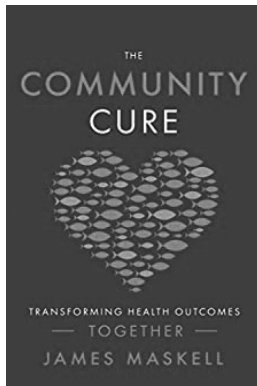
# BOOK AND MEDIA REVIEWS

## The Community Cure: Transforming Health Outcomes Together

James Maskell

New York, Lioncrest Publishing, 2019, 220 pp., \$13.89, paperback

Free audio book access at <https://www.thecommunitycure.com/audiobook>.



James Maskell is a self-described, “serial healthcare founder, innovating at the intersection of functional medicine and community.”<sup>1</sup> He is the cofounder of Functional Forum, described as “the world’s largest integrative medicine conference” and author of the 2016 book, *The*

*Evolution of Medicine: Join the Movement to Solve Chronic Disease and Fall Back in Love with Medicine*, also previously reviewed in this journal.<sup>1-3</sup> Maskell holds a certificate in secondary education and was previously faculty at George Washington University’s Metabolic Medicine Institute.

The premise of *The Community Cure* is that we are facing a profound and worsening epidemic of loneliness in our society that is exacerbating chronic disease, and Maskell argues that to counter this we should increasingly turn to group medical appointments. Maskell cites many examples of isolation as a social determinant of health including a 2017 questionnaire-based study in which Medicare recipients greater than 50 years who ultimately were defined as “lonely” (subjective isolation) experienced death rates 31% higher than their peers who did not self-identify as socially isolated.<sup>4</sup> Obscuring our perception of this reality is the fact that unlike other similarly fatal diseases “loneliness doesn’t have a billing code” (p 31).

From there, Maskell depicts how group medical visits for various medical conditions and executed in multiple different fashions have shown powerful evidence as a treatment for

the loneliness epidemic. He highlights Dr Jeffrey Geller’s early work with group medical appointments, which he started in 1997.<sup>5</sup> Because he noticed that patients who lacked support systems accessed medical care at a greater rate, Dr Geller decided to create a support system by forming group visits with a cohort of diabetes patients. Ostensibly formed to specifically address diabetes, as the group continued meeting for 3 years it became clear that the group medical appointments also addressed isolation. Of their global outcomes, Geller stated, “People’s loneliness improved, people’s depression improved, they lost weight ... blood pressure reduced by 5-10 points, and hemoglobin A1C also reduced” (p 34). Maskell goes on to point out how the biopsychosocial model introduced by George L. Engel in 1977 (p 46), a key tenet of family medicine, is the heart of the success of group medical appointments.<sup>6</sup> He states, “The group visit is unique in its ability to treat each of these three aspects—biological, social, and psychological—simultaneously, with a synergistic effect” (p 47).

In addition to the book itself, Maskell presents many additional resources for those interested in starting their own group visits, primarily through his website, “Evolution of Medicine.”<sup>7</sup> Here Maskell offers many free and/or introductory offerings to support the implementation of group medical appointments, in addition to guidance for transitioning to a functional medicine practice. These include patient handouts, group visit guides, practice development webinars, blogs, podcasts, and consultation services. Of note, these resources directly address each of the three primary barriers to availability of group medical visits at family medicine residency sites as noted in a 2019 study: resources; faculty expertise; and skills training.<sup>8</sup>

*Community Cure* was published in mid-January 2020 just prior to all of our lives being interrupted by COVID-19 and its inherent push for people to socially isolate. Recently, Maskell recognized the enhanced challenge stating, “COVID-19 has exacerbated loneliness,” yet he also accepts the new challenge to move group

visits virtually—his next focus (J. Maskell, personal communication, July 29, 2020).

Maskell's push and timing could not be better as the Accreditation Council for Graduate Medical Education has plans to overhaul family medicine residency guidelines in the near future and leading family medicine organizations are collaborating strongly to steer that change.<sup>9</sup> Importantly, bold questions are being asked about what competencies should we be committing to teach in family medicine residencies, and topics such as lifestyle medicine, virtual medicine, genomics, and population health are being elevated for consideration. And the vision is not for what is needed in the next few years, but next 30-40 years! Especially with these pending changes in mind, Maskell seems to be achieving progressively firmer footing in increasingly turbulent times and deserves our attention.

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#### References

1. Maskell J. Evolution Takes a Community. <http://www.james-maskell.com>. Accessed June 21, 2020.
2. Maskell J. *The Evolution of Medicine: Join the Movement to Solve Chronic Disease and Fall Back in Love with Medicine*. Bedford, MA: Knew Publishing; 2016.
3. Mott T. The evolution of medicine: join the movement to solve chronic disease and fall back in love with medicine. *Fam Med*. 2018;50(6):478-480. doi:10.22454/FamMed.2018.847827
4. Shaw JG, Farid M, Noel-Miller C, et al. Social isolation and medicare spending: among older adults, objective social isolation increases expenditures while loneliness does not. *J Aging Health*. 2017;29(7):1119-1143. doi:10.1177/0898264317703559
5. Geller JS, Orkaby A, Cleghorn GD. Impact of a group medical visit program on Latino health-related quality of life. *Explore (NY)*. 2011;7(2):94-99. doi:10.1016/j.explore.2010.12.005
6. Engel GL. The need for a new medical model: a challenge for biomedicine. *Science*. 1977;196(4286):129-136. doi:10.1126/science.847460
7. Evolution of Medicine. <https://goevomed.com>. Accessed October 12, 2020.
8. Strickland C, Sandberg JC, Davis SW, Weaver SP. Group medical visit training in family medicine residency: a 2015 CERA program directors survey. *Fam Med*. 2019;51(4):319-325. doi:10.22454/FamMed.2019.316336
9. Newton WP, Bazemore A, Magill M, Mitchell K, Peterson L, Phillips RL. The future of family medicine residency training is our future: a call for dialogue across our community. *J Am Board Fam Med*. 2020;33(4):636-640. doi:10.3122/jabfm.2020.04.200275

## The Talking Cure: New and Selected Poems

Jack Coulehan

Austin, TX, Plain View Press, 2020, 212 pp., \$17.95, paperback



Narrative-based medicine and reflective practice of medicine are part of a long tradition recognizing our patients as complex people with interesting stories to tell, rather than as collections of lab values and symptoms. We know that we should be more humanistic in our

dealings with patients, but remembering how to do that, in the thick of things, requires practice. Knowing how to engage with our patients in a deeply human way can also be daunting, requiring the courage to be touched by their experiences. We struggle to connect while staying professional, while feeling safe. Reflective practice, done well, also honors our own humanity.

Jack Coulehan's *The Talking Cure: New and Selected Poems* takes us right into the heart of narrative medicine. Dr Coulehan is emeritus professor of family, population and preventive medicine and senior fellow of the Center for Medical Humanities, Compassionate Care, and Bioethics at Stony Brook University.<sup>1</sup> His career has been devoted to teaching humanism in medicine and medical interviewing,<sup>2</sup> along with maintaining a robust research program. He also writes great poetry on the side.

A major focus in the book is the patient-doctor relationship, including many poems in which the poet inhabits the character of a patient, often with very funny and poignant results. These poems demonstrate deep compassion for patients who are difficult and demanding. "Isn't" (p 49), and "I'm gonna slap those doctors" (p 65), immerse us in the anger, sorrow, and fear patients feel. Other works, such as "Virginia Ham" (p 96), explore how warm the patient/physician connection can be, and how sustaining.

Another theme has to do with imposter syndrome, particularly during internship. So many new physicians struggle with exactly that challenge, the fear of not being worthy. I especially

like one poem from “The Internship Sonnets” (p 91), which begins:

Orientation. He appeared at seven,  
welcomed by a voice, *You don't belong*,  
a repetitive warning that no one  
heard but him...

“Sewage Treatment” (p 88) is another poem about medical education, that shows how time and reflection shape the process of moving from medical student to fully-fledged physician. As an educator, its wry humor made me laugh.

One my favorites in this collection is “The Talking Cure” (p 180), which examines friendship and intimacy and the power of words. In it, the poet describes a visit between old friends, both physicians, during which they discuss the power of words within medicine. Perhaps it is this unifying idea—that words matter, that thinking deeply about how we talk with our patients matters—that made this poem to be the title piece in the collection. A section reads:

We sip iced tea. *They don't teach the talking treatment anymore. We used to be told that words matter. Remember?*

Another theme within this collection has to do with travel, and it becomes clear that Dr Coulehan loves exploring the world. His poems touch on the lives of people he meets in Ireland, Australia, Jamaica, Vietnam, Uganda, the Sinai desert, Denmark, South Africa, Turkey, and Egypt. In his travels and his medical work abroad, the poet displays an openness to be moved emotionally, and to listen to stories he encounters on the way.

Dr Coulehan was kind enough to allow me to interview him.<sup>3</sup> We talked about how keen observation and compassion are essential in both poetry and medicine. I asked about his many poems that honor the rich tradition of physician-poets. Walt Whitman, William Carlos Williams, Anton Chekhov, John Stone... all are acknowledged, sometimes directly, sometimes by allusion, as in the repeated phrase “so much depends” in “All Soul’s Day,” (p 97). His poems reflect his interest in the lives of these earlier travelers on the journey. Some poems are larded with juicy tidbits—did you know that William Carlos Williams circumcised Ernest Hemingway’s first son on the Hemingway kitchen table (p 108)?

Both in person and in his work, Dr Coulehan is witty and warm. He has a generous and humble spirit that permeates his work. This prevents his poems, even the most profound, from being at all ponderous.

I have two guidelines for myself when it comes to judging poetry. First, does it stay with me long after I first read it? Second, is it worth memorizing? On both counts, Coulehan’s work gets a resounding yes. When you read this fine collection of poetry, take your time and savor it, the bitter with the sweet. It is rich and complex and satisfying.

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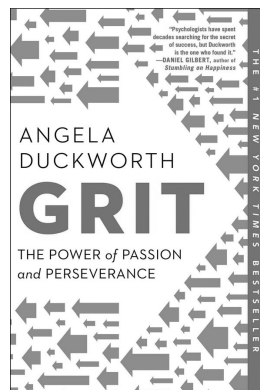
**References**

1. Stony Brook University Center for Medical Humanities, Compassionate Care, and Bioethics. Jack Coulehan, MD, MPH. [Faculty biographical information]. <https://www.stonybrook.edu/commcms/bioethics/people/coulehan.php>. Accessed July 20, 2020.
2. Coulehan J, Block M. *The Medical Interview: Mastering Skills for Clinical Practice*. 5th edition. Philadelphia: F.A. Davis; 2006.
3. Personal communication, video interview with Dr. Coulehan, July 30, 2020.

**Grit**

**Angela Duckworth**

New York, Scribner, 2018, 368 pp., \$17.99, paperback, \$19.99 audio



Why does aptitude fail to guarantee achievement? Why are those who thrive not always the ones who seem most talented? Every educator confounded by apparent underachievers and overperformers has wrestled with these questions; when Angela Duckworth,

PhD, MSc, was a young teacher she began to search for answers. Her desire to understand the “returns generated by effort” (p 20) led to work in education, consulting, and research psychology as she sought to “use psychological science to help kids thrive.” (p 159). Dr Duckworth’s experiences and research led to her theory of “grit,” a psychological construct

combining “passion and perseverance” (p 56). In the book *Grit*, Dr Duckworth interweaves personal experiences, interviews with “grit paragons,” and extensive insights from psychological research by herself and others to describe grit and how to develop it. This book is an easy read, and the audiobook (read by the author) leaves you ready to engage her in discussion and brainstorming.

Part I (“What Grit Is”) is an engaging and thorough tour through her own work, including the research underlying the “Grit Scale,”<sup>1</sup> and her use and validation of the scale in groups ranging from West Point cadets to participants in the national spelling bee. Part II (“Growing Grit From the Inside Out”) explores ways to grow one’s own grit, including the developmental work of fostering one’s passion, the benefits of deliberate practice, learning to find success in the face of adversity, and the importance of defining one’s purpose. Part III (“Growing Grit From the Outside In”) delves into concepts such as “psychologically wise parenting” (p 212), the developmental importance of extracurricular activities for youth, and the role of culture (whether at the team level or the societal level) to explore the ways as teachers, parents, and coaches can foster the developmental acquisition of grit.

The extensive use of personal stories, from grade-school students and colleagues to “grit paragons” such as Amazon CEO Jeff Bezos, Seattle Seahawks coach Pete Carroll, and UNC Chapel Hill coach Anson Dorrance, gives the book a narrative richness. The “psychological science” in the book is most fully developed in Part I, where Dr Duckworth lays out her own research to develop the concept of grit; Parts II and III rely more on application of her ideas in relation to work done by others. Throughout the book, however, extensive references provide both citations from the literature and expanded discussion of topics in the text.

Given current interest in resilience and combatting burnout, it is no surprise that the Grit Scale has been studied among medical students,<sup>2</sup> emergency personnel,<sup>3</sup> and neurosurgery residents<sup>4</sup>; all three studies suggest grit is related to resilience and to reduced likelihood of burnout. In 2017, a meta-analysis raised questions about the overall psychological construct validity of grit, but the authors nevertheless suggested the most important facet of grit may be “perseverance”<sup>5</sup>—a finding that fits well with Dr Duckworth’s concluding definition of “genius” as “working toward excellence,

ceaselessly, with every element of your being.” (p 277)

While Dr Duckworth’s passion to “help kids thrive” comes through clearly in her book, her work has much to say to those of us in family medicine. Her insights are relevant to our work with children, our work with parents, and efforts in resident recruitment, selection, and training. How might our counsel to parents be different if we sought to understand and teach “psychologically wise” parenting? How might efforts to understand grit and perseverance influence the current debates over the place of test scores in medical education and resident selection? How might we reimagine education if we sought to foster deliberate practice rather than simple repetition? Should we be paying closer attention to learners’ responses to adversity and their narrative descriptions of developing passion and purpose?

Improving our understanding of what it takes to foster character, passion, and perseverance is an ongoing challenge across nearly all facets of family medicine education and practice. While grit may not provide an explanation for all that it takes for one to thrive, the research, tools and insights in this book amply demonstrate that it makes an important difference. Exploring and understanding the processes for fostering grit could provide meaningful new insights for our education, our clinical practice, and even our personal journeys. doi: 10.22454/FamMed.2021.797025

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#### References

1. Duckworth AL, Peterson C, Matthews MD, Kelly DR. Grit: perseverance and passion for long-term goals. *J Pers Soc Psychol.* 2007;92(6):1087-1101. doi:10.1037/0022-3514.92.6.1087
2. Miller-Matero LR, Martinez S, MacLean L, Yaremchuk K, Ko AB. Grit: a predictor of medical student performance. *Educ Health (Abingdon).* 2018;31(2):109-113. doi:10.4103/efh.Efh\_152\_16
3. Musso M, Tatum D, Hamer D, Hammarlund R, Son L, McMahon P. The relationship between grit and resilience in emergency medical service personnel. *Ochsner J.* 2019;19(3):199-203. doi:10.31486/toj.18.0144
4. Shakir HJ, Cappuzzo JM, Shallwani H, et al. Relationship of grit and resilience to burnout among US neurosurgery residents. *World Neurosurg.* 2020;134:e224-e236. doi:10.1016/j.wneu.2019.10.043
5. Credé M, Tynan MC, Harms PD. Much ado about grit: A meta-analytic synthesis of the grit literature. *J Pers Soc Psychol.* 2017;113(3):492-511. doi:10.1037/pspp0000102