Prescription for dance

Lindsay Leveille, MD, gave what may have been the most unconventional grand rounds talk ever held at Essentia Health in Duluth last February.

As physicians, residents, nurses and others gathered in the doctors’ dining room, Leveille turned on the music and began demonstrating some of the moves she uses in the Zumba classes she teaches.

The rhythmic Latin music set the tone for her talk, “Dance Your Way to Health,” during which the second-year family medicine resident presented research findings on the health benefits of dance. At the end, she had everyone stand up and learn some basic salsa steps. “You can’t talk about dance and not have people dance,” she says.

For Leveille, dance has become critical to maintaining balance amid the demands of medical training—something she discovered by accident. Growing up in Proctor, Minnesota, Leveille found more success in sports, including basketball, volleyball and track, than in dance. “I think my mom put me in a couple of dance classes, but it didn’t work out,” she recalls.

It wasn’t until her third year of medical school, when she spent part of 2011 and 2012 in Bemidji doing the Rural Physician Associate Program (RPAP), that she gave dance another try. Leveille admits she was struggling at the time. She was still grieving the loss of her sister, who died in 2006, and medical school was taking a toll. “I had let myself go because I was busy studying. I was not really as healthy as I should be.” She set a goal of improving her own health and well-being during her nine months in RPAP.

When one of her preceptor’s patients told her about a Zumba class at a local fitness club, Leveille decided to try it. Zumba is a dance and strengthening program set to music that uses Latin and international rhythms. She went back the next day … and the next. “I fell in love with it and with the culture and the community,” which she describes as supportive rather than competitive. She also started looking and feeling better. “Through RPAP and through dance, I was able to heal,” she says, calling dance her “personal antidepressant.”

As she thought about her transformation, Leveille began to wonder: Why was she able to stick with dance and not other forms of exercise? “I realized there was something different about dance,” she says.

Leveille began searching the medical literature for answers. She found a number of studies about the connection between dance and health, and the importance of music. “Music in itself is a motivator for exercise,” she says. For example, in one study of 120 infants, researchers found those exposed to music or rhythmic
stimuli (drum beats) exhibited more movement than those in a control group who were exposed to an adult speaking. Another found that people who exercise to music tend to not think they are working as hard as they are. “It decreases the perception of exertion,” she says.

Other research showed dance improved the quality of life of patients with breast cancer and survivors of childhood sexual abuse, as well as the mood and body image of those who struggled with eating disorders. Studies also showed the cardiovascular benefits of dance are greater than those of more traditional cardio workouts for people with heart disease. “But the big thing I found in all my research is there’s an underlying message that dance is more sustainable as a form of exercise—and I think a lot of that has to do with the music,” she says.

When Leveille came back to Minneapolis after finishing RPAP, she took Zumba instructor training. Today, she teaches most Saturday mornings at Z Studio in Duluth. She also talks up the benefits of dance with her patients and colleagues (some of her fellow physicians and residents and their significant others have come to her classes).

This summer, she plans to get certified to teach Zumba for kids with the goal of one day holding free classes for adults and children with special needs as a way of honoring her sister. “My sister had cerebral palsy and was quadriplegic,” she says. “Zumba would have been something she would have enjoyed immensely.” – KIM KISER

### Keeping patients under wraps

Hospital stays may soon be a little less awkward for some patients at Park Nicollet’s Methodist Hospital in St. Louis Park.

Those patients will be among a group testing a more discreet hospital gown, one that ties on the side and has snaps along the sleeves, and is a little less revealing than the standard model. The trial of the premium gown, which is made of softer, more durable fabric, is part of a study of whether hospital linens have any bearing on the patient experience.

The idea for the study grew out of a design competition sponsored by the Park Nicollet Foundation in 2012 called “Project Better Gown.” Students from colleges and universities in several states submitted plans for a more patient-friendly hospital gown. The winning design, created by two University of Minnesota students, was a wrap-style garment that tied along the sides and had a pouch-like pocket in the front.

In working with Medline, a Chicago-area company that manufactures and supplies linens, Foundation staff discovered making that gown would be too costly. “We learned what it took to put a gown on the line of a sewing company and then have to take it off the line to add the pouch,” says Foundation President Christa Getchell. “It was outlandishly expensive.” And, they discovered, Medline and other suppliers already sold gowns with features similar to those of the winning design.

“We had to reinvent our focus and say we won’t try to trademark or copyright the gown but instead do a study of what the ROI of using a premium gown would be,” Getchell says. “How important is it to the organization to use a higher-level gown? What would the cost be? Would it improve the patient experience?”

One of the execs from Medline suggested they go beyond the gown and study everything that touches the patient: bed linens, towels, pillows, socks. “You can have a great gown,” Getchell says. “But if the towels don’t cover patients when they take a shower or the bed sheets are scratchy, it doesn’t matter. That made sense to our organization.”

In May, the Foundation began surveying patients on two medical/surgical floors of Methodist Hospital about the comfort and quality of the bed linens, bath towels and gowns currently being used. In August, they’ll switch to using premium linens—gowns with side ties, bed linens with a higher thread count, towels that are larger and softer, and socks that are skid-resistant but also warm and fuzzy—for three months and survey patients about their experience.

Getchell says they’ll look at the cost of using the premium linens versus the standard ones (premium gowns cost more, but can go through twice as many launderings as standard ones before they are taken out of circulation) and patient experience scores. They’ll also explore whether the gowns work for the clinicians treating patients before deciding whether to permanently switch.

“We’re doing this most importantly to better the patient experience—to understand and honor their dignity,” she says. The gown “is one of the first things everyone experiences when they go into the hospital, but it’s one of many things. We want to cover all those bases.” – KIM KISER