Walk past Carroll Galvin’s office in Mankato, and you’ll likely hear the sounds of classical music wafting from his radio. “I listen to MPR frequently and have it turned on at my desk much of the time,” says the University of Minnesota faculty member who works with physicians-in-training in the Mankato family medicine residency program.

Get in the car with him for the 25-mile commute to his home in Waseca, though, and the sounds you’ll hear are bluegrass. “I have my car phone set on the satellite station Bluegrass Junction,” he says, explaining it plays American roots music 24/7. As he drives, Galvin hopes to hear a new song or a segment of a familiar one that he hasn’t noticed before — something he can learn to play on his mandolin.

Music has always been a big part of Galvin’s life. He studied classical piano for more than 12 years, starting at age 7, added organ and a few other instruments along the way, and sang in small groups and choirs. But he came late to bluegrass, and even later to the mandolin. And now he’s trying to immerse himself in them. He blames (or thanks) his wife for his newfound interest. “She was accustomed to it,” he says, explaining that she grew up in Indiana, where mandolin player Bill Monroe, often called the father of bluegrass, lived much of his life. (Monroe bought property in a town called Bean Blossom.) Galvin says that as he and his wife worked together in the church and community, “we kind of got a bluegrass mentality.” About a dozen years ago, when he was already in his 50s, his wife bought him a mandolin for Christmas. That’s when Galvin really got into bluegrass, which is a subset of country but draws from gospel, jazz and other forms of music.
Galvin taught himself the instrument and started playing with a small group of musicians at his church. “We kind of fed off of each other and encouraged each other,” he says. “We spent more and more time listening to bluegrass music and coming across new songs and new ways to play something, and we’d say, ‘Let’s try this. See how it works.’ Eventually they formed the band Northern Drawl (‘as opposed to Southern drawl’). The band performs at community events and festivals in southern Minnesota. Their next gigs are a church social this spring and a festival in Waseca on July 4.

One of the things Galvin likes about the mandolin is its size. “It’s easy to carry,” he notes. He also likes that it has a fairly wide range (its strings match those of a violin), and it can function as a rhythm or lead instrument.

Galvin tries to practice every day. “I kind of leave my instrument out, so that I can just walk by and grab it and play one, two or three songs,” he says. He writes down the mandolin parts for songs he hears on the radio on staff paper and then memorizes them. And although he says he’s not entirely comfortable improvising, he finds he’s a little freer on the mandolin than he ever has been on the piano. “Sometimes, you just let your fingers go and … ” He laughs as the sentence trails off.

Playing music is a good counter-balance to his work in medicine. “It’s a way of expressing emotion,” he says. “Sometimes if you’re upset or tense, you can really let it out if you play hard and fast and loud.” And he says he’s often inspired by song lyrics. “Even if someone else is singing, they’re in the back of mind.”

Galvin knows people might think it’s “weird” that he listens to classical music at work and bluegrass the rest of the time. But he says he’s always had wide appreciations. To him, music of any genre is music. “It’s a big part of my life,” he says. “Everyday, if I’m not playing, I’m listening to a lot of music.” – CARMEN PEOTA

**Improving the workplace reduces physician burnout**

If there’s a simple take-away from the latest research by Mark Linzer, MD, of Hennepin County Medical Center, it’s that clinics and hospitals can do something about physician burnout. Linzer has been systematically studying the issue for years. He was part of early studies demonstrating the high prevalence of stress and burnout among physicians, especially those in primary care specialties. He’s also been involved in studies that have shown that adverse working conditions are associated with stress, burnout, dissatisfaction and intent to leave the profession. In his latest study, he and his colleagues set out to discover if workplace improvements could begin to turn things around.

In the study funded by the Agency for Healthcare Research and Quality, 34 clinics were randomized to either an intervention or a control arm. The clinics in the intervention arm tried approaches to improving working conditions such as having monthly meetings focused on patient care (rather than administrative) issues and off-loading nonessential tasks to other staff. Those in the control arm didn’t. The physicians in the study completed a survey assessing their burnout, stress, satisfaction and intent to leave practice before the intervention period and 12 and 18 months afterward.

Linzer explains that although they didn’t identify which specific interventions had the most effect, they found that efforts around such things as workflow redesign, improving communication and quality improvement (when a physician’s concern is addressed) do make a difference.

Linzer says he’s now sharing what he’s learned with organizations around the country, including the American Medical Association and American College of Physicians. “I’d say, most health care leaders know we need methods to reduce burnout and improve retention,” he says. “This study gives us a way to begin.”

– CARMEN PEOTA

An article about Mark Linzer’s latest study on physician burnout, “A Cluster Randomized Trial of Interventions to Improve Work Conditions and Clinician Burnout in Primary Care: Results from the Healthy Work Place (HWP) Study,” was published in the *Journal of General Internal Medicine* in March.