

Shapiro, Johanna

From: Shapiro, Johanna
Sent: Wednesday, March 16, 2005 11:25 PM
To: [REDACTED]
Cc: [REDACTED]
Subject: RE: Art of Doctoring - final project

[REDACTED] thanks for this interesting project. "Interrupting" is a popular focus for these projects, and with good reason! (I can say that, being a notorious interrupter myself!). I liked the intervention of the ring - the color probably attracted your attention, as did keeping on the hand you used to write your notes. The additional intervention of a calming breath to forestall the reflexive tendency to interrupt is also a good idea. Your outcome, patient satisfaction, is an excellent choice, since ultimately the importance of any change project lies with its effect on patient care. It's interesting that, even in a very short time-frame, the intervention seemed to have had an effect (of course, there are multiple other factors impinging on patient satisfaction for which you could not control, so our conclusions are tentative). I did wonder, though, if you monitored actual interruptions. This might have established whether, in fact, your interruptions actually decreased. I was also interested in how many patients you encountered during week 1 and week 2 of your project.

Finally, your observations were very interesting to me, especially in your acknowledgment that you acquired better information and finished more quickly. These are truisms in the communication literature, but it is reassuring to see them validated in this N=1 research design.

Thank you very much for this work. I look forward to working with you in more depth next year. Regards, Dr. Shapiro

From: [REDACTED]
Sent: Tuesday, March 15, 2005 7:37 PM
To: Shapiro, Johanna; [REDACTED]
Subject: Art of Doctoring - final project

Dear Dr. Shapiro and Dr. [REDACTED]

[REDACTED]

Thanks,
[REDACTED]
[REDACTED]

3/16/2005

Comments [REDACTED]

[REDACTED], thank you for sharing so candidly your essay process. Thank goodness you did not attempt to mold your experience to the exigencies of an essay topic!

Your analysis of the confounding variables in the meditation intervention was impeccable, and I couldn't agree more. So by one standard of truth, there were no definitive answers. As you suggest, however, it is possible that there are other truths and other standards, including personal knowledge of increased happiness and more commitment to service.

I like what you say about the relationship between prayer and meditation. Often, prayer is thought of as always asking God for something, but I believe prayer also involves stillness and listening. And it is fascinating that clarifying the role of the spirit in your life led to the need to create a personal symbol combining your commitments to faith, medicine, and justice.

I read with sympathetic joy your account of the AoD session in which you made a personal recommitment to the profession of medicine. Your honest confession of doubts and desire to avoid the sacrifices involved actually reminded me of what is also involved in a life of faith. Any major commitment involves questioning and uncertainty. Ultimately you must follow that still small voice within – commitment always necessitates a leap of faith!

[REDACTED] I feel like I should give you extra credit for completing both a personal change project (two weeks of meditation/prayer) and a creative project (your own version of the caduceus). However, I suspect that the more important rewards are what you've discovered about yourself (as well as having a unique design to imprint on your future business cards which will serve to remind you about what led you to the practice of medicine – as well as invite curious inquiries from your future patients and colleagues!).

Thanks for sharing the research, the sketches, the essay, and best of all, yourself. Dr. Shapiro

Comments [REDACTED]

Hi [REDACTED] That was an incredible presentation you made last week. I have great admiration for your honesty, openness, and level of self-disclosure. I also have great admiration for your art. I think you've really found your voice as an artist. In addition to the two chalk pastels you brought to class, I also had the chance to view again your sexuality triptych in Plexus. Although I can't really claim to know much about art, to me this body of work is simply beautiful – so alive, sensual, confident. I hope I'm not speaking out of turn when I say it seems to me you are also finding yourself as a person and a physician. I see you flowering in so many ways.

[REDACTED] I was also deeply moved by the essay you wrote. Of course, excellent physicians may hold very different conceptualizations of their profession, but your frame of medicine as “a journey through human experience,” and your emphasis on humility, compassion, and self-knowledge seem ideal to me. Your description of how art helps to keep you centered, “free” (such a perfect word choice), and present, as well as helping you cultivate your observational skills is insightful and illuminating. The commentary you provide about each self-impression is almost painfully transparent, but the impression is that you are at peace with the past and excited about the possibilities for the future. You are growing into your human self.

The level of self-reflection, authenticity, perceptiveness, and sharing manifested in this project is quite extraordinary. You should be very proud of your work, internal and external, personal and professional. What a remarkable “evolution”! Best, Dr. Shapiro

Shapiro, Johanna

From: Shapiro, Johanna
Sent: Thursday, April 14, 2005 1:25 PM
To: [REDACTED]
Cc: [REDACTED]
Subject: RE: AOD final project

[REDACTED] thank you for completing this very interest project. The goals of your project are, of course, laudable: increasing empathy and personal satisfaction while rounding. What really intrigued me, however, was your intervention - active prayer (!). This is an innovative and original idea, and one I wish we'd discussed at greater length in the AoD class. I assume that by this, you did not mean praying *with* the patient (unless the patient requested joint prayer; or unless you had determined in a non-coercive way that the patient desired or would appreciate joint prayer - otherwise, because of the authority and power of the physician, an offer to "pray with" the patient can create a vulnerable experience for the patient), but simply mentally saying a quick prayer before or after the rounding process. I was also interested that you specified the nature of the prayer, which consisted of both a request for the patient (well-being) and for yourself (empathy). I respect and admire the humility involved in beseeching one's God or higher power for help in the always challenging process of interacting with our fellow human beings!

From what you report, the project was a success; in fact, so much so that you would like to continue it, despite some practical obstacles in terms of praying and rounding simultaneously (wouldn't it be nice if, before starting rounds, the attending allowed for a moment of silent "reflection" so that everyone could form a compassionate intention of how they wanted to act and interact during rounds. Then no more juggling!). [REDACTED] this was a unique approach to the whole question of empathy. I for one hope that you continue your prayers as you proceed through medical training and beyond!

I also wanted to thank you for completing the assignment about role models. Your cataloging of Dr. Yuan's many talents shows us what's important in a good physician - outstanding knowledge, clinical insight, unshakeable compassion, enthusiasm for teaching, interest in students, clear expectations and feedback. Remember these attributes, because in the very near future you will have the potential to be someone else's role model, so be prepared! Best of luck next year. Regards, Dr. Shapiro

[REDACTED]
Sent: Tue 4/12/2005 2:47 PM
To: [REDACTED] Shapiro, Johanna
Subject: AOD final project

4/14/2005

Shapiro, Johanna

From: Shapiro, Johanna
Sent: Wednesday, March 09, 2005 12:12 AM
To: [REDACTED]
Cc:
Subject: Final project

[REDACTED] just checking. Is this your final project, or is this an extra credit paper? Either way is fine, I just want to label it properly. Either way, it is a beautifully written, poignant story. The image of the mirror that "had seen so much" but "would never tell stories" is haunting, as is the two sisters searching for the dead baby's body. The characters emerge with recognizable personalities, hopes and fears. Without clear cultural clues, the story evokes a place and people different from contemporary American society; yet the emotions of loss and grief are universal. I was very moved reading this work. Thank you for sharing. Regards, Dr. Shapiro

Shapiro, Johanna

From: Shapiro, Johanna
Sent: Wednesday, March 02, 2005 10:22 PM
To: [REDACTED]
Cc: [REDACTED]
Subject: Final project

[REDACTED] thanks for sharing this thoughtful self-analysis. I was glad to see you lead with some positives which, although I don't know you well, seem quite accurate in my opinion. Just as important as knowing where one can improve is knowing where one's strengths lie. These are your natural or God-given talents that provide a trustworthy foundation on which to build. Focusing on impatience as an area for attention is a good choice (you may have noticed how many students from last year's class noticed the identical quality in themselves). As you note, patience is important for a number of reasons relevant to the effective and compassionate practice of medicine. I would offer my own opinion that patience is closely related to humility, another desirable quality that many look for in vain in their doctors.

It is rewarding to hear of the progress you've made. I was interested in your observation that, although you weren't taking more time with patients, by adopting a more patient demeanor, you were learning more in your patient interviews. Your hypothesis that patients sensed your calmness and interest seems very likely to me. It's also true that being aggravated takes a lot of energy. Less aggravation, less stress, less exhaustion, and less anxiety. And you've also noticed an important phenomenon - who we are at work affects who we are at home and vice-versa. We are not two different people, so that practicing patience with patients may well have the added benefit of making you more patient with family and friends.

Thanks for participating in the class, and always having an interesting (and often funny) comment to share. I have to say though that I think Dr. [REDACTED] jokes are very funny too!:-) Regards, Dr. Shapiro

Shapiro, Johanna

From: Shapiro, Johanna
Sent: Sunday, March 20, 2005 12:06 AM
To: [REDACTED]
Cc: [REDACTED]
Subject: RE: AOD final project

Attachments: [REDACTED]



[REDACTED]
RECO.doc (45 KB)

[REDACTED] I think this is one of the best things you've written. Your ear for devastating dialogue is perfect. The metaphor of the alien (with its reverberating shades of aliens from outer space; illegal aliens - all whom/what we fear as irreducibly other) is also perfect. This piece proves to me once again that creative narrative can get at the tough issues where mere exposition fears or is unable to venture. I would say that patients, family members (and often doctors) respond to the intimation of imminent mortality (the mortal CIA - that was great!) with denial, dread, and entitlement as you so aptly describe because we live in a death-dying culture, of which the myth of medical omnipotence (a pill for every problem) is part and parcel, and as a result few of us have any skills for confronting and making peace with death. You say all this and more, with a kind of brutal, heartbreaking, compassionate clarity. Thank you for this powerful work.
Dr. Shapiro

P.S. I'm attaching a blind cc of the AOA letter. I hope you get it :-).

-----Original Message-----

[REDACTED]
Sent: Thursday, March 17, 2005 9:05 PM
[REDACTED] Shapiro, Johanna
Subject: AOD final project

[REDACTED]

Shapiro, Johanna

From: Shapiro, Johanna
Sent: Saturday, March 19, 2005 11:50 PM
To: [REDACTED]
Cc: [REDACTED]
Subject: RE: My Self-Improvement Project

Hi [REDACTED] First, huge congratulations for matching at [REDACTED]! That's a very impressive school, and you'll get rigorous training there. I'm very happy for you :-)

Second, thanks for asking after my little grandson. He and mom are both doing well, although we had to leave baby Nathan in NICU because of ongoing bradycardia (sp?) episodes. We hope he'll be home in another 2 weeks.

Third, what an incredible job you did on your personal project. I'm so impressed. You did really meticulous work - the data were fascinating, thanks for including them. I have several specific comments as follows:

- 1) I really liked the self-awareness that you brought to your selection of topic for the project. And isn't it an interesting paradox that efficiency can actually lead to burn-out? I believe this is because one way of increasing efficiency is by eliminating all the aspects of a patient encounter that are interesting and revitalizing!
- 2) Your choice of "venue" for the project was terrific. What better way to address issues of time pressure than in the always time-pressured ER. If you can make a behavioral impact here, it stands to reason you can do so in almost any clinical setting.
- 3) Great job of operationalizing what your definition of "presence" is. I liked your definition, which had an positive component (active listening, as evaluated by good recall during the case presentation); and a negative component ("setting aside" intrusive thoughts related to other work tasks). Having a clear understanding of what you are trying to achieve makes it much easier to ascertain whether you've been successful or not.
- 4) I liked your breathing intervention, as well as the cues you used to remind yourself to implement the intervention. It's interesting, isn't it, that we have enough cognitive control (if we choose to exercise it) that we can actually "set aside" certain thoughts and concentrate our attention on the patient. I also really liked your "ethical reminder" when you were tempted to skip the intervention. You were really working on multiple levels, from the strictly behavioral to the moral.
- 5) Your technique for measuring "presence" was really ingenious. Well done!
- 6) Your baseline data were quite interesting. In particular, it was instructive that global self-image was not completely borne out by the data. Sometimes it can be really helpful to gather data to determine whether a generalization about ourselves or another or a situation is actually accurate. It was also interesting that, despite increased familiarity with the rotation, presence did not improve. This suggests that "presence" will not always "kick in" of its own accord, once you learn the ropes. Rather, sometimes it needs to be jump-started, precisely as you did.
- 7) The results of your intervention were quite impressive! Improving presence and decreasing compassion fatigue were very exciting achievements. Further, these results are suggestive of a relationship between the two - being more empathic toward patients may actually make the physician feel better as well as the patient!

Thank you for a thoughtful, carefully designed and executed, and successful project. Congratulations again on your match. Warm regards, Dr. Shapiro -----Original Message-----

[REDACTED]
[REDACTED]
Sent: Thursday, March 17, 2005 8:56 PM
To: Shapiro, Johanna; [REDACTED]
Cc: [REDACTED]
Subject: My Self-Improvement Project

Hi Dr. Shapiro and Dr. [REDACTED]

I've attached my self-improvement project report, and wanted to thank you both for a wonderful class. I have gained so much insight thanks to the opportunities for self-

Shapiro, Johanna

From: Shapiro, Johanna
Sent: Wednesday, March 02, 2005 10:11 PM
To: [REDACTED]
Cc: [REDACTED]
Subject: Attendance credit

Hi [REDACTED] Thank you for turning in the "5 Questions." As Dr. [REDACTED] and I agreed, this written work will count as satisfying one class attendance requirement. The questions themselves were excellent, especially your explanations about *why* these questions could demonstrate empathy or compassion toward the patient. One small point I'd recommend is to remember to phrase such questions in an open-ended way:

- 1) What have we discussed that you'd like me to explain further?
- 2) What aspects of the procedure would you like me to go over?
- 3) What else is on your mind; what else is concerning you?
- 4) What else that's going on would it be helpful for us to discuss? Etc.

Even though you can often convey the same level of interest and intention with a close-ended question, open-ended questions are more inviting and really do encourage the patient to open up more.

Your questions addressing many patients' limited comprehension of medical information, procedures, and "informed" consent are great areas to focus on. I also agree with you that inviting the patient to call your office, and promising that you will answer the questions or address the concerns in a timely fashion is very reassuring. Patients today often feel it is extremely difficult to gain access to their physician; and when they do so, it tends to be very limited. Sharing the lab results is also a good idea. Even patients who may not want to see specific numbers appreciate the gesture, since it conveys that you are not trying to hide anything from them.

Thanks for being so thorough, [REDACTED] I'm very glad to see you back in class. Regards, Dr. Shapiro

Shapiro, Johanna

From: Shapiro, Johanna
Sent: Monday, March 14, 2005 11:02 PM
To: [REDACTED]
Cc: [REDACTED]
Subject: Personal project

[REDACTED] wow, I'm completely blown away. This is by far the best project I've seen out of the 26 students who completed last year's course. You did an amazingly meticulous job - this really reads like an $n=1$ research paper. The "design" is well-conceived and described, as is the methodology. The presentation of the results is similarly thorough, as was your discussion of alternative hypotheses to explain the surprisingly positive findings. The Appendices are particularly illuminating, especially those containing specifics of "unprofessional" behaviors. You've definitely raised the bar with this work.

I found your project to be of great merit in terms of its content and focus as well. I'm really intrigued by the idea of a "filter" to block out non-humanistic behavior as a coping mechanism; and the personal cost involved in "disabling" the filter. I wonder on a personal level whether you felt the cost was worth the effort. I also wonder whether we can truly construct filters that are so effective that no disturbing incidents get through, even on an unconscious level. In other words, are such filters effective but "selfish" in the sense that they protect the individual but promote status quo in the system? My personal belief is that constructing such filters also exacts a toll, perhaps one that is less apparent in the short-term however. In any case, I do agree that personal change is burdensome initially; but as your results suggest (despite your excellent and quite plausible alternative explanations), they may have beneficial effects in the long run.

Thank you for taking this assignment so seriously, and for producing such an exemplary effort. Regards, Dr. Shapiro

Shapiro, Johanna

From: Shapiro, Johanna
Sent: Wednesday, March 23, 2005 12:56 PM
To: [REDACTED]
Cc: [REDACTED]
Subject: FW: AofD personal growth project (sorry it's late!)
Attachments: AofD outside project.doc; AofD project.doc

Personal Project:

[REDACTED] I really admired your taking on this project. The feelings you identified in connection with non-English speaking patients are prevalent in medicine, but little talked about. When residents and physicians do talk about them, often it is with an inference of thinly disguised patient blame. Instead, you took responsibility for avoiding these patients, acting in a distant manner toward them, and even feeling less empathy in these situations. Personally, I would call these reactions understandable, even normal, rather than shameful. I think this is how most people react when confronted with circumstances that make them feel out of control, uncertain, and helpless.

What is admirable and important is taking the next crucial step – deciding that a given reaction can be improved upon. Most people *don't* take that step. You showed a lot of courage in tackling this problem. What you discovered is that by confronting your fear and with a little goodwill, a little Spanish, and a little persistence you were really able to make significant inroads. I thought your reframing of this situation from one of dread to one of challenge was also quite skilful. In my own life, I've discovered that when I have the impulse to flee, often if I just stay present, without doing much else dramatic, things change for the better. I'm proud of you for "staying put," and developing many small but effective strategies to "move closer" to this group of patients. Regards, and much good luck at UCLA, Dr. Shapiro

Substitute Attendance Option Project:

[REDACTED] this was a great idea. I've heard of Reiki, but didn't know much about it. I agree both that it's important to know what alternative practices patients might be using; and also that by remaining open ourselves to non-typical approaches we may discover methods which cannot (yet) be explained by western science, but may still have beneficial effects. An excellent initiative. Dr. S.

From: [REDACTED]
Sent: Tuesday, March 22, 2005 3:10 PM
To: Shapiro, Johanna
Subject: AofD personal growth project (sorry it's late!)

Shapiro, Johanna

From: Shapiro, Johanna
Sent: Wednesday, March 23, 2005 1:03 PM
To: [REDACTED]
Cc: [REDACTED]
Subject: Attendance projects and final project

Attendance Projects:

[REDACTED] you made excellent use of the outside event attendance option. Spending some time at a homeless shelter, observing how the psychiatrist cared for these patients was certainly a superb way of putting Art of Doctoring principles into practice! I particularly liked the fact that, in order to participate in this experience, you had to overcome some of your own prejudices and fears. That's the way to grow as a physician. Also, thank you for sharing your admiration for Dr. Nguyen. Interestingly enough, someone wrote an essay about him last year! He sounds like an amazingly dedicated psychiatrist, a true role-model. I hope you continue to take the lessons you learned to heart, and that as a physician in practice you choose follow in Dr. Nguyen's footsteps by contributing some portion of your time to helping those most in need of your services. Great idea!

Thank you very much for your honest reflections on how AoD helped keep you on track to be the physician you want to be. I agree wholeheartedly with both of your points: 1) A class can't fundamentally change the kind of person you are, or the kind of physician you're going to become. At best, it can remind you and reinforce you and just give you space to build on the foundation you've already laid. 2) The ideals we espoused in the class are only ideals, and we would have to be saints to fulfill them 100 percent every day of our lives. So our goals have to be more modest - not to be perfect, but only to be able to *see* when we could do better, and then have the intention, commitment, and tools to help move us in the right direction. What you got out of the class is exactly what we hoped to give - the opportunity to cultivate the habit of reflection which, as you rightly point out, can help you focus on what makes the practice of medicine meaningful, despite its inevitable hardships and frustrations. I think you've begun to find the right answers for you personally.

Personal Project:

Thanks for sharing your creative project in class. It wasn't as complicated or "scientific" as some of the other projects, but sometimes I think that being a good doctor isn't all that complicated either. It really boils down to the message your poster so graphically conveyed - yes, you have to understand the diseases, but you can't ever forget about the people who *have* the diseases. The pictures you chose were very affecting - they made me want to know the stories behind each face. When you are able to hold that tender-hearted curiosity in tandem with all your impressive medical knowledge, is when you know you've become a good doctor. Sometimes a picture really is worth a thousand words - your collage brought home this lesson more effectively than a didactic essay ever could.

[REDACTED] it was a real pleasure to have you participate in this class. I felt I got a chance to know you a bit, and that was wonderful. You were a great student, and I wish you the best of luck next year. Regards, Dr. Shapiro

Shapiro, Johanna

From: Shapiro, Johanna**Sent:** Sunday, March 20, 2005 12:54 AM
[REDACTED]
[REDACTED]**Subject:** RE: AoD Personal Project

Hi [REDACTED] What a great job you did on your personal project! Each stage - conceptualization, design, intervention, outcome measures, results, and discussion - was meticulously performed. Your write-up is elegant. Perverse scientist that I am, I actually enjoy it when a study doesn't produce the expected outcome; it keeps life from getting boring :-). So I'd like to share my own speculations about why your intervention didn't "work," although you have already covered most of the points in your discussion.

Your thought about "variability" of stress associated with clinic is a good one, but your analysis suggests this was not an important factor, since your Shelf exam occurred during week 4, a period of fairly low burn-out.

You are quite right in raising the possibility that computer games and leisure reading are not effective burn-out reduction strategies for you personally. You didn't specifically discuss why you'd chosen these interventions in the first place, but I assume it was because in your "previous life," you found these activities pleasurable and/or relaxing. Nevertheless, the possibility remains that their efficacy under the present circumstances was not powerful enough to counteract the significant stresses of 3rd year. An additional possibility, which you also suggest, is that if you had engaged in the interventions for a longer period of time, they might have had a more positive effect. However, your data suggest that it would be at least as plausible to think that continued engagement with these activities would make you *more* burned-out, since your burn-out scores actually *increased*, and fairly significantly.

I personally think that another factor may be operating that made the interventions inefficacious. Most medical students are very conscientious people who like to do what is expected of them. What they have learned over the years is that "studying" is a very important, and very well-rewarded, behavior. So that engaging in studying is virtuous, and makes medical students feel good. Similarly, most medical students come from backgrounds that value family highly. So that spending time with family is virtuous, and makes medical students feel good. By contrast, medical students get very few messages that either simply having fun or taking care of themselves is in any way important or valuable. Rather, these behaviors are often regarded as either a waste of time or selfish, self-indulgent, or wimpy. Therefore, activities that are self-focused and/or enjoyable may also carry a significant burden of guilt or negative self-judgment with them. If this is the case, then the overall outcome of engaging in such activities will not be enjoyment, but distress, which will contribute to additional burn-out. All of this may be occurring on a subliminal, almost unconscious level - but if accurate, would certainly undermine the efficacy of the intervention.

Whatever the reason, [REDACTED] you did excellent work here. I'd encourage you to continue to explore other ways of reducing burn-out, including some of the ones you mention in your paper. But for any of them to be successful, you must also resolve any underlying feelings that it is wrong to take time away from study or family. I commend you for tackling a very difficult issue, and approaching it with such care and attention. Sensitivity to the problem of burn-out is an important step toward solving it. And as any good scientist knows, you can learn as much from your failures as from your successes!

Thank you for such an interesting and well-executed project. Dr. Shapiro

[REDACTED]
Sent: Friday, March 18, 2005 1:45 PM

[REDACTED]
Subject: AoD Personal Project

3/20/2005

[REDACTED] thank you very much for this second short story (do I sense a book in the making?). This story was particularly poignant for me because I just got back from [REDACTED] baby 6 weeks premature. As in your story, there are two little children (little boys) at home, whose lives have been turned upside-down. As in your story, mom and dad really longed for a girl (they got another boy), and pursued a pregnancy despite difficulties with the first two pregnancies that resulted in developmental delays for both little kids. Baby has been in the hospital 3 weeks, and is likely to be there at least 3 more weeks (ongoing bradycardia, reflux, and heart murmur needing further evaluation). Mom is going frantic running back and forth between the hospital and home, trying to keep nursing going or at least supply breast milk for the baby, while recovering from the emergency C-section she unexpectedly needed. Dad, working 7 to 7 as a middle school teacher and coach, barely has time to see his newest son once or twice a week. The little boys are angry and confused that the promised brother has not appeared, acting out and testing limits with parents who seem driven to distraction.

This situation was not, of course, your baby in the fish-tank, a much more severe and tragic situation. We hope that in another 3 weeks this little one will be able to come home in reasonable health. Still, your story captured for me the intensity that can possess parents around child-bearing and how, when things don't go as planned, it can result in tremendous dislocation and stress that reverberates throughout the entire family. As your last lines express so well, it is tremendously challenging to put the family back together after such an event.

Your story is very compelling and quite sad, but also contains powerful observations about human hubris and desire, and the inevitable ripples that are created among the innocent.

Shapiro, Johanna

From: Shapiro, Johanna**Sent:** Thursday, March 24, 2005 2:11 PM
[REDACTED]
[REDACTED]**Subject:** RE: Final AoD projects

Hi [REDACTED] Thanks for sending this along. Dr. [REDACTED] probably had too much on his mind to remember to forward me my copy, so I appreciate this one.

I knew you would do an outstanding job, and I was right! I agree completely that identifying simple interventions is the only realistic approach. However, I suspect that these "little choices" are effective not only in themselves, but because they may trigger cascades of other positive things. For example, when I remember to do a brief breathing meditation, on an almost subliminal level it reminds me that I value my personal well-being; it reminds me that there are ways of being in the world that are focused, compassionate, and present; and it reminds me that there are other perspectives about whatever is going on at the time. All of these things converge to affect subsequent cognitions and mood.

I applaud your determination to protect personal time, including sleep time (as you suggest, a relaxation technique such as the mindfulness body scan before bed can really help with ensuring that you actually go to sleep, rather than worry about everything you didn't get done today or have to worry about tomorrow). I do exactly what you do with my day planner: ie., I build in not only teaching, meetings, tasks to accomplish but a breakfast with my husband, or a phone call to my mom, or sending flowers to one of my daughters. I've found that "scheduling" these things not only makes it more likely that they'll actually happen, but it also reminds me that I value my family and personal life at least as much as I value work.

[REDACTED] you were an absolute pleasure to have in class. Your comments always demonstrated such good insight, transparency, and authenticity. You'll make an incredible psychiatrist. I hope you are very happy with your match, and are preparing for that next big step. I wish you all the best as your future unfolds :-). Regards, Dr. Shapiro P.S. I was really touched by your intention to return to class, even though you've successfully completed all the requirements. I'll certainly keep you on the mailing list, and hope to see you before the end of the year.

Sent: Wed 3/23/2005 5:42 PM**To:** Shapiro, Johanna**Subject:** RE: Final AoD projects

Hi Dr. Shapiro-

From: Shapiro, Johanna**Sent:** Wed 3/23/2005 1:37 PM
[REDACTED]**Subject:** Final AoD projects

3/24/2005

Shapiro, Johanna

To: [REDACTED]

Subject: RE: Personal Project - Transformation

[REDACTED] thank you for sharing this beautiful and poignant poem. Especially in the elegaic first stanzas, it reminded me of the great classic poems, especially the Odyssey, because you have clearly been on an odyssey of your own. The burden you describe is familiar to so many adult children who honor and respect their parents, are grateful for the life they were given, and yet feel confined and oppressed by parental expectations. Of course, as you no doubt realize, making others happy is an important goal, *but only* if it makes you happy as well. This is the difference between duty and joy, the difference between doing things solely because others expect us to do them, because we feel obligated to do them; or, on the other hand, because we cannot hold ourselves back from doing them. I also don't think there is an either/or, dichotomous relationship between the two concepts of duty and joy. Acting out of duty is often as important as acting out of joy, and we do have duties to others as well as to ourselves. But I think in the big decisions in our lives, who we are and how we choose to live, we have to come from a place of integrity within ourselves, we have to bring a joyful heart to our endeavors. You can "force" yourself to attend your aging mother's birthday party, even if you hate big gatherings (I'm talking about me here :-)), but you can't force yourself to be a doctor or to be straight just because you think it will fulfill your parents' dreams. The perpetual pain of "forcing" yourself to try to be someone you're not almost always leaks out and turns everyone's happiness into bitterness and sorrow. I honestly feel, more often than not, when people are true to themselves and learn to express that true self with loving-kindness and compassion, they *do* bring plenty of happiness to others, even those parents who were so sure they wanted things only one certain way. Cy, I'm very honored that you felt safe enough to share so openly in this poem. You are reclaiming your voice, and it sounds confident and sure. I know much "good" will come of this process. Warm regards, Dr. Shapiro

[REDACTED]

Sent: Thursday, April 07, 2005 11:56 PM

To: Shapiro, Johanna

Subject: Personal Project - Transformation

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

4/8/2005

Shapiro, Johanna

From: Shapiro, Johanna
Sent: Monday, March 21, 2005 10:32 PM
To: [REDACTED]
Subject: RE: Another opportunity to attend AoD

[REDACTED], this was a fantastic project. Thank you very much for putting so much obvious thought and effort into it. I have some specific comments I'd like to share:

First, I didn't realize you were so creative! The resident's SOAP note to the medical student was really a great piece of point-of-view writing. I really enjoyed this in addition to the more explanatory essay.

Second, I thought the point you made about the difference in perception between the resident and the student was really insightful. From the resident's perspective, the patient was "not interesting" and "somewhat of a failure", someone to be avoided because the puzzle was not solved. After a *month* in the hospital (poor baby! - what must *that* have been like for patient and mom?), there was no definitive answer. So the resident was left with feelings of frustration (expressed in the phrase "not interesting") and failure. Contrast this with the view of the medical experience, who learned loads while trying to figure out the explanation; and who also saw beyond the medical puzzle (intriguing as it was) to the human being suffering in that hospital bed (and her loyal mother).

You put your finger on the central lesson of this experience with great clarity. If there is no room in medicine for uncertainty, "not-knowing," then physicians will feel frustrated by and ultimately resent patients who are not easily categorized, who can't be "solved." But medicine is more than a puzzle (although sometimes the puzzle aspect is both fun and challenging - nothing wrong with that). It is also a mystery, something to stand in awe of, as well as something to master. In this case, as I read your essay, for me the mystery and awe came from the self-healing of this little girl. No one could really explain it, but in my mind it underlined the amazing restorative power of the human body. Learning to be comfortable with not being able to find all the answers to me is a crucial part of good doctoring. It is one way of showing the humility that grandmother often found wanting in physicians.

Finally, perhaps what always remains somewhat mysterious is "the person with the disease" (as Osler said: "It is more important to understand what person has the disease rather than what disease the patient has"). In other words, the human face of the patient, how that common or uncommon illness is filtered through the unique individual, should always remain endlessly fascinating and rewarding. I think you understood that. How sad that your resident did not.

Your essay is both thoughtful and thought-provoking. T Dr. Shapiro

From: [REDACTED]
Sent: Monday, March 21, 2005 10:42 AM
To: Shapiro, Johanna; [REDACTED]
Subject: RE: Another opportunity to attend AoD

Dear Dr Shapiro and Dr [REDACTED]

Attached is my project (#2) for the final paper assignment. Sorry this is late! I hope and will try to make it to the next class but may have difficulty depending on my schedule Tues. Will we be having a few more classes in April?
thanks!

best,
[REDACTED]

3/21/2005

Shapiro, Johanna

From: Shapiro, Johanna
Sent: Sunday, March 20, 2005 12:21 AM
To: [REDACTED]
Cc: [REDACTED]
Subject: RE:

Hi [REDACTED]. Thank you for being willing to share on such a personal level, both with this particular project and many, many times in class. I believe I've complimented you more than once on the courage it takes to be aware of the personal as it relates to the professional, and I'd like to do so again. As you know, Dr. [REDACTED] and I believe strongly that "a happy physician makes for happy patients." When you are scraping the bottom of the barrel personally, you simply will not find a whole lot to give to your patients. So your project, which combines self-care with patient care, makes perfect sense.

Re depression, you are to be commended for recognizing this issue and getting help. As you well know, when you're depressed, everything from getting out of bed in the morning to completing the simplest task seems to require almost superhuman effort. Starting to get out from under this burden is a gift to yourself and your patients. Good for you.

I often tell our family practice interns that they should choose *one thing*, only one thing, that they know they can't live without, and hold on to that one thing with complete intention and determination during the year. There are times in life when it's hard to do more than survive, and in those times you need to be crystal-clear on what you *cannot do without*. You remembered the thing you need (well, it was really *two* things, running and your husband, but you managed to combine them successfully :-)) and you reclaimed it. Good for you again.

I suspect that if you had stopped here, simply by nurturing yourself, you would have generated "overflow" that would have spilled over to benefit your patients (kind of a twist on a rising tide, but in this case i believe it actually works!). I think it shows your caring, compassionate heart that, in the midst of all you were dealing with, you committed to connecting more with patients. Your interventions, simple yet profound, show the value of small gestures. In that isolated, fearful place that suffering creates, a glass of water with lemon can mean so much.

Thank you for this fine work. I wish you the best of luck next year, and please don't hesitate if you'd ever like to touch bases or just say hello. It was a real pleasure to have you in this class. You are a very insightful, honest, and kind person. Regards, Dr. Shapiro

From: [REDACTED]
Sent: Thursday, March 17, 2005 9:40 PM
To: [REDACTED]
Cc: [REDACTED]
Subject:

Hi Dr. Shapiro and [REDACTED]

Here is my final project for Art of Doctoring. By my records I have attended 12 sessions (11 sessions + the BBQ). I believe that this plus the project fulfills the requirements for the class. If I have not met the criteria to receive two weeks of elective credit, please let me know.

I would like to thank both of you for a wonderful class. This class definitely helped me through third year of medical school. I enjoyed being with my classmate in an open, non-judgmental environment. I appreciated the perspectives and ideas on how to improve empathy and compassion for patients. Thank you so much.

[REDACTED]

3/20/2005

Shapiro, Johanna

From: Shapiro, Johanna
Sent: Wednesday, March 16, 2005 11:51 PM
To: [REDACTED]
Subject: RE: Personal project

[REDACTED], I *really* enjoyed your project! This was no doubt partly for selfish reasons, since I am particularly interested in the topic you chose. However, I also enjoyed the breezy, personal style in which you approached the question; the originality and creativity of the intervention you formulated (your account of your first week is very funny, as well as being very appalling); ; and the strength of your results. I had considerable confidence in the accuracy of your self-observations because of your history as a meditator. You seem to have excellent awareness of emotional, cognitive, and physiological cues and processes.

A couple of things struck me. First, as in any N=1 design, the results can only apply to the individual subject. So of course you are correct in saying that, although the difference between the initial week and subsequent weeks was profound in terms of personal well-being, this finding is true only for you. I agree, and also feel that for some, emotional connection is much more costly than it was for you. You were clearly deviating from your "nature" by attempting detachment in that first week, and it was much more natural for you to be concerned and caring toward your patients. However, although detachment can feel more familiar or safer to some people, there is still the question of whether this is because detachment actually *promotes* well-being, or because not all individuals are as aware of internal cues as you are. There is also the issue of long-term consequences of emotional detachment. My theory is that a) emotional detachment exacts a significant psychological price, because it can only be achieved through repression, suppression, and denial, all demanding defense mechanisms; however b) emotional engagement can also be difficult to tolerate unless one learns to be moved without being overwhelmed by another's suffering. Such learning can occur through training in meditation, and perhaps in courses such as AoD :-).

In any case, I liked the fact that you dared to pose a controversial (at least for this class) question as to whether, in fact, empathy is preferable to apathy in terms of physician well-being. And I do agree that the most important thing is to have a continual awareness of both the physician's and the patient's needs in any given situation, and to adjust one's behavior accordingly. However, I still maintain that ever patient wants to be cared about; it's how that caring is manifest that varies from person to person.

Thanks for a really thoughtful, astutely observed project. Dr. Shapiro

From: [REDACTED]
Sent: Wednesday, March 16, 2005 2:01 PM
To: Shapiro, Johanna
Cc: [REDACTED]
Subject: Personal project

Here's my final project guys, it was fun to do.
[REDACTED]

From: Shapiro, Johanna
Sent: Wed 2/9/2005 10:55 AM
To: [REDACTED];
[REDACTED];
[REDACTED];
[REDACTED];
[REDACTED];
Cc: [REDACTED]

3/16/2005