

PARALLEL PROCESS AND RESIDENT EDUCATION
OUTLINE

- I. Resident education - teaching from the outside vs. learning from the inside *SLIDE*
 - A. Unilateral model - attending-centered
 - B. Relational - doctor-pt. dyad
 - C. Therapeutic triangle - *SLIDE*
 - D. Importance of recognizing educational triangle - *SLIDE*

- II. Understanding a systems perspective
 - A. Educational triangle should follow the same rules as other systems
 1. homeostasis vs. organic growth
 2. issues of joining, triangulation, boundaries, coalitions
 - B. Educational triangle should also display isomorphic properties with other related systems *SLIDE*

- III. Parallel Process
 - A. Use the concept of parallel process to examine the isomorphic properties of systems
 - B. Parallel process emphasizes similarities between resident-patient relationship during an office visit and the attending-resident relationship during teaching consultations
 - C. Psychoanalytic definition *SLIDE*
 1. focuses on unconscious creation of emotional responses
 2. emphasis is dyadic
 - D. Isomorphism - similarities in how related systems function and are structured
 1. antecedent - similar family-of-origin issues for pt. and resident are present before pt. and resident interact
 2. transferred - interactions between pt. and resident in clinical context replicated between resident and teacher in educational context
 3. emphasis is triadic
 - E. Properties of these isomorphic systems tends to replicate themselves in certain core themes *SLIDE*
 1. Order
 - a. diffuse b. focused
 2. Relationship
 - a. distance (avoidance vs. fusion)
 - b. movement (distancing, stagnation, pursuit)
 - c. position (triangulation)
 3. Power
 - a. complementary (overfunctioning, underfunctioning)
 - b. adversarial (conflict)
 4. Decision-making
 - a. agenda setting (fixed or flexible)
 - b. problem identification (faulty, chronic, conflicting)
 - c. implementing solutions (propose solutions before identifying problem; conflict)
 - F. Unconscious or unreflected-upon parallel process leads to similar patterns of response which tend to be linear and

restrictive, rather than systemic and expansive - repeating interactional patterns

IV. Utility of Parallel Process Model

- A. Usefulness due to similarities of two systems
 - 1. Both predicated on helper-helpee relationship
 - 2. Both share process similarities - INTERVIEW *SLIDE*
 - 3. Both experience relational phases *SLIDE*
 - a. joining
 - b. stagnation
 - c. crisis
 - d. resolution
 - 4. Both rely on interventions to move from one phase to another *SLIDE*
 - a. facilitative
 - b. confrontive
 - c. conceptual
 - d. prescriptive
 - e. catalytic
- B. Identifies core issues both within and across systems
- C. Helps identify problematic interactions in one system through analysis of another system
- D. Once insight occurs (in attending), opportunity for introduction of alternative behaviors, breaking the cycle

V. Warning Signs: Unconscious Parallel Process *SLIDE*

- A. Pt. centered medicine but attending centered teaching
- B. Mutuality in resident/pt. dyad vs. authoritarianism between attending and resident
- C. Balance between intimacy/distance espoused for pt. and resident compared to that adopted between resident/attending
- D. Emphasis on joining in therapeutic triangle vs. distancing in educational triangle
- E. Advancing one type of pt. intervention (facilitative) and adopting another with resident (confrontive)
- F. Emphasis on boundary marking in the therapeutic triangle vs. blurring of boundaries in the educational triangle
- G. Unbalancing of coalitions in the therapeutic triangle vs. unconscious reliance on coalitions in the educational triangle

VI. Research on parallel process

- A. Marvel findings
 - 1. low incidence of open-ended and facilitative questions by both faculty and residents
 - 2. low frequency of questions re family and psychosocial issues
 - a. resident resistance to exploring such topics due to time constraints
 - b. faculty reluctance to bring up these issues with residents
 - 3. faculty reinforcement of resident increased, while resident reinforcement of pt. health behaviors decreased
- B. Limitations of parallel process model in terms of social learning interpretation

INTERVENTIONS IN PARALLEL PROCESS

1. F A C I L I T A T I V E - NURTURING, SUPPORTIVE,
ANXIETY-REDUCING
2. C O N F R O N T I V E - CHALLENGING ONE'S ORGANIZATION
OF REALITY
3. C O N C E P T U A L - RECOGNIZING CNETRAL THEMES AND
ISSUES FROM ISOLATED INCIDENTS
4. P R E S C R I P T I V E - PROVIDING A SPECIFIC PLAN OF
ACTION FOR USE IN A SPECIFIC SITUATION
5. C A T A L Y T I C - PRECIPITATING AND PROMOTING SYSTEMS
CHANGE BY ENHANCING PROCESS ALREADY
IN PROGRESS

WARNING SIGNS OF UNCONSCIOUS PARALLEL PROCESS

- . PATIENT-CENTERED MEDICINE BUT ATTENDING-CENTERED TEACHING

- . BALANCE BETWEEN INTIMACY/DISTANCE ESPOUSED FOR PATIENT/RESIDENT
VS.
INTIMACY/DISTANCE ADOPTED BETWEEN RESIDENT/ATTENDING

- . ADVOCACY OF ONE TYPE OF INTERVENTION FOR PATIENT (FACILITATIVE)
VS.
ADOPTING ANOTHER TYPE OF INTERVENTION WITH RESIDENT (PRESCRIPTIVE)

- . EMPHASIS ON JOINING IN THERAPEUTIC TRIANGLE VS. EMPHASIS ON
DISTANCING IN EDUCATIONAL TRIANGLE

- . EMPHASIS ON BOUNDARY MARKING IN THERAPEUTIC TRIANGLE VS. BLURRING
OF BOUNDARIES IN EDUCATIONAL TRIANGLE

- . UNBALANCING OF COALITIONS IN THERAPEUTIC TRIANGLE VS. UNCONSCIOUS
RELiance ON COALITIONS IN EDUCATIONAL TRIANGLE

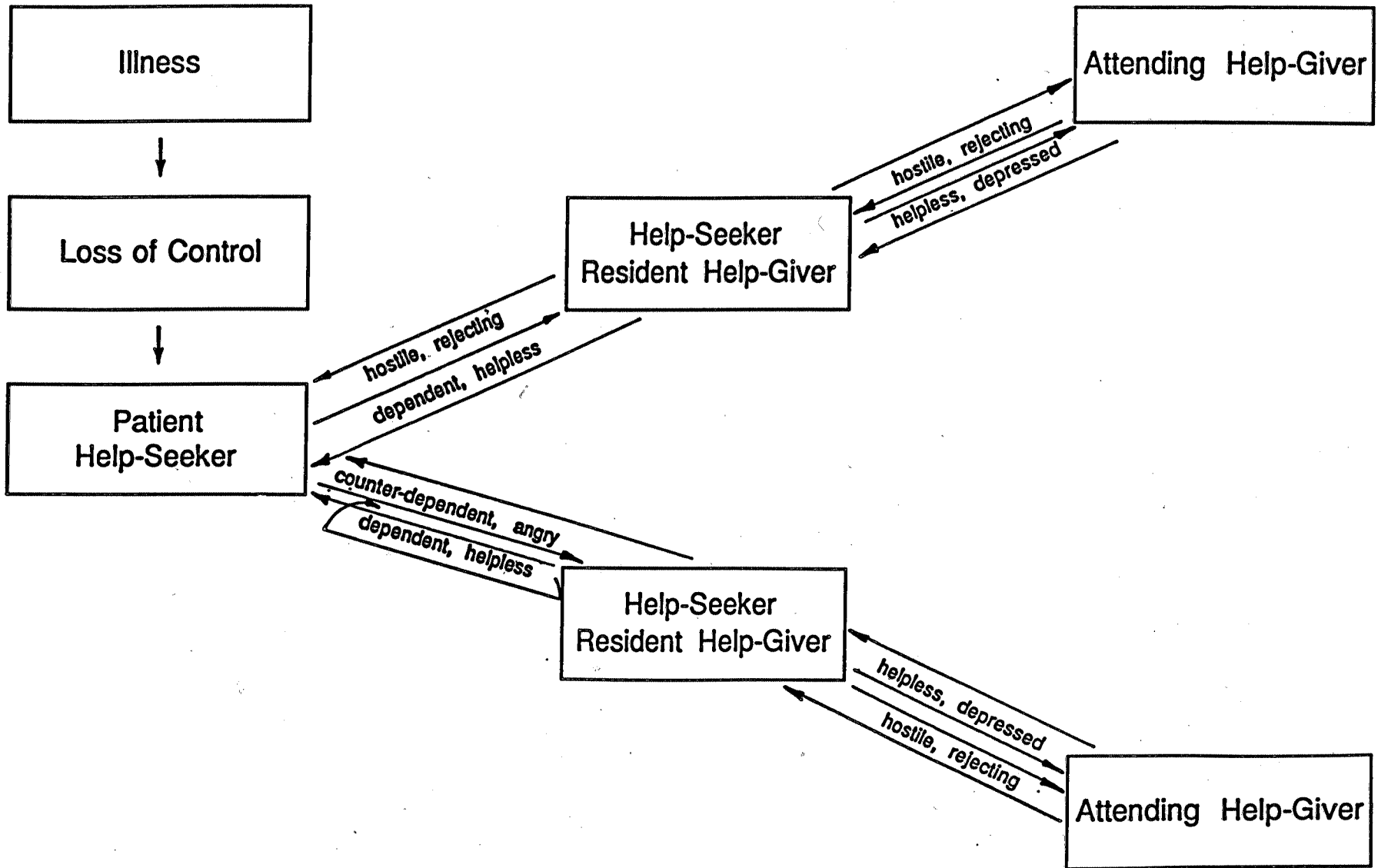


Figure 2

Parallel Processes Activated by Loss of Control in Response to Illness

*DMV on Computer - RMV
As Tallish
9-11-89
B*

Brief Outline of Workshop

(Note: This may not be the right order, but includes all we want to cover)

I. The nature of resident education

A) Teaching from the outside vs. teaching from the inside

1. unilateral model -
 - a. focus on the "other"
 - b. attending-centered teaching
2. Relational:
 - a. focus on the dyad
 - b. resident-patient dyad
3. Therapeutic triangle:
 - a. illusion of the dyad in medical practice
 - b. physician-patient-family

Model I

*attending trying to fix
something with pt.
trying approached in
a more direct fashion*

B) Where is the proper boundary?

1. All of the above models draw the boundary excluding the attending
2. Classic psychoanalytic posture
3. Focus on the educational triangle
 - a. attending-resident-patient
 - b. see Figure 1

*concern in wanting out
of what we want
student to do w/ pt*

II. Understanding the system

A. Implications of systems theory

- a. expectation that this system follows rules of other systems
 1. issues of joining, triangulation, boundaries, detouring, and coalitions should be relevant
 2. system should also display isomorphic properties, both within itself and with other interlocking systems

*systems only
change part of
no quality
part*

III. Definition of terms

A. Systems definition

1. isomorphism: a similarity of form and structure of organisms of different backgrounds resulting from convergence, especially of habits or environment (Bateson, 1977)
2. replication of environmental, systemic properties creates organismic similarities
3. emphasizes triadic properties: replications in the attending-resident-patient triangle of dynamics in resident-patient-family triangle

*Transmission of aspects
(Bateson) throughout system
parallel
parallel
parallel*

B. Psychoanalytic definition

1. Parallel process: a situation in which the trainee

"unconsciously

identifies with the patient and involuntarily behaves in such a manner as to elicit in the supervisor those very emotions which he himself experienced while working with the patient but was unable to convey verbally" (Hora, 1957)

2. Attending interacting with resident in much the same way resident is interacting nonverbally with patient or wishes to act
3. Emphasizes dyadic properties: anxiety in one dyad (resident-pt) replicated by anxiety in another dyad (attending-resident)

C. Both emphasize parallel or similar hierarchies of response which can be elicited within one triangle, or across triangles

IV. UTILITY OF PARALLEL PROCESS MODEL

A. Usefulness of model due to similarities of two systems

1. both systems predicated on helper-helpee relationships

- a. common goal of applying knowledge and insight of one to address confusion and suffering of the other
- b. resident plays pivotal role
 - 1. in therapeutic triangle, the helper
 - 2. in educational triangle, the helpee
- 2. Both systems experiences relational phases
 - a. Introduction/joining
 - b. Stagnation/denial
 - c. Chaos/confusion
 - d. Integration/resolution
- 3. Both systems rely on a series of interventions to move from one stage to another
 - a. Facilitative - nurturing, anxiety-reducing, supportive
 - b. Confrontive - challenge organization of reality
 - c. Conceptual - recognizing central themes and issues from isolated incidents
 - d. Prescriptive - provide specific plan of action for use in a specific situation
 - e. Catalytic - meta-category of intervention precipitating and promoting systems change by enhancing process already in progress
- B. Health or dysfunction of one system related to but not identical with health of interlocking system
 - 1. Therefore, not necessarily a one-to-one correspondence
 - 2. Systems also influenced by other more remote interlocking systems

V. VALUE OF PARALLEL PROCESS ANALYSIS

- A. Highlights commonalities and shared experiences of all participants both within and across systems
 - 1. Thus, promotes different worldview, different conceptual framework
 - 2. Stresses similarities, not differences or dualities
 - a. roles within each triangle often seen as distinct
 - b. imply each should have unique emotional response to situation
 - 3. Parallel process emphasizes how all systems participants share in core themes and issues
 - a. between systems:
 - 1. family member may be triangulated between patient and resident to avoid dealing directly with issues between the two of them
 - 2. patient becomes triangulated between resident and attending
 - b. within system:
 - 1. patient feels anxiety about lifethreatening diagnosis; resident distances from patient
 - 2. resident feels anxiety about diagnosis; attending distances from patient
- B. Identifies core issues both across and within systems
 - 1. systems issues: triangulation, coalitions, detouring, enmeshment
 - 2. intrapsychic issues: anxiety, intellectualization, projection
 - 3. Focus here is intervention and treatment
- C. Helps identify problematic interactions in one system (or subsystem)
 - (through analysis of another system (or subsystem))
 - 1. Attending gains insight into therapeutic triangle by consideration of dynamics of educational triangle
 - 2. Use of attending-resident-patient triangle (or

*parallel process
to do*

attending-resident

relationship) to explore solutions

3. Emphasis here is both on diagnosis and treatment

can D) Provides opportunity for introduction of positive behaviors which be extended through rest of system, and into other systems

1. At any point in system (intervention with resident, patient, family) functional responses can be introduced, which will then be transmitted in ripple-like effect

E. Recognizes that attending is part of system's interactions

resident

1. overidentification with resident unconsciously reinforces enmeshment or distancing from patient
2. overidentification with patient leads to punishment of resident limit-setting behaviors
3. attending can become as easily triangulated as resident
4. highlights fact that process behavior is at least as powerful,

if

not more powerful, than content behavior

F. Goal is some degree of appropriate synchronicity between all levels within system:

1. Patient-centered medicine but attending-centered teaching?
2. Mutuality in resident-patient dyad vs. authoritarianism between attending and resident?
3. Distribution of clinical, adversarial, and relational components in resident-patient relationship, vs. attending-resident

relationship

4. Balance between intimacy and distance espoused for resident and patient compared to that adopted between attending and resident?
5. Advocating one type of patient intervention (facilitative) and adopting another with resident (confrontive)?

G. Appropriate synchronicity in all levels across systems:

1. Emphasis on joining in therapeutic triangle vs. emotional distancing in educational triangle
2. Emphasis on boundary marking in therapeutic triangle vs. blurring of boundaries in educational triangle
3. Unbalancing of coalitions in therapeutic triangle vs.

unconscious

reliance on coalitions in educational triangle

VI. THREE CLINICAL EXAMPLES

A. Time Management

1. patient expansive, long-winded
2. resident angry, hassled: accomodating to patient, but pressured, abrupt with attending
3. Attending takes on pt. behavior, is expansive, long-winded in response to resident's pressure
 - a. then becomes punishing - response resident wished to exhibit toward patient
4. What is underlying issue:
 - a. pt. afraid her story won't be understood by resident
 - b. resident afraid her story (pressures, on call) won't be understood by attending
 - c. attending afraid resident won't understand pt's story
 1. this will not be a learning experience
 2. attending will have failed

B. Noncompliant diabetic patient

1. patient resistant to resident suggestions
 - a. provokes resident frustration
2. resident resistant to attending's suggestions
 - a. provokes attending irritation

3. What is underlying issue:

- a. all three system participants feel helpless
- b. over-functioning vs. under-functioning roles

C. Triangulation of resident with patient and family

- 1. pt. with lupus (chronic condition) feels husband unsupportive
- 2. pt. becomes excessively dependent on resident, protective of husband - needs more visits, more meds; res. keeps asking what's going on at home
- 3. resident and attending duplicate tension between pt. and

resident

- a. resident becomes excessively dependent on attending for help - don't know what to do.
- b. attending triangulated between resident and patient

4. solutions

- a. attending needs to confront resident directly about triangulation.
- b. patient needs to confront husband directly

pt - need more visits, more meds, more time; fear, help me cope with this

r - have talked w/ husband yet? don't confront w/ husband; keep supporting

ph - he has so much to do; work, kids

s - it's hard, this is tough (support)

e - pt. driving me crazy, don't know what to do; helpless - keep having same situations over & over

a - rescuing strategies: have you tried to give her support
feels helpless, trapped
you're in hard role

