

## AOD 2015 STUDENT FINAL PROJECTS

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Thank you also for sharing your beautiful composition The White Road today. The metaphor of a journey is very appropriate, and as you noted, it was reflected in several other student projects. The song captures so well the poignant dimension of a phase, so intense and intimate, coming to an end. I actually had not realized it when I reviewed it that you also incorporated words and concepts from the Hippocratic Oath. Very cool. I think I said this to you before, but hearing it again, I was touched by the message of trusting your dreams and your hearts. I hope every one of your classmates will always be guided by that small inner voice.

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Thanks for your presentation today. I deeply admire your commitment to service and appreciation for the patient perspective. The video has great production values but much more importantly tells a moving story of why we should remember the needs not only of individual patients but of our communities and all the communities of the world. The interviews included reminded us that everyone can serve; and that what doctors do is service. I made some comments on your essay as well.

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what an absolutely beautiful and insightful project you presented today. I think your classmates were deeply moved, and perhaps saw a different facet of your journey. The tribute to your grandfather was very poignant, your love and admiration just shone through. What you said about the themes of one's life, and sometimes only being able to identify them retrospectively, was very perceptive and wise. The Winston Churchill quote about the heart of suffering leading to inspiration and survival encapsulated perfectly what AoD is (or should be) about – our purpose is not to wallow in sadness, but to touch that tender heart and, touching it, learn how it can lift us up and help us forward (I'm going to borrow it for next year's AoD, so students can be clear on why we focus on issues of loss and grief). You showed us so openheartedly and authentically how your grandfather's suffering has inspired and guided your life path. Thank you for your transparency, I think you inspired all of us.

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Dear Physician-Poet-Jocks, I liked your group poem (I'm sorry we didn't keep up the finger-snapping, it added more of a hip flavor ☺). It embodied good values and good rhymes (☺). It was both humorous and honest. Even more, I liked the fact that as self-described jocks, you chose to challenge yourself in an uncomfortable way. Not to get too heavy, but certain pedagogical theories argue that it is only when we allow ourselves to become a bit uncomfortable, off-balance, that new insights develop and we start to see the world a little differently. I really admired that you tried something different; and if the experience did not provide never-before-revealed illuminations, I hope it reinforced your already existing humanistic attitudes and orientation. Finally, I liked the teamwork involved. There is something called renku, Chinese linked verse, which originated in the 14<sup>th</sup> c, and in which different distinguished poets wrote comical verse on the same theme. Just sayin' – whether you knew it or not, you're part of a grand and venerable tradition ☺ Thanks for your contribution, Dr. Shapiro

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Dear Magnificent Seven,

Thank you all for sharing your pictures, thoughts, and stories. Each one was so different, and so genuine. Your overall presentation was very powerful, as evidenced by the response of your classmates and faculty. A, you have been so present and open for this entire class. We have all benefitted by your commitment to self-awareness and reflective process. You've shown great courage in exploring your losses in ways that helped us learn something from your experience. B, it was uplifting to see your great-grandma celebrating her 100<sup>th</sup> birthday; yet you complicated this inspiring image by sharing the difficulty of her care. Your final message of kindness to all, especially the often-overlooked family members, is one we should always remember. C, I really liked the way you used the playfulness of the yo-yo (I could never figure out how to make the darn thing roll up!) to remind us that you are a person first; and patients are people first. We all have lives that matter. It is a completely cool message that the same hands can do yo-yo tricks and surgery (probably why I'm not a surgeon either). D, you made (at least) two important points. One was the importance of reaching out in culturally humble and sensitive ways to populations that might be uncertain of bone marrow donation and other essential medical drives. The second was how amazing it is when colleagues come together to work for a common good, and how much can be accomplished when they do. E, I loved that you discovered your inner dancer! We all know that medicine is a demanding profession, so it is especially important to find ways that you can let loose and have your spirit soar. We talk about balance, but sometimes the best way to find it is just to dance it out 😊. F, thank you for sharing about your struggles to let your oncology patient go. As your project suggested, this is sometimes very hard for the patient (and even more often the family) and sometimes very hard for the physician. I think physicians should always take their lead from their patients, but also do their best to ensure that the patient has a good understanding of her situation. This is an essential component of the fiduciary commitment. G, in your collage you chose the metaphor of the winding road to describe your journey through medical school. I really liked the way you worked within this metaphor to remind us that the road can have lots of twists and turns, it is easy to get lost, or end up going the wrong way for a time. I was especially moved by the image of you (and your classmates) wandering these roads, and at the same time realizing that patients too have their own winding pathways. As you said so perceptively, the road can be a lonely one, despite the fact that we're all on it. Knowing this, I understood your message to be we should all reach out to each other to support each other on the journey.

Thanks to all of you. You really did a magnificent job. Dr. Shapiro

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Dear A, B, and C, You did a fantastic presentation! It was amazingly hilarious considering it was about a suicide attempt (actually, multiple attempts by a clearly committed but rather incompetent individual). The obsessive focus on the ankle was reminiscent of more than a few patient interviews I've observed, despite the patient's best efforts to reveal his deeper pain. It seems incomprehensible that anyone could fail to hear the pleas of patient A, but in fact a sprained ankle is a simple, discrete, manageable, and easily disposable problem; whereas suicide is scary, messy, and complex. This reality actually makes it harder to "hear" the patient's real problem; and while your scenario may have been exaggerated for comic effect, the principle you highlighted so well occurs all the time. The final summary was really excellent as well. As preclinical and early clinical students, you have plenty of empathy but relatively little competence. Over the course of clinical training, your competence expands dramatically. As you

put it so well, C, what's important is to balance your newly acquired competence with the idealism and empathy you exhibited at the start of medical school. By the end of the intern year, a very high level competence will be second nature to all of you. The key, as you suggest, is not to have lost the empathy somewhere along the way. Really a memorable performance, thank you! Dr. Shapiro

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Dear --, thanks so much for sending the photos of your project. I didn't actually get to see it up close, and I was really impressed. It was just adorable! And I can't imagine how hard it was to paint those little balls. What a creative idea, and it ties in so well with you as a future pediatrician. It reminded me of the "game of life" – we are all following a windy track, moving our little life balls here and there, combining them in different ways. The particular symbols you chose – white coat, skeleton, ear, questions, step 1 and the bicycle, shaking hands, the mouth, the palette, the globe – were very thoughtfully chosen. You packed a great deal of "message" into those little balls: listening, ethics, work/life balance, teamwork, the doctor-patient relationship, teaching. I especially liked your points about advocacy, the idea of being the voice of the often voiceless patient; and creativity, which I think is a much underrated quality in clinical practice. A good doctor has to be ingenious and flexible, good at improv and thinking outside the box. I can see all this and more in your project. I suspect the image of those "life beads" moving along their wires will linger in the minds of your classmates. I know they will in mine. Thank you, Dr. Shapiro

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--, I am SO disappointed that our ancient AV system was not able to accommodate your project. This is so beautiful – the images you chose are wonderful, from Goya's astonishing Saturn devouring his son (yep, I took art history many moons ago) to the classic First Operation with Ether by Hinckley (?), and provided a rich and knowledgeable visual accompaniment to your eloquent prose. The way you used a black blank slide to pace the presentation was also very effective – creating a "pause" in which to metabolize your words. And the Dr. Seuss quote was fabulous. For some reason it reminded me of this quote: "Be a good person. If you can't be a good person, find someone who is, then pretend to be them." There's no one here but us. Only we, with people just like us, can make things better. Thank you so much for this beautifully presented message which really embodied the heart of medicine – we must take care of patients, each other, and ourselves. Wonderful work. Dr. Shapiro

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Dear Evolutionary Doctors, this was a very creative presentation which "recapitulated" a journey familiar (from the sighs and laughter) to all your classmates. It was so well done – very, very funny (the help me, I'm diene was pretty cute; and the Krebs cycle application for choking was one I particularly liked), yet full of deep truths: the need to be hard and strong as pre-meds; the overwhelming influx of information in the pre-clinical years; the hidden curriculum of the clinical years; the inevitable loss of control in intern year; the weighty responsibility of residency; the crucial importance of work-life balance. It is indeed, as you reminded us, a gigantic marathon; and your project provoked a very interesting discussion about where are you running to, and is it the finish line or the journey that matters. Of course, these questions are ones every person has to answer for herself. What you did so humorously and skillfully was remind us to think about them. Thanks for a great project, Dr. Shapiro

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--, your video was fantastic! First, I loved that you all are known as the happy/cheerful class. What a wonderful moniker. Secondly, as we discussed, just watching something happy does indeed raise our spirits (which may explain all those cute cat videos on youtube). Third, I was touched by your comments about how good it feels to bring people together to contribute to a common good. This is the essence of teamwork and increasingly the backbone of clinical practice. Think about it – how great would it be if our hospitals and clinics were filled with happy, (metaphorically) dancing doctors and nurses and Mas and front office folks who all pulled together to reduce suffering and enhance healing. I hope your happy class leads the way! Best, Dr. Shapiro

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Dear -- and --, thank you for your excellent and very funny skit. Your portrayal of a 3<sup>rd</sup> yr student (or I think more likely an intern!) was spot-on: you captured so well the time-urgent, interrupting, algorithmic, telling, medicalese-heavy approach to interviewing that destroys the doctor-patient relationship. The outstanding 4<sup>th</sup> yr student had clearly learned all the right lessons of empathy, laying on of hands, sitting down, eye contact, using intelligible language, being calm and present, supporting the patient and providing hoping, being nonjudgmental, explaining the situation well. Of course, to manifest these skills so well shows me that you really have internalized them. You *know* how to be exceptional humanistic physicians already – so next year, you just have to keep reminding yourself of your roleplay. There is an old Native American saying in which a grandmother tells her grandchild that each one of us has two wolves inside us – a good wolf and a bad wolf. Worried, the kid asks, “Which wolf will win, Grandma?” Grandma answers, “Whichever wolf you feed.” Despite all the obstacles, feed your good interviewing wolf, and at the end of next year, you’ll be the same humanistic doctors you are today – and even smarter ☺ Dr. Shapiro

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--, thank you for this beautiful, poetic reflection. I love that you are able to embrace all the feelings – joy, excitement, sadness, anxiety. I love that you realize that the study of medicine is, at least in part, a study of the human condition. You are so right about the phenomenal flood of “first-time” experiences that provide an opportunity for incredible growth or incredible overwhelm – probably some of both. I love that in your list” of “first-times” you blend the personal and the professional – there is no completely impermeable wall here, they all inform who you are. The Buddhists refer to the “thousand joys and thousand sorrows” that comprise human existence. You’ve learned over the past 4 years to acknowledge and embrace them all. This is medicine and this is life. Well said and well done. Dr. Shapiro

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Dear A, B, and C, thanks for getting us started this afternoon. A picture is worth a thousand words, right? Through your photos, you each showed us a lot of where you’ve been and how much you’ve grown and changed (for the good!) in the last 4 years.

A, thank you for reminding your classmates of the eager, excited, and also naïve students you were only a short time ago, not really understanding what you’d gotten yourselves into! I appreciated your honesty in sharing that your ability to listen and to curb your impulsivity has developed as well. If you

think about it, it is a wonderful thing to be able to look back and see how you've transformed in positive directions.

B, it was lovely to see how your original "nerdy" instincts have expanded to include not only a commitment to science and research, but also to patient care and serving others. I loved the story of the rheumatologist in China: it is these small moments where people reveal who they are. That such an incredibly busy doctor chose to take the time to explain ankylosing spondylitis to you says so much about his values and motivations. You extracted the right message we all needed to hear: take time, take care. It's easy to say, hard to do, but always worthwhile.

And C, those were such charming family photos, especially the old ones. Roots and wings, yes? Our families are our anchors, our history, and our launching pads. Thank you for allowing us to understand in a very personal way how, to use your phrase "medical illiteracy" exists everywhere. Although we've talked in class about how, when a family member is ill, being a physician can prevent you from doing your own grief work and separate you from the more important role of simply being part of the family; nevertheless, I appreciated how you reframed the burden of "interpreting medicine" to the rest of the family as a privilege and a way to reduce their confusion and suffering. This was beautiful, and has a real truth. Just remember it is okay to take care of yourself as well. Finally, great what you said about the trifecta – a career you love, and family present and future. You bet wisely and won big!

Thanks to all of you again. It's been a pleasure having you in AoD. Dr. Shapiro

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Dear -- and --, thank you for bringing us home. I apologize that it was so late we didn't have time to fully savor the value of your project. Nevertheless, I wanted you to know that I thought you highlighted crucial issues in medicine from the "in-the-trenches" perspective. Your presentation was a lot about language, how we use, misuse, and abuse it. Professionalism is one of those words that is at the core of medicine, yet can quickly become empty and annoying. You both helped us see just why professionalism matters by populating it with shocking examples that all of us have heard too many times. How physicians talk about their patients (or their patients' family members, which I hear even more often) matters. Using profanity or demeaning terms to refer to patients is simply wrong, as is telling "jokes" about patients. These may provide a kind of temporary stress relief, but the speaker ends up feeling dirty (or rationalizing that they don't need to feel dirty because the patient deserves this kind of treatment). Worse, it sets up a dynamic for the team (and for the quickly disillusioned medical students) that justifies objectifying and belittling patients with the excuse that this is "funny" or "harmless" or "deserved." It is none of these things. As I suggested in class, imagine the patient is looking over the attending's shoulder, and then think how such remarks would sound. It is very hard to challenge this sort of behavior, because it puts you outside the "golden circle" of the team; but as you move up the medical hierarchy, I hope you will challenge such remarks whenever possible. Similarly, when attendings speak to patients in dismissive ways or issue them ultimatums (my meds or get out), it is an indication that their frustration (probably understandable) has gotten the best of them. They've chosen to frame things as black-and-white instead of engaging with the patient. Like mocking patients, it can be tempting to do so (it apparently "solves the problem") but it is rarely the right thing to do and it rarely leads to good patient care. Here too, when possible, look for another way that is based in respect and interest in your patient's thinking. By refusing to disparage patients and trying to understand their

perspective, you will be helping to make meaningful the platitude of professionalism. Thanks for such a great job, lots of valuable food for thought here. Dr. Shapiro

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--, I loved your presentation. In literary studies, it is called working within the metaphor. You need a good metaphor to do this successfully, and for you hiking proved to be exactly that.

All the parallels you drew were terrific: the importance of a plan even though you know things will happen that don't fit the plan at all; the initial excitement, followed by the slog and exhaustion; the importance of pausing to renew and restore; the thrill of discovering new territory; the satisfaction of summiting, and the awareness that the descent too requires effort and skill. I particularly liked your awareness of the inevitability of getting lost and the reassuring message that it is possible to either find your path again or discover an entirely new trail. Getting used to lostness is an important life skill, I think. I also valued your point about appreciating the view. There are so many breathtaking views in the mountains – and in medicine – but it is easy for the instrumentality of the climb to obscure them.

I was curious about how the metaphor would hold up when the climb was “complete” because you all will continue to have mountains ahead. You observed wisely that you all have learned about how to climb mountains; and that, despite (or because of) the challenges, you actually love mountain-climbing. Much good luck with your future mountaineering! Best, Dr. Shapiro

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--, it's great that you did a presentation on Narrative Medicine. You've obviously read articles by Dr. Charon, and perhaps her book. Such wonderful work (we actually brought her to UCI as a speaker in 2001 and she was amazing). You made a terrific point when you said yesterday that it is important to “create space for humanism.” This is a truly wise observation – humanistic orientation and attitudes don't just happen, they need to be cultivated. A few years ago, a UCI medical student (--- ---) did an independent research project on keeping a parallel chart, which yielded fascinating insights. It is a very good practice, because it allows you to “see” on the page your own emotional, countertransference reactions thus ensuring that you will be more aware of how they may influence your interaction with the patient for good or for ill. Your own examples were refreshingly honest, and illustrated well how keeping a parallel chart can be both therapeutic and empathic. I am thrilled that you are planning to introduce a “story club” in your residency next year. Seriously, do it! Check out Rachel Remen's work on Finding Meaning in Medicine <http://www.ishiprograms.org/programs/all-healthcare-professionals/>. This would be a great service to your program as well as a way of keeping your own heart open. Much success and happiness next year, --. Dr. Shapiro

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--, your presentation was outstanding, I'm SO glad you went ahead with it. (Btw, your mom sounds totally cool, we should have had her come to AoD, maybe next year?). As you know, we have to have the courage to look at the difficulties as well as the joys of life, and your presentation helped us do that. So thank you. The visual of the crying ED resident (which thankfully is making the rounds on social media) is very powerful, and reminds doctors to reclaim their feelings. You are sad, you are devastated, you mourn, and then you are able to carry on to help others. The topic of physician suicide is a bit of a third rail, so again, thanks for seizing it fearlessly.

The comparison to physician smoking was fascinating, and suggested we could do a lot better in this regard if we campaigned as openly to stop suicide as was done to stop smoking.

It broke my heart (but I was not surprised) when you noted that throughout your rotations you were asked many questions, but not one of them was ever, “How’re you doing? Really doing?” Your point about vulnerability is key. A macho ethic still prevails in medicine, although there are counterforces (such as the youtube you shared). Ironically, I think it takes an even greater courage to admit being overwhelmed, admit struggle, admit error, and ask for help – or simply share with each other differently.

Thank you for reminding your classmates that each of you has an obligation not only to care for your patients, but for yourself for each other – to ask that simple question, “How are you really?” I suspect this will be a more effective model than the top-down approach (while not letting residency program directors and faculty off the hook) in reducing burn-out, saving physician lives, and changing the culture of medicine. Great job! Dr. Shapiro

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Dear A, B, and C, thanks for summing up past and future cleverly and succinctly in an amusing but also insightful poem. A, you captured very well those early days of medical school, and the way your summarized CFI communication training (“Please tell me more”) really made me smile. B, you were similarly very funny about the twin phenomena of always feeling like you’re falling short on the inside, while always trying to convey a willingness to do whatever, no matter how scutty, while being able to settle in and find one’s identity in 4<sup>th</sup> year. C, you looked at the very recent history of anchoring oneself in one’s future specialty, interviewing, and finally being ready to go forward. I saw many rueful grins of recognition as you all were reading. In a few well-chosen phrases, you managed to paint a picture that reminded your classmates of many shared experiences that have prepared you in one way or another for what comes next. Much good luck to you all next year! Dr. Shapiro

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I was deeply affected by your presentations. They were an absolutely compelling way to deconstruct the platitude of “balance” and say in effect, “Right, balance is great, and this is what it took for my life to be in balance.”

Your classmates may have known some of the details you shared about your journeys; nevertheless it took great courage to stand up there and recount with such authenticity the stop signs, winding curves, detours, and bumps along the way. Of course, this is what life looks like for all of us – but often we “smooth out” our stories to make them (as we believe) more presentable. When we do this, we miss the opportunity to be known by others and to reassure them that we get past the bumps. Further, as indeed many of us find as we bump along, bumps are not only necessary, but can actually bring unexpected joys to our lives (husbands, travel, perspective) or at least valuable lessons.

You both stood forth as strong, proud women comfortable in yourselves and embracing all the experiences that have made you who you are. You seemed confident and unafraid (within reason ☺). You were amazing role models. I truly hope that, when your classmates find themselves struggling (as they inevitably will), they will remember your example and have the courage to do what they need to do to thrive. You gave your classmates a great gift of yourselves, and from the comments afterwards I

know they were deeply appreciative. As am I. Two interns I will not be worrying about next year are the two of you ☺. Best, Dr. Shapiro

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**Dear --, your rap/hip hop song/poem was fantastic. (Thank you for giving us at least a little flavor of what it is like when you perform it – very cool). I was particularly grateful for the follow-up explication – I feel I often miss a lot in a poem hearing it only once. I very much liked the intertwining of themes of being a star, while trying to keep some sanity, the need to not waste life, the fear of having nothing left, learning not only to give but to receive, caring for others, caring for oneself, believing in oneself and keeping the faith, and seeking serenity. This pretty much sums up all the most important questions in life as far as I’m concerned. The chorus of something good is goin’ down was hopeful and uplifting, and embodied that optimistic attitude that we all need to bring to life. I particularly liked the way you inserted the philosophical concept of reciprocal altruism into a rap song – it completely fit.**

**Finally, I wanted to thank you for the remembrance of --- ---. He was a very special person to so many, and I’m glad to see he is part of your memory.**

**--, huge congratulations on your acceptance at Yale. Plunging into cardiothoracic surgery sounds a little intimidating, but if this is your passion, then I imagine you can’t wait. I wish you all success and happiness next year and beyond. Best, Dr. Shapiro**

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Dear --, thank you for your lovely poem, what a generous gift to your classmates. It was filled with affection and hope for the future. Your frame of your classmates as “comrades” was so good – a word evocative of companionship and loyalty and surviving battles together. I applauded the injunction in the poem to rediscover purpose and rejoice in difference – I think this will be true not only in terms of your future patients, but in terms of your future colleagues. The emphasis on celebration was so appropriate given where you all are. You know, after Moses leads the Israelites out of Egypt, Miriam his sister makes them pause before embarking on what will be 40 years in the desert to dance and be glad. Yesterday, I felt you were Miriam, reminding your classmates to savor this moment of happiness and fulfillment and recommit to the journey ahead. Well said indeed. Dr. Shapiro

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--, you knocked it out of the park! You explained (a bit) the neuroscience of listening to music; the reasons why music has sustained you in medicine; the therapeutic value of music; the joy of MEDleys – all the while engaging us in a meditation on mortality and death. Sharing the stories of Dr. Kalanithi and Dr. Sacks was both poignant and astute – two incredible people and physicians, which brought home powerfully that even brilliant people who have so much to give the world and their families can – and will – in time die. That begged the question, in the words of the poet Mary Oliver, “What will you do with your one wild and precious life?”

I was very moved by Dr. Kalanithi’s meditations on time (and of course time is integral to music as well). You may know this already, but the Greeks had two different words for time: *chronos* – the tick-tock, minute-by-minute time; and *Kairos*, indeterminate moments when the miraculous happens. We are slaves to *chronos* time, and often overlook the *Kairos* experiences that punctuate our lives. I think when



you are confronting death, your perspective shifts and you understand time differently. You realize, with the Buddhists, that the only time is *now*.

I will certainly treasure Dr. Kalanithi's observation that what patients need is "existential authenticity" from doctors. That can be a great deal to ask of another human being, but it is the basis for an I-Thou, rather than an I-It relationship in Martin Buber's terms. I also found consolation in Sacks' conclusion about his young doctors that "the future is in good hands." Looking at all of you yesterday, I felt the same!

In the end you arrived perfectly at the heart of why music matters – music is what connects us to those *Kairos* moments of beauty, joy, transcendence, meaning. Your touching and exquisite video with its evocative musical subtext captured this all in a way beyond words. Thank you -- for so generously sharing yourself yesterday and for offering us all such a gift. Dr. Shapiro