

## AOD FINAL PROJECTS II 2017

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Dear --, thank you for sharing this painting, and thank you for moving outside your comfort zone. Testing our limits, challenging ourselves is always good to do periodically. Thank you so much for sharing that magnificent music video. I wish I spoke better Spanish, but a picture truly is worth a thousand words and the faces (and awesome graphics) spoke to determination, passion, love, strength, perseverance, and hope. I did get that part about you can't buy the sun, the rain, happiness, life, and that is a world view that we often overlook in norteamerica. The seed and that beating heart in the video are so uplifting. I loved that!

I can't remember if you were at the first final projects session, but several people also chose trees to symbolize their growth over the past 4 years. It is a good metaphor. You have been true to your parents, to your family in Guatemala, to your PRIME-LC family, to the patients at FHC-SA who depend on you, and as a result you have stood tall and proud. I hear that it has not been an easy journey, and I respect you all the more because of that.

The painting itself is beautiful. Autumn is a time for reflection, for harvest, and preparation for the winter to come, so I think you chose exactly right. And there, at the root, is that pumping heart to sustain you. I imagined it representing the hearts of all of those who have supported you in being here and all the many you have helped. Your tree is rich and full, powerful and resilient. It will carry you through residency and beyond! Wishing you all the best, Dr. Shapiro

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Thank you, thank you for choosing this great poem by John Stone. I had actually planned to have students read it at our last session, so you saved us a little time 😊 I liked the way each of you chose out memorable lines. --, you talked about really hearing the voice of the patient, which sums up AoD in 6 beautiful words (I believe Stone's phrase is "the patient's story will come to you like hunger, like thirst"). -- you read those great lines about feeling ignorant and pretending competence, contrasting that with an anecdote of a patient who appreciated your honest not knowing. --, you delved into the darker dimensions of the poem, which we all know are there in medicine – crying alone at those moments when you are the only mediator between the patient and the abyss (a beautiful phrase btw). --, you took solace in the reminder that doctors are not supermen or superwomen, they lack the wisdom of Solomon even when they must make Solomon-like decisions. And --, you honored Stone's awareness that different things heal, and that sometimes there is no healing.

Stone is remarkable in that he knows medicine intimately for what it is. He is no pollyannish cheerleader. Nevertheless, he context the darkness and the limits in celebration and joy. As I mentioned in class, what if we all worked harder to make hospitals "places of joy"? It seems ludicrous, and yet I think as a distant star we can all imagine it. I know you and your classmates will be rejoicing on the day of your graduation. I hope you continue to rejoice every day in some way in this

profession you've chosen, and always find ways to elevate and ennoble it into what it – and you – can be. Best, Dr. Shapiro

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Dear --, loved your artwork and loved its meaning. You definitely demonstrated that we are all artists, so thanks for taking the risk and expressing yourself through this well-conceived drawing. Your thoughtful and thought-provoking explanation added richness and depth. I liked both “halves” of yourself, but there was something about the “now” side that seemed more grounded and authentic. Your anecdote about as an MS1 wearing your white coat *everywhere* was both hilarious and touching. It perfectly captured the charming naivete of the beginning medical student. And although your plant may be struggling (it's still there, however!), what struck me is that you'd figured out what you really needed in your pockets (granola bars not heavy tomes); and you actually knew which professional “tools” were useful to you and how to use them. The windows I found particularly touching because they shifted from an external focus (enjoying the beach and nature) to a relational focus (being there for your patients and actually looking forward to these encounters). The box I thought most interesting was the black-and-white, right-and-wrong, clear-cut MS1/MS2 box contrasted with the fuzzier, colorful, connected, and relational box of the MS4. It was a beautiful depiction of how you've grown and evolved over the last 4 years, and it was a real privilege to be witness to this evolution.

Best wishes at Riverside, I hope it will be a very fulfilling 3 years for you. Best, Dr. Shapiro

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Dear --, I enjoyed your story very much, it was a great application of many AoD principles – really good medicine principles. I loved the connection you made between a needle stick and a tattoo needle – I think that kind of awareness takes real presence, to be completely attentive and actively engaged with the patient in front of you. As one of your classmates remarked, it was an impressive insight that your patient wasn't afraid of being poked “if it meant something.” Once having discovered something about who your patient was (what an amazing and sobering tattoo), you were able to offer him a “meaning” for the blood draw – and the patient listened. . So yes – you certainly improved his care, maybe even saved his life. You *were* a better doctor because of your attentiveness and proactive thinking. The challenge, as it is so often in medicine, was not the medical knowledge which, as you point out, was pretty basic; but rather your ability to actually reach your patient. You did so beautifully. I think you *should* teach medical school 😊 All best, and congratulations on Florida!  
Dr. Shapiro

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Dear -- and --, how wonderful you took your inspiration from Story Corps. We are all held together by our stories, and we don't always share them often enough. As I noted in class, I thought it was not only a loving and validating project, but a courageous one as well. You dared to ask your loved ones difficult questions about how you both had changed, what had been hard for them in your pursuit of

medicine. Yet these are very much the kinds of things that need to be surfaced to keep our relationships alive and vibrant and authentic.

What came across first was what lovely families you both have. --, your mom is charming, and it was touching to hear her talk about how your studying medicine had actually brought you closer and built common ground. Your husband sounds like an incredibly supportive and loving guy, someone who always has your back. He is so proud of you, and his advice to “stay humble, work hard, and make time for other things” kind of sums up everything you need to do to stay healthy in medicine. Your sister cares so much for you, and is so aware of how medicine has affected you, it is obvious you are very close.

--, your dad sounded devoted to you, and so concerned for your welfare as a whole person, not just a doctor. You are lucky to have your mom as a stalwart support and babysitter, and like all good moms, suffers when her kids suffer. I’m sorry I couldn’t always hear your husband, but he was both funny and honest, and impressed me as a strong ballast in your family. Your sister also has a great sense of humor, and is not afraid to lovingly tease you. And if your little boy has half the energy on a daily basis that he demonstrated in the video, then hospital life probably seems like a respite 😊

Amidst all the love, caring, and support, the real issue of balance emerged in a very human, nonacademic way. These are the human beings who see you paying a price for your chosen profession; these are the people who know there isn’t enough time, who see that medicine can be hard on a marriage and can challenge all the “hats” that you are expected to wear (always gracefully of course!). They put a human face on “balance” and showed how your actions as doctors can reverberate with family and friends.

There are no easy answers for reconciling these different roles. But what I saw on your video heartened me because the challenges and the tensions and the worries were clearly placed within the context of unswerving love and commitment. I think this is what needs to happen in our personal lives and in our professional lives. Please thank your families for sharing themselves with us. I think everyone in the room saw something of themselves in their stories. Best, Dr. Shapiro

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Dear -- and --, thank you for the collage. The pictures you chose were really thoughtful. --, I so appreciated hearing you talk about the Vietnamese support group, in which nobody talked 😊! Not unlike a lot of support groups I’ve facilitated; but I agree the stigma of mental illness runs particularly deep in the Vietnamese community, especially in the older generation. How brilliant to turn to art instead, which resulted in both a wonderful exhibit and feelings of togetherness and healing. Your brief meditation on the 9/11 memorial was very moving, yet another powerful example of bringing people together. Thank you also for sharing the story of Dr. X and his patient. This is an uplifting example of how art belongs in the clinic next to the stethoscope and the antibiotics.

--, your talking about safe spaces where people of different sexual orientations can be accepted; and of reminding us amidst all the lives we need to hold up and embrace that “homeless lives matter” as

well was really inspiring. Sharing with the class something of your journey with MEDleaves, how important music has been to you, and how you've grown from mentee to mentor was also lovely to hear. I loved what you said about music "carrying people over the finish line to healing." I'd like to take this opportunity to thank you as well for your active presence on the discussion board. You've contributed many valuable topics and thoughts, and generated a lot of interaction with your classmates. Wishing you both all best, Dr. Shapiro

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Dear -- and --, I've known both of you a long time, and it is wonderful to see you at this point – and both going into Emergency Medicine! Very cool. Thank you both for bringing this session to such a happy conclusion. I think with perspective even very tough times look a little better, partly because we simply survived them (!) and partly because we learned something from them. In the sketches you made, you captured key moments of your career in medicine thus far that clearly resonated with your classmates – the excitement of the white coat ceremony, the reality of the mountain of hard work; the hard moments of 3<sup>rd</sup> year, including horrible anti-role models and the deaths of patients; the relief and satisfaction of finally finding the right specialty, and the excitement (full circle!) of being ready to move forward.

--, I appreciated your just being there for everyone, and for sharing so openly about your experience as a patient. You imparted some invaluable lessons – one being how patronizing (and futile) it is to protect the patient ("we just didn't want you to worry" [!]) and the other a cautionary note about overpromising patients who are hanging on every promise the doctor or resident or medical student makes. That sense of powerlessness and loss of control that you experienced epitomizes what most patients feel when they become patients. Of course, this is not the doctors' fault, but doctors should remember this is how their patients are feeling, and do their utmost to restore agency and competence.

Thank you both so much for choosing Art of Doctoring in what I know are very busy schedules. I wish you great success next year and always. Best, Dr. Shapiro

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Dear --, --, --, and --, I second --'s comments. Your presentation was completely engrossing and deeply moving. Recognizing at a very concrete, embodied level all the voices that are present in such difficult situations (actually, in every patient encounter) really helps us to understand (not necessarily agree with) and empathize with everyone in the room.

--, I was so touched by your portrayal of the medical team's voice (and I think your own as well). What was very clear in your narrative was how much you didn't want this story to end like this; how affected you were by the pictures of the patient as he was and by the anguish of the family members. You knew what needed to be done (family conference) and you knew that you were the one(s) who had to do it. Your pain was palpable and, while I would never want you to suffer, the fact that you emotionally recognized the tragedy of this situation told me you are going to be a great doctor.

--, I'm sure you have seen many family members such as the sister you portrayed – the ones who love their father/mother/husband/wife/brother/sister/child so much that they don't want them to suffer any longer or have futile procedures that prolong their misery. This is such a hard position to adopt, especially in the face of opposition from other family members, and you captured beautifully this person's love for and commitment to her brother and her heartbreak.

--, I think you had the hardest role to perform, because we all have seen even more family members like this father – not a perfect person, bringing lots of problems of his own to the table, and absolutely unwilling out of guilt, loyalty, and love to let his son go. He is angry, paranoid at times, resentful, and embittered. This is the family member everyone on the medical team likes to hate – the obstructionist, uncooperative, malpractice-happy person who just won't get with the program. What you succeeded in doing so well was to humanize his voice without sugar-coating it. He still called the doctors lazy, callous, potential murderers, and (worst cut of all) young (!). But you showed us his anguish in a way that we could not turn away from or dismiss.

Finally, --, you gave us our desired fantasy of the patient on the point of death – but it is a fantasy that at least some of the time is fulfilled in reality. I think we've all seen those situations where the family wants to hang on, but the patient is ready to let go. In these cases, death is a release, and the patient is indeed at peace and content. Sometimes there is simply nothing more that can be done, and not only patient and family members but doctors as well have to learn to accept this with grace and compassion.

This outstanding project showed everyone in the room that taking a moment to really consider the other's perspective, to exercise our imagination to move just one step closer to what the patient or family member or colleague or nurse might be feeling greatly enriches the interaction. It may complicate it as well because it rejects our two-dimensional views of others and restores their full humanity. But to me, this is the only authentic foundation for moving forward in a way that honors all concerned to the extent possible. Congratulations on creating this moment for us. Best, Dr. Shapiro

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Dear --, thank you for your "reverse haiku," which it turns out, is a thing: <http://poetscollective.org/poetryforms/tag/757/>. Whether you knew this or not, what I liked is that you took an established structure and worked with it to fit your needs. I hope that you will do that in medicine as well! Regular haiku are supposed to focus on nature, and you did that very well "in reverse" with the water imagery uniting the 4 examples. The fire hose phenomenon is well-documented among 1<sup>st</sup> and 2<sup>nd</sup> yr medical students, and is a good illustration of some of the negative consequences of information overload. Similarly with the whole ocean/sponge metaphor. I appreciated your explanation of the third haiku, as I was not sure to whom the "you and me" referred, and then I realized that it was you and your patients. I liked your intention with the "no water" line; and liked my interpretation as well (i.e., third year being a time when both patient and med student could use a little sustaining "water"). Finally, despite the challenges and overwhelm of

**3<sup>rd</sup> year, patient and med student persist (“you and me, still here”) and now is a time for mopping up, making sure no one slips on that wet floor, applying all that consolidated and directed knowledge for the benefit of the patient.**

**--, I very much valued your participation in AoD this year. When you were able to be present, you really were “present,” and your comments and insights were always on point, thoughtful, and advanced the discussion. I wish you all the best next year and beyond. Warmly, Dr. Shapiro**