

ART OF DOCTORING 2013-14 FINAL PROJECTS COMMENTS

--, the way you describe your experiences in medical school sound like someone who has “come home.” How wonderful to have found the place in life where you clearly belong. It is affirming to hear a student talk about being “exhilarated” by the first two years of preclinical education; “enjoying” all their rotations; being “excited and inspired” to explore subspecialties; all while “revitalizing” personal life. One of the most important ways of avoiding burn-out, in my view, is to truly have a passion for what you do. You clearly have a passion for medicine, as well as a recognition of the importance of life outside the profession. Your future, while I’m sure not always easy, looks very bright. Thank you for sharing, Dr. Shapiro

--, thanks for starting us off today with your sweet and thoughtful poem. I particularly liked your reference to your “two selves.” In some respects, it really must seem as though you are a different person from the first year student just starting out. Many of your classmates also reflected the theme you introduced of uncertainty to confidence. You acknowledged all the challenges over the past 3 2/3 years, but it is wonderful that you’ve reached the end of this phase with feelings of gratefulness predominating, as well as a commitment to giving back and being of service to your patients. I too hope you continue to grow and evolve. You will have many opportunities! Wishing you much success in PM&R, Dr. Shapiro

Terrific skit, -- and --! It was funny (drape over the face) and you captured very well the stumbling clumsiness and tentative uncertainty of the stressed out, nervous first year student. But 40 years later, that student had simply exchanged one set of problems for another – now he was burned-out, inattentive, brusque, tactless, superficial, and insensitive. This demonstrated so well that mere experience and time do not make for a good physician. It was an interesting thought that you may have achieved the sweet spot of your training – you still have a humanistic core, but you now know enough medicine to have some confidence in what you see and do and you are actually able to think about your patient’s findings, as opposed to just going through the motions. The trick, as you discussed, is to build on all you have achieved thus far without becoming that uncaring, disillusioned physician. Whenever you start to falter, just think of your skit ☺ All the best as you both go forward in your training. Dr. Shapiro

-- and --, I loved your memory boxes. What a creative and thought-provoking project. A memory box is such a good idea, I hope some of your classmates will make their own boxes! I especially liked that you made them (for the most part) empty. You are quite right, memories are not only about remembering what has gone before, but making memories of what is to come. And while AoD has encouraged you not to shy away from the difficult parts of medicine, keeping a positive outlook will go a long way toward helping you survive residency. This does not mean pretending life is perfect, but not allowing the tough stuff to overwhelm all that is good. Practicing gratefulness, paying attention to what is joyful and beautiful every day, filling your box with happiness will help you keep a balanced perspective. Buddhists say life is filled with a thousand joys, a thousand sorrows. We

must learn to cope with the sorrows, but we should never forget the joys. I hope many good things stuff your boxes to overflowing in the coming years. All best, Dr. Shapiro

--, I absolutely adored your project. I saw A several times beginning from when she was a baby, and I know a little of what a journey this has been for B. It was an indescribable joy to see this charming, adorable little girl playing so happily and wanting to be a doctor. I think, as we discussed in class, this is a wonderful tribute to her mom; and also to the many doctors who have cared for her with obvious dedication and commitment. It was especially touching that she “wants to help people.” This little girl made me think of all of you when you were starting out at UCI, perhaps not knowing much more about medicine than she does (or not as much, as you commented ☺), but like her, wanting to help. Here you are 3 ½ years later, with so much knowledge and skill (and so much more to be learned), but also hopefully still with your love of medicine and desire to help intact. I can’t think of a better way to capture the innocent heartfulness that should always be a part of medicine than through this interview with B’s daughter. Truly a unique and lovely project! Dr. Shapiro

-- and --, this was such an innovative and ingenious project. First, it was absolutely hilarious. The idea of using twitter to “analyze” “bad” doctor communications was a perfect matching of form to function. Your hashtags from the ironically named Dr. Feelgud were pitch-perfect (nolawsuitsforme, parttimeNlovingit, noMRSA4me, loveprenups, the unforgettable codebrown, notashrink etc.). And underneath the humor was a wonderful reminder of all the paths down which it is easy to travel and which will lead to moral, spiritual, and human dead ends. Callousness and indifference toward suffering, pursuit of the almighty dollar to the exclusion of all else, unwillingness to accept responsibility for the inevitable mistakes, putting self above patient, putting medicine above your personal life – all of these are more tempting than might be apparent right now, but as you recognize, all of them ultimately lead to misery. I laughed out loud many times, but even as I laughed as was full of appreciation for your insight and awareness. Remember your hashtags, then choose the opposite ☺. Thanks for a really creative presentation, Dr. Shapiro

-- and --, this was a fantastic idea! And you elicited really good advice from these residents and fellows. Reframing obstacles as opportunities, being flexible, knowing your limits, asking for help, recognizing what makes you happy, remembering that you are not God and accepting that you will make mistakes, keeping connected to the humane side of medicine, keeping your expectations low and many other points are all well taken, hard-won lessons wrested from the life experiences of your consultants. Perhaps the best counsel was, “There’s no way to prepare for internship”! While undoubtedly true, marshalling your resources, remembering all that you’ve already survived, and having confidence in your own resilience will all stand you in good stead next year. On a meta-level, what I particularly liked about the project is that you turned to others a little farther along the path and said, let’s talk about this hard thing; let’s admit how tough it is; let’s help each other get through it. Just starting this conversation (and hopefully continuing it next year with your peers and colleagues) begins to change the macho medical culture of silence and toughness. I really enjoyed your presentation. Best, Dr. Shapiro

Dear --, this was an incredibly creative idea (which I didn't even understand until you thoughtfully explained it to us). I was focused on the content of a beloved dying mother, and missed the metaphor completely. However, the more I thought about it, the more touching and beautiful it was. The idea of "medicine as the mother" suggests images of nurturance, caring, kindness, love (also, thinking about the soccer-mom phase, incredible organization; and thinking of tiger-moms, tough and demanding – so there's a lot of richness in that "mother" image!). Yet generations pass – and when they do, what was wonderful about them should be revered, even as their inevitable limitations should be acknowledged. Yes, perhaps "the good old days" were the Golden Age of Medicine. But it was also the time of patronizing, sexist, and racist attitudes in many physicians; very imperfect research consent processes (think Tuskegee); and of course much more limited understanding of disease than we have today. So I think your poem gets it exactly right – the death of a beloved, venerated person should bring us all together to celebrate her life. And with this passing the "family" should see new and better possibilities for the future. As your poem expressed so beautifully, the songs should be sung, wine should be drunk, family should gather – and then be worthy of "the mother's" legacy. By the way, I don't know whether you actually translated this poem, but even just selecting it showed a real artistic sensibility on your part - it was beautifully written. Thank you, this was the perfect note on which to end the session. Best, Dr. Shapiro

Dear A, B, and C, what a clever skit. A, you played a naïve 1st year very convincingly, and B, you exuded confidence and competence. C, as their longsuffering patient, I was especially impressed with the way you jumped up on the "exam table" ☺. You are in very good health to be able to do that, despite the ministrations of all these medical students. I particularly liked that you showed shifts not only in medical knowledge and clinical experience (C, I hope you've forgiven the diagnosis of scabies ☺) but also in various social situations that showed, on the whole, greater balance and maturity from first to fourth year. I was glad to see that the main value of the preclinical years is to survive pimping ☺ Finally, I loved the quote about obstacles as stepping stones – "laugh at them, tread on them" – that's the attitude! Remember that next year, and let all the myriad obstacles you will inevitably encounter lead you "to something better." Thanks very much, Dr. Shapiro

Hi Team Abbas. I so appreciated learning something of your individual journeys, all culminating in this same momentous point – graduation from medical school. Climbing Kilimanjaro and being an English major (almost as dangerous), struggling with weight and pants (☺), doing a medical mission in India, being the first in your family to go to college – these are the things that make each of you uniquely you, that will make you a special physician for your patients. And the whole idea of giving the gift of wise words and lessons learned to your naïve first year selves yielded wonderful insights. As we discussed in class, especially striking was the idea several of you mentioned about "embracing every moment." Retrospectively, that is often easy. In the moment, it can be really hard, because the moments seem like prickly cacti or sucking swamps or endless black holes. But I promise you, if you can figure out how to embrace even these, your lives over the next 3 (or longer) years will be much happier. I don't think embrace is the same as love – but it means welcoming every experience and trying to learn from it. Other ideas were equally valuable – no expectations, find a mentor, network, remember to think about what it's like to be a patient, be compassionate and empathic, hold on to family. You gave not only your former selves, but also your present selves and your classmates great

gifts in these insights because they apply not only then but now. All these things are (relatively) easy to say, and much harder to do. But keep practicing, and they will become second nature – and in the process hold you up in tough times. Wishing you all the best next year and beyond, Dr. Shapiro

So I'm thinking of you four as the Garden Group. I apologize for cutting short discussion of your verdant posters, I only did so out of concern for time. A growing tree is a beautiful metaphor for where you've come from and where you're going. We all need to recognize and nourish our roots, otherwise we wither and die. And our branches point us to the sky. It was lovely to hear about the role models who inspired you all in different ways toward medicine, and who literally and symbolically continue to "anchor" you in the ground. I was also struck by the "transformations" several of you has undergone: A, from pure technologist to humanist (who still loves technology 😊); B, from the limited role of pharmacist to the broader and deeper opportunities of internal medicine; C, from a more abstract understanding of suffering to a deeply personal comprehension of what it is like to experience loss. D, I thought your presentation was less about transformation and more about affirming your already deeply held values – enthusiasm, compassion, empathy, curiosity, balance. I thought of all those "happy faces" as "watering" your tree, and I knew you would grow in the right direction 😊. Thank you all for sharing these journeys and your aspirations for the future. Reach your branches high! Dr. Shapiro

Dear --, I think you are very lucky to have found your wife! (I'm sure you agree). Her suggestion was such an excellent one, and worded so simply and beautifully: "Think about the things that give you peace." I am going to remember that particular phrase and use it as a kind of refuge. The way you translated her idea into reality was really lovely. As I mentioned in class, I noticed that there was a compelling story behind each of the images you selected. You used language effectively to convey these stories to us, your audience; but simply by contemplating each image, for you the stories, the meaning were already there. Sometimes we don't even have time to read an inspiring essay to reright ourselves emotionally and spiritually; but we can always glance at a picture of a family member (say a wife 😊), or a religious symbol, or a small gift from a patient to inspire us and lift us up. Your poster was straightforward yet surprisingly moving, because it was filled with the things that matter to you. Truly, a picture is worth a thousand words. Cherish your pictures and all they represent. Best, Dr. Shapiro

Dear --, and most importantly, congratulations on the birth of your son --. Please allow me to join the chorus of people welcoming his new soul to this wild and crazy world. May his life be a blessing, and may he bring great joy to you and your family.

I could say that many of your classmates recognized that classic moment of "faking" hearing the murmur – and I'm pretty sure this experience is quite familiar to most medical students across the country. As you go on to point out, it arises out of a need to be "perfect," to show no weakness, to make no mistakes. I so appreciated your anticipatory apologies to future patients for future mistakes – because you, and everyone sitting in that room, will surely make them. You will try your best – even beyond your best – to keep your patients safe; but you are not God, you are not infallible, you are an imperfect human being. That has got to be okay, both for you and for your patients.

As you enter residency, the reality of mistakes looms large. With luck, your mistakes will be correctible and minor. But life is full of vulnerability and fragility and doctors are not immune. I know you will always do your best; and when those mistakes arise, learn from them as much as you can (as you say), then learn how to ask forgiveness of those you have harmed; and learn how to forgive yourself.

In the meantime, enjoy your son! Best, Dr. Shapiro

Dear --, your presentation was a brilliant piece of performance art! Your reading was electrifying. I think everyone in the room was inspired to be a better doctor. The way you wove in your own writing with the writing of some great poets was seamless. The way you grounded the general sentiments of Mary Oliver, Walt Whitman, Dylan Thomas, TS Eliot, Sarah Williams was incredibly original. Your choice of themes from each of these poets showed a finely honed sensibility for what medical students on the cusp of physicianhood most need to hear. The way your poem embraces the opportunity to “ignite” (what an incredible word) and the refusal to “be gone”; to realize (ironically) that “the body electric” is “all just water under the bridge”; to rage and to contradict; and finally, despite the darkness, “to rise in perfect light” – all of these images and metaphors you brought back so strongly and recognizably to the experience of the last four years and imbued it with something noble and magnificent. Truly beautiful and uplifting! Thank you for such magnificent creativity. Best, Dr. Shapiro

Ah, the family medicine people step forth in true family medicine fashion – the Big Insulin Refusal, a pervasive dilemma (as you both well know) in every family medicine clinic. I think your poem showed true teamwork, and was a great testament to the possibility of reconciling wildly divergent personality styles and preferences 😊. The format of alternating patient and doctor voices was very effective; and each stanza I thought beautifully captured the point of view of the speaker. This patient and doctor are badly in need of someone to reconcile their competing agendas! They are each talking, but who is listening! You did a great job of integrating some of the patient concerns from the research article into the poem (it may surprise you to know that some qualitative researchers have used a similar approach – adapting patient statements from interviews in their investigations into poetry). I know that for you as future family docs, the patient’s concluding confusion, hopelessness, and despair will be a starting point for a less frustrated, more humane interaction that will help the patient (and all the many others just like her) recognize that insulin might just be a lifeline. Thanks so much for bringing this “prosaic” yet critical clinical dilemma to our attention. Best, Dr. Shapiro

Wow, I knew you were a socially committed systems thinker, --, but my impressions of you did not even scratch the surface. I am SO GLAD I got to hear that passionate, funny, out-of-the-box thinker step onto center stage and hold us (willing) captives, compelling us to look at things we’d all rather ignore. The whole QUEST saga was hilarious (and unbelievable). More broadly, your insights about second order solutions were fantastic, this formulation really helped me understand what is missing about so many problem-solving approaches. And your awareness of why it is so hard to accomplish change unfortunately was also accurate – systems reward their members for staying tidily inside their boxes, just getting through the day. I very much believe that, while older generations should not be

let off the hook (and have indeed often been “bad actors” and bad custodians, change often must come from “the bottom” – people who have not yet been fully corrupted or contaminated by “the way things are and always have been.” Each of us must ask, what are we responsible for? And I agree, we are most responsible for the near-at-hand problems, the problems in which we are directly complicit. Your point about creating a culture which is ore horizontal, more embracing of questioning and dialogue is extremely well-taken, and would go a long way toward developing more flexible, creative systems that could accommodate more easily to correcting errors and adapting to unexpected situations. Your final “hopes” for yourself (and presumably the rest of us) – to be more questioning, thoughtful, and reflective; noisier AND kinder – were a great summing up. A Buddhist teacher of mine, -- --, wrote, “Life is so difficult, how can we be anything but kind?” Worth contemplating! Thanks for such a passionate, informed, and compelling presentation. Dr. Shapiro