

ART OF DOCTORING FINAL PRESENTATIONS 2012-13

Dear -- and --, thank you for choosing a wonderful topic, expressed through a creative and illuminating presentation. The brain's neuroplasticity demonstrated in response to meditation is compelling evidence that we can alter who we are. Thank you for presenting this information, as we are a culture of science, and data are always persuasive. Thank you also for sharing from the Appleton website. This artistic approach complemented the research science very nicely. The poster in itself was a very aesthetic compilation of the students' artwork. I was amazed at the sophistication and insight of the accompanying narratives. Both the art and the statements helped to "unpack" or deconstruct the concept of "compassion" in innovative ways that shed a lot of light on what compassion actually is and what it actually looks like. (I especially liked the ones about souls connecting, love in action, and the ripple effect of compassion – all so true!).

In the second half of the presentation, I appreciated the discussion of loving-kindness meditation as a specific practice for cultivating compassion. --, thank you for sharing your doubts about meditation as well as your progress thus far. As the wife of one meditation researcher and the mother of another, and I still struggle with "just sitting" (definitely not my nature ☺). Your personalized meditation was quite beautiful, and I imagined you sitting on you zafu reciting it and listening to your fountain! --, thank you for sharing about X's group (and book) – he is a too little known resource at UCI. I think the most important message you both conveyed is that cultivating compassion can be approached as a practice, and that the more we train our minds, the more easily we will fall into "habits" of compassion toward others. As you so eloquently put it, when we practice seeing others, through the lens of compassion, after awhile this becomes our default position. It doesn't mean we can't disagree with or challenge others, sometimes quite forcefully, but it does create a context of loving-kindness that holds any interaction more tenderness and allows us to feel our interconnectedness with everyone..

This was an absolutely perfect addition to the Art of Doctoring class. Thank you both. Dr. Shapiro

Dear --, it was a joy to me to learn something about your personal journey through medical school. A recurring theme in many of today's presentations was how intense these 4 years are, and how much you change as a person. Some of your photos captured this very well. I was particularly glad to see how openly you shared about your husband and obviously soul-mate as being "the best part of medical school" and your life. Your unembarrassed acknowledgment of how much you cherish him was a beautiful reminder that relationships with loved ones, family, and friends are the glue that gives our lives meaning. It was a privilege to hear you reflect on the losses of this time as well – your grandpa and of course X. You seemed able to embrace it all – the joys, the sorrows, the inevitable changes life brings. Your eyes are looking forward, ready for the next stage of the journey.

Congratulations on residency in Hawaii. I wish you all the best in residency and in life. Dr. Shapiro

Dear --, Thank you for taking the risk of writing a poem (and believe me, I heard this was outside your comfort zone ☺). I wonder if you took a risk not only in writing a poem, but in sharing so much of yourself. In any case, it was very moving and beautiful because your writing came from your heart. It was a privilege to receive something of your life story. Through your poem, I could imagine you as a little boy in a tough neighborhood, living a hard life, yet looking up to the stars and aspiring to something more. I was particularly touched by the idea of you and your friends making that pact, and then actually carrying it out. That is, quite simply, amazing, and I hope the three of you are very proud.

The image of the doctor you are becoming seemed intimately connected to your life's journey, its "tragedies and triumphs." Your empathetic orientation, your commitment to healing the whole person, the emphasis on serving, your understanding that medicine is a team sport, and that presence and mindfulness can benefit every clinical encounter all grow out of your life experiences (they were also nice shout-outs to the AoD sessions ☺). You are a passionate and committed person and you bring those same qualities to medicine. Your future patients, colleagues, and community will be lucky to have you practicing in their midst. All best, Dr. Shapiro

Dear -- and --, first, what a terrific article you contributed (you gotta love an ED doc who talks about "pulling a Monet" ☺), I plan to incorporate it into next year's AoD class! Your approach to reading some of the "wisdom teachings" of the article was a lovely sharing as well, because I learned something about each of you from the specific items you selected. I also appreciated your personal statements --, your emphasis the importance of asking the right questions, being confident yet able to admit when you don't know, being part of well-functioning team, analyzing vs. zoning out (both good in their place!), and adopting Dr. X's memorable adage to "walk the patient's path with them"; Annie, your insights about the resilience of kids, that caring actually matters, how important it is to care ESPECIALLY when others don't, always being an advocate for your patients, showing gratitude toward other staff and colleagues, withholding judgment, and of course (another acknowledgment of Dr. X's) deeply listening to the patient. The idea of having everyone in the class write an "I learned" statement was very creative, and effective in really engaging them actively. Basically, I understood your message to be: keep a perspective next year and hang on to the anchors that have sustained you thus far. There's a lot of astute discernment in that. I hope you and your classmates will post these reflections on your refrigerators or your iPads! Best, Dr. Shapiro

--, your project was very brave and involved a lot of soul-searching and self-awareness. It was a privilege just to sit there and listen to you! Being something of a perfectionist myself, I resonated to much of what you said, in particular the awful feeling that things that should nurture you, such as family and friends, have become just one more thing to check off the list; and perhaps even more painful, knowing that another's suffering has become just an instrumental task to address. I deeply valued your honesty. As you astutely pointed out, the profession of medicine selects for and reinforces qualities of compulsivity and Type A, as well as the concomitant feeling of being a fake, which only makes the person strive even harder. These qualities all serve the efficient functioning of the system. Up to a point they are, of course, beneficial, and lead to committed and meticulous physicians; however, in excess they can distort a life, as you made clear. I know that the proclivities you described are shared by many of your classmates as well.

What made your project so inspiring was that particular moment of transformation when you were able to simply be "present" with your patient and you felt filled and complete. You were not extracting information, you were not solving a problem, you were not doing much of anything – you were just being. It was as though, for whatever reasons, you discovered the piece that would restore balance and equilibrium. I hope I'm not crossing any boundaries here, but you looked so exquisitely happy as you left to prepare for your wedding that I'm pretty sure this is a relationship that has a lot more to do with being than doing. I have a sense that the evolution of your personal love will reinforce the "love" you feel toward your patients and vice-versa.

Thanks again for offering us this story. You are a beautiful person, --, and I see you integrating all aspects of yourself, both personal and professional, on an ongoing basis. I'm excited about what lies ahead for you. All best, Dr. Shapiro

There were so many things I liked about your project, --. First, I liked the *impetus* for the project – your asking yourself, how can I make my patients more comfortable during the interview process? Right away that shows your patient-centered orientation. You came up with a wonderful question that reclaimed the person part of the patient. "What do you do for fun?" (seemingly) has nothing to do with disease, but everything to do with a person's values, priorities, and life's meaning. I was impressed by the way you approached this question as "research" – interviewing 20 patients and tabulating their responses, as well as observing the effects of integrating this information into your case presentations. I was not surprised that patients appreciated this question (on the whole), but I found it fascinating that it actually changed residents' verbal behavior – their ways of referring to patients. That was really astonishing. The three examples you gave were also really interesting. The woman with DS and her Cabbage Patch baby who found a reason to wear her C-pap; the "avid runner" who was able to avoid an unnecessary procedure; and "gardening lady" whose fondness for oranges contributed to the correct diagnosis. The breadth of these examples showed that there are no clear lines to be drawn between the science and the art of medicine – they are inextricably interrelated. Your question demonstrated that caring about the person is not only ethical and empathic, it also is good science. I think you got

everyone in class thinking about what innovative and out-of-the-box questions they could ask their next patient. As I mentioned in class, your project was a perfect example of translating an abstract concept such as empathy into a concrete act that leads to tangible and beneficial patient outcomes. Thanks so much for showing us another version of translational research! ☺ Best, Dr. Shapiro

--, you tackled such a tough topic, yet it struck the perfect note on which to end the session. I very much liked what you did with the words on your collage. You managed to capture visually what you described as “lots of words that don’t make sense, that are humbled, and overlapped without much meaning.” This is often what happens when we try to process loss and death purely through language and cognition. I think we all appreciated your sharing about various institutional mourning customs – the plaster hand casts for the family, and the donor flags. These provided a corrective counterweight to X’s reflections on patient deaths that go unnoticed and ignored, and gave hope that there are better ways for hospitals and teams to acknowledge death. The final meditation and song “If I Die Young” for me was very powerful. Often music accesses emotions that simply can’t be fully understood through words alone. During these moments of quiet, I thought of -- -- and other people in my life who passed from this world before their time. It was poignant and painful, but also healing and right. Thank you for contributing this experience to the class. Best, Dr. Shapiro

Wow, --, your project was fantastic, a real “research” project! I was very impressed by the thought and care you put into this. Like much research, the project initially was sparked by a personal issue – the trauma of that young patient’s unexpected death, and the resident’s heartbreakingly brutal response “one less patient on service – let’s move on.” When you went to the literature, you discovered that there are many articles addressing this topic because medical students’ dissatisfaction for the way they are prepared to deal with patients’ death, and with the way their role-models deal with such death is widespread. You developed a survey, and emailed classmates as well as medical students at other institutions in an effort to understand more deeply what this experience is like for others. The findings you presented were illuminating, as was the model of crisis, resolution, and lessons learned. I agree with you that the students surveyed showed great insight and awareness about both the limitations (“focusing on specific problems, rather than the impending death”) and potential (“just being there for the patient”) at the end of life. I was particularly struck by the student who responded that thinking about your questions allowed him/her to process a patient death for the first time. It is clear that despite death and dying lectures and palliative care specialties we are still not getting this right. Altogether, this was an outstanding effort. It was academically grounded yet captured the suffering hearts of students who sense there has to be a better way. Thank you so much for this work. Best, Dr. Shapiro

Dear --, --, --, --, --! I haven't laughed that hard in a long time. Who knew we had such a group of thespians in our midst?! The idea of embodying both patient and medical student thoughts was inspired, so creative. The title was not only an adorable double-entendre, but it also caught so well the nervousness, anxiety, and anticipation that exist both for the newly minted medical student and the neophyte patient. The scripted thoughts on both sides were really insightful – they reminded us 1) how much many patients (not just adolescents) hold back 2) how fearful patients are of being judged 3) how many irrelevant and off-target chatter docs (not just inexperienced medical students) have rattling around in their heads (which luckily don't make it out of their mouths) 4) how much managing docs have to do of their own emotions, fears, and anxieties. The skit did a brilliant job of capturing the many miscommunications and confusions that occur between doctor and patient. Yet the skit was ultimately hopeful. For me, it's bottom-line message was that both doctors and patients can make a lot of mistakes in their interaction and still succeed in forming a bond and achieving effective patient care if there is a little goodwill and openness on both sides. As the skit informed us, by the end of the encounter, BOTH medical student and patient felt better. The patient (thankfully) was not pregnant despite her (almost) sexual experience; the medical student (thankfully) escaped having her first patient be a pregnant teen and was able to provide some much-needed sex education. Importantly, it's when patient and student paid attention to their thoughts and feelings, and took the risk of translating them into appropriate communication, that trust was established and the interview shifted to a deeper, more authentic exchange.

You all did absolutely fantastic work – funny, creative, and above all *true*. I think that beyond the humor and the cleverness, your classmates resonated to the truth of what you portrayed and the optimism of your message. Thank you for such a great effort. Dr. Shapiro

Dear --, --, and --, your project was a delight! I loved that you chose the pager as your symbolic focus. For better or worse, it is what tethers you to your life as physicians. Your title, “Page Me Maybe,” was perfect, as were the crazy hats and glasses, the adorable dancing (!), and your very own original song (definitely should make the rounds at other medical schools). I was interested in all the excitement and prestige invested in the receipt of that first pager, and the thrill when you are actually paged. You've been initiated into clinical medicine. It is the pager that calls you to the emergencies (and the scut), that shows you are needed. It brings you into instant, and at times bizarre, intimacy with sick and suffering strangers (as well as caring or grumpy staff and colleagues). It binds and it demands, it is a status symbol and an intruder. It is worthy of all the attention your video bestowed upon it. And I suspect that, in a sly maneuver, by having so much darn fun in creating this video, you turned the tables on your pagers, and exercised a measure of control over the device that so often seems to control you ☺. Thanks for contributing such an amusing and insightful piece of work. Best, Dr. Shapiro

--, thank you for sharing the practice of “Cutting the Cord.” I thought it took some courage to bring the alternative philosophies of prana and chakras into the medical center, but I’m very glad you did. I personally don’t know whether I believe in these models literally, but we should all keep an open mind, because there is SO MUCH we don’t know. As I shared, while I’m not sure about the literal truth of these beliefs, I find them very accessible metaphorically. Are there literally energy cords binding me and the person I just quarreled with? Perhaps (it can certainly feel that way!). Perhaps they only exist in my mind. Regardless, a practice that releases me on not only a cognitive/conceptual level, but through a ritual concrete/behavioral gesture I find extremely (and surprisingly) valuable. As I shared with you, my teacher explained that what we are “cutting” is not our connection to the other, but the attachments, judgments, ego that prevents us from seeing our interconnectedness. I really liked this clarification. Regardless, I agree with you that the practice is effective. It was generous of you to offer it to your classmates as a gift they can carry with them into the inevitable stresses of next year.

It also occurred to me that the chakras represent so many of the qualities that we prize in professionalism – seeing the big picture, communication, love, confidence, self-control, acceptance of others, being grounded in our lives. I am always interested that the great philosophical/religious traditions of the world seem to embody very similar truths! Thank you so much, --, for an eminently useful and informative presentation! Dr. Shapiro

Dear --, if I could give grades for your final projects, this would be an A+. This was such impressive work! Wow. But I suspect that real satisfaction lies not in my hypothetical grade but tackling a personal struggle by making it into a project that 1) confirms this issue is one most residents and medical students wrestle with 2) offers truly original insights and ideas about solution. Of course, I did like the Hamlet allusion, very clever of you.

I think much groundbreaking research (not all, of course) starts with a personal drive, dilemma, or intellectual itch. But it’s personal. And so was this. I valued your honesty in acknowledging that your giving was compromised, that you needed some “me” time. Medicine, as you observed, is a huge commitment. But what was truly creative, original, and ultimately incredibly fascinating, was taking your personal issue and transforming it into an intriguing and highly relevant research question.

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The results are really interesting to me, especially that so many of your respondents did experience being jaded or burned-out. As you could tell, I was surprised a) at the number of in-depth responses you received b) by the quality of the cognitive coping strategies and reframing used by many respondents, which truly were admirable (acknowledging jadedness, learning more about the pt, directing anger at the system, seeing the pt as family, appreciating art and humanism – by the way, thanks for sharing how much piano means to you!) and c) that so few individuals used peer or other forms of social support to manage these emotions. It truly did seem every person for herself! (In your words, everyone fighting a private battle). True, they had great ways to deal intrapsychically with

their jadedness, but it was disappointing that it still appeared such an unacknowledged, undiscussed topic.

I was also unprepared for the amount of (often understandable) patient blame that surfaced (pt is a jerk, frequent fliers, drug-seekers, demanding, noncompliant, unappreciative, poor lifestyle choices) – I'd expected more frustration with the system. Of course, as one of your respondents noted, although the problems are often institutional and systemic, it's easier to blame the person in front of you who *appears* to be the immediate source of the problem. On the other hand, I did love the quote about not only treating *nice* sick people that you highlighted. And the quote about being glad when a patient died because it meant less work was particularly poignant in light of Steph's project last week, triggered by her own traumatic experience in response to precisely that kind of comment from a resident!

I liked your little green figures making their laborious way up the medical training mountain, as well as sage (also a green color!) Yoda waiting for them with his wisdom. By moving from research to cartoon (and including a classic movie reference), you introduced an element of art/humanities in the project, thus proving one of your own findings 😊

Regarding the last slide, thank you for including me in this fine project! I think that what underlies the "high tolerance" is the perception that medical students and residents need to be tough (still the macho ethic to some extent) and also perfect. Admitting jadedness shows you as flawed (what, you don't love every patient?!) and perhaps also not able to manage all the stresses of medical training. So I suspect folks hold back on sharing out of feelings of shame (a good doctor shouldn't feel this way), whereas in fact *every* doctor feels this way at one time or another. The feelings often do pass, as you suggested, but they can also become entrenched, and this is where dialogue (both self-talk and other-talk) can really play a healing role.

In any event, --, you really reaffirmed for me that everyone experiences AoD in their own way. As you noted, you weren't able to come to as many sessions as some, but you claimed the heart of this class in a way that was your own and made of it something uniquely valuable. You should feel very proud of getting out of AoD exactly what you needed.

Best of luck next year and always. Warmly, Dr. Shapiro

Hi --, thanks so much for your lovely haiku. I'm sorry that due to the press of time (ah, time constraints to the right of us, time constraints to the left of us! I think General MacArthur had a similar concern, only he was talking about Japanese soldiers) we were unable to do justice to your thoughts. But as I understood them, starting with f---ing god, and ending with the 5 syllable "or humility" they were all about the risks of arrogance. The callousness and abruptness of the language (you matched your art form with your message so well!) was powerful: "unremarkable," "interesting case," "malingering," as was the dismissal of every human element – love (gratitude?) becomes mania, the miracle of birth

another opportunity for instrumentality. These were really, really good, --. I remember you as a fine writer and you do not disappoint. You make the most out of each line and in the process force sobering reflection. These haiku deserve to be lingered over and contemplated perhaps with a little shame and certainly with much self-awareness. I loved them and learned from them.

--, it has been quite a journey for you, of which I only know the barest outlines. But I'm happy beyond words that you have reached this point with apparently your soul very much intact, as well as a Ph.D., a wonderful wife and infant child, and will be awarded your medical degree in a few short months. It is probably safe to predict it hasn't been simple, but I truly hope the rewards have been great and will continue to be. Please know I wish you all the best with whatever comes next. Warmly, Dr. Shapiro

Dear --, what a thoughtful and interesting analysis of this very intriguing article. I was familiar with the Emerson quote, but did not know the correct version, so thanks for enlightening me! It actually makes much more sense this way, and the research supports the concept of "foolish" consistency. Self-presentation is a powerful motivation – both how we see ourselves and how others see us. You made some excellent points about the negative perceptions of "changing one's mind." We want a stable sense of self, which projects as in control, "manly," and sometimes we make foolish sacrifices to maintain it. For example, a doctor might cling to a diagnosis in his "heart of hearts" he knows is questionable because he doesn't want to seem uncertain or wrong. A patient with a tough-guy attitude toward his diabetes may persist in reckless behaviors despite a worsening physical condition. Consistency can make it difficult to look at prior decisions in a different light, or even to take into consideration new information. In these consistency "pitfalls," the individual can indeed indulge in pre-programmed, mindless, even irrational behavior, exactly as you pointed out.

On the other hand, of course, consistency can be of benefit, for example maintaining a consistent exercise program. As your presentation skillfully pointed out, consistency is supported by commitment, and you mentioned several excellent ways of strengthening commitment, such as a written contract or statement (a technique which, as you're probably aware, has been successfully used between physicians and patients to solidify behavior change). You also made an important observation about the most long-enduring commitment coming from inner change, rather than the perceptions of others.

The concepts of consistency and commitment have great application to healthcare. I very much appreciated your drawing on your B-school experience to bring these ideas to your classmates in AoD. Your presentation was well-organized and presented a lot of new information and research in an understandable and clear manner. I wish we'd had more time to talk about how these concepts relate to medicine, but your fellow students are a pretty bright bunch, and I expect they'll make the connections on their own.

Thank you for sharing this interesting work, --. Best, Dr. Shapiro

Dear --, thank you for starting us off with such a wonderful project. You are so right that one of the goals of AoD is to build trust and connection among students. Although you are likely very close to some or many of your classmates, sometimes AoD can be an opportunity to share sides of yourself that have not been known before. Your project addressed this with courage, affection, and authenticity. I really liked the way you broke down doctoring into the two sides of hardworking and compassionate, and then showed us how your life experiences had worked to build both of these qualities in you. Your starting question – “How did I get to this point?” – is such a valuable one to ask periodically in life, especially at moments of great transition such as the one you are about to experience. Allowing all of us a peek into your family’s history was such a privilege. I was struck by your heritage of TWO physician grandparents, especially your grandma at a time when women doctors were not all that common. The stories of their resistance activities and efforts to save lives during WWII were powerful. And your parents had pretty amazing stories too, your mom coming from a tiny town in Latin America to a Ph.D. in the U.S., and your dad’s different but equally challenging journey from poverty to an advanced degree. You’re right, you do have quite a lot to live up to! It is easy to see where your drive and dedication come from.

I was particularly interested in the ways you learned about suffering and compassion. Thank goodness you have not had many personally painful experiences in your own life! Yet, rather than turn a blind eye to the misery of the world, you sought out experiences, such as your time in Guatemala and the Raggedy Ann volunteering, that brought you closer to the pain of others. I also think it is wonderful that, before becoming a high status physician, you’ve had the experience of working as an MA. I know you will regard the future medical assistants, PAs, LVNs, and other medical personnel in your life differently, with more respect and appreciation, than so many doctors manage to do.

Finally, I just wanted to reiterate that, when we are deeply moved, sometimes we cry. You shared with us a remarkable narrative, filled with inspiring, brave, determined, and loving people, and experiences of joy, love, sorrow, connection. You have lived a rich and precious life, one that is well worth being moved by. I felt honored that you shared those tears with us.

All best, Dr. Shapiro

Life in balance. Something we all pursue but rarely achieve! --, this was a wonderful presentation because it was philosophical and abstract on one hand (mind, body, + soul = balance) and yet disarmingly self-revealing and concrete on the other. I loved that you used AoD as an opportunity to share your personal life philosophy with the class – and what a terrific and well thought-through philosophy it is! You systematically identify various spheres of life, and then proceed to address how each can be brought into balance. Your particular strategies for mind (physics-inspired strategy video games, South Park

political satire, computer programming [!]) might not be everyone's cup of tea, but they were very much YOU, and it was so lovely to be able to peek into this aspect of who you are. Similarly, taking care of your body through good food and regular exercise are excellent recommendations, but it was seeing those tantalizing sushi platters, learning you and your wife are foodies, and knowing that you not only hit the gym but practice the discipline of jiu jitsu that really opened a window into --. I was especially touched when you talked about nurturing/balancing your spirit. It was obvious that your roots in Temecula, your relationship with your wife, and your doggy kids are critical mainstays in providing you with balance. Again, I was touched and honored that you chose to share these things with the class.

Finally, your conclusion was eloquent. What you wrote about "finding joy in having the honor to serve others" and knowing that such joy can only emerge from personal happiness is a profound insight. I don't know if you were in class when I discussed Rachel Naomi Remen's idea that serving others should result not from our scraping the bottom of our personal barrels, but from the abundance and overflow of our own joy and happiness. I think this is exactly what you were saying; and far from being a selfish perspective, it is the ONLY one that will sustain over time.

--, I'm glad we figured out a way for you to take this class. It ended up well, and for my part I appreciated the opportunity to share in your thoughts and perspective about medicine. I wish you much success as you continue on your path in life. Best, Dr. Shapiro

Dear B-group (+ one), Thank you all so much for tackling the challenge Dr. X threw down at his session. It is so easy to think of informed consent as a form, a signature, a task to be gotten out of the way so that the next step can occur. Yet, as he eloquently emphasized, it is a process, it is *relational*. The informed consent document he shared SO does not reflect that!

-- and --, your combined rewrites were both thoughtful and compassionate. I wonder, --, when legal minds sit down to hammer out a consent form, how often they think of expressing what they need to say in *caring* language. Even if some of your statements fell to the axe of --'s lawyer, it was a valuable and important exercise! You also did an excellent job of eliminating some of the legalese and medicalese and providing language that was clear and explanatory.

--, you posed the fundamental question in the patient's mind -- "What is going on here?" What's going to happen to me, what are the risks and advantages? It's surprising how poorly most informed consent forms address these crucial questions. The way you used examples and specifics was extremely helpful. And even though it might have been cumbersome, I liked that after every paragraph, there was a chance to say, I understand and I have no more questions about this aspect of things.

--, the check-box approach was quite ingenious. It accomplished something similar to one of --'s goals, which was to ensure that each separate point was clearly consented to. I personally would find that very helpful by avoiding the danger that I understood some parts but missed other parts that were all blended together. I also thought your point about COI was excellent, and one that needs more explicit clarification in most consents.

--, you had the thankless task of having to actually sit down with a lawyer (ah, my biases are showing – some lawyers are very decent folk ☺). I thought this was one of the best aspects of the approach you took to revamping the form. We can be very idealistic, but without a reality check we may just be spinning our wheels. Even in compassionate care, collaboration among various perspectives, negotiation, and even compromise can be essential components. I was struck by the comment that “you can’t guarantee compassion,” so how this is evidenced in a legal document requires some thought (it doesn’t mean it shouldn’t be there, but the manner of expression must be nuanced).

Finally, --, you chose what seemingly was a mundane project – translating the consent form into Vietnamese. Yet this aspect too showed both compassion and care. I was particularly touched that you took on this effort when your written language skills are not strong (thank you, Mama and Papa X!). This showed me that you were motivated from the heart, even when your skill level was challenged. The story you told illustrating your willingness to go the extra mile for your Vietnamese patient was very moving, and put a human face on the paperwork that too often becomes an end in itself.

Thank you all for making this effort. It is a perfect example of what some call “compassion-in-action,” in which a compassionate feeling leads to concrete action with the intention of helping others. I encourage you to share this outstanding work with Dr. X, as I believe it has the potential to influence changes in our current consent form in a much needed direction of accessibility, clarity, and yes compassion.

All best, Dr. Shapiro

--, thank you for sharing your AoD final project. Patient-centered interviewing is a fantastic topic, and the NURS mnemonic is one I like as well. Both of these fit perfectly with AoD. The example is also great, it shows how this approach is useful even in a seemingly straightforward situation, and benefits both patient and doctor.

Dear --, thank you for the haiku. I’m glad your presentation occurred at the final session, because it allowed all your classmates to revisit the memories and emotions of medical school year by year. Haiku was a particularly felicitous choice, because its brevity allows no room to go into great detail. Rather, it requires the creation of a few succinct, evocative images that convey the essence of the experience. You captured very well the excitement and anxiety of first year, the technical, scientific emphasis of 2nd year and the all-

consuming terror of Step I, the patients who taught you during 3rd year, and the training wheels off in 4th year. Thanks for summing it up so well. I could see a lot of heads nodding, a lot of smiles, and a lot of sighs. It's been quite a journey for you all.

Thanks for sharing your thoughts over the years ☺ Best, Dr. Shapiro

Dear --, what a beautiful and complex project. It contained so much richness, the various students and faculty who commented had to peel off different pieces to respond to. It was very moving to see you share in the group about the death of your brother/cousin. I'm also glad you brought his picture, and you're right, he indeed had a magnetic smile. His quote, remarkable for a 17 year old (or indeed for anyone), about the certainty of death, the mystery of life, and the importance of writing what occurs between the covers of the book, will long stay with me. It also touched me deeply the ways in which you carry forward his spirit on a daily basis.

As I mentioned in class, I was profoundly struck by your observation that medicine offers an opportunity not only for patients to heal, but for doctors to heal as well. In class we've discussed the concept of "the wounded healer," (a term used by the religious philosopher Henri Nouen and also Carl Jung), which states that those in helping professions do not need to be perfect people, but can use their own woundedness to serve and help others to heal. In my mind, one extension of this idea is that patients can heal doctors as well as the other way around. It is a two-way street.

I also appreciated your awareness that it is okay, indeed important for physicians to feel, recognize, and express emotion toward their patients. This is how doctors humanize the interaction, and in doing so build trust and show caring. Amazing things can happen when the patient feels that she as a unique person actually matters to her doctor. The language of the heart is not irrelevant to healing, and there are many ways to measure the success of an encounter with another, the clinical outcome being only one of them.

Finally, the provocative discussion at the conclusion of your talk about the risks of pursuing exclusively material goals and of seeing patient care entirely from the perspective of a business model obviously struck a chord with many of your classmates and the faculty. Thank you too for disclosing your father's occasional frustrations as a family physician. It helped us all see that this was not merely a philosophical discussion, but something very personal, at the core of who you aspire to be as a physician.

--, I wish for you great joy and fulfillment in the practice of medicine, and I am quite confident that you will find these things while doing great good for your patients. Good luck next year, and please stay in touch. Best, Dr. Shapiro