

ART OF DOCTORING FINAL PROJECTS 2009

Oh my, I am still laughing, you guys. Your skit was hilarious! I can't believe how clever it was, yet also full of insights. You captured perfectly the complete cluelessness of the first year student (as well as their essential humanity). The "shadow" voice of the medical student was a terrific conceptual device that gave us immediate access to her "real" thoughts and feelings, the person behind the mask. The patient was also wonderfully conceptualized as a "routine" patient with significant distress percolating just below the surface. And "Dr. X" (I know it wasn't the real you, -- :-)) was painfully judgmental, dismissive, and impatient toward both student and patient. Yep, medical education at its best! Yet, with the redemptive interaction of fourth year student and patient, and then student and doctor, you gave us all hope that, against all odds, things can get better, students somehow develop both competence and compassion, patients find someone who will listen and help, and even jaded doctors can see the light! I also really appreciated that you facilitated a discussion on your own, without need for faculty guidance; that showed me that you understand that reflection deepens and enriches understanding. Truly, a wonderful project that provided much food for thought. Thanks for this creative effort! Dr. Shapiro

--, I'm SO glad you did this museum project. I loved the artwork, it was so interesting and moving. As you astutely noted, art provides an incredible path into the subjective experience of illness. I thought your insights were tremendous, particularly the idea that some of the artists wanted to create a "portrait" of an injury, illness, or surgery. The image of the photos on the mantel that you suggested will stick with me. It goes along with the idea of "commemorating" illness. We usually think of commemorating only "positive" events, such as marriage, birth, but really it makes sense that we might want to commemorate *significant, lifechanging* events, even difficult ones. It was great that you also interacted with some of the artists, to more deeply understand how they viewed their art as an interpretation of illness. All in all, this was a completely unique perspective to share with us and your classmates.

I think you shared just exactly the right amount of your journal - its lovely cover, and the picture of your hand beginning to write. Tantalizing! (It did make me curious about what was inside, but you set a good boundary :-)). The double-pronged emphases you chose for your journaling seemed to me absolutely right-on: self (as doctor and as human being) and other (as patient and as human being). And your final question was so powerful: What are you allowed to feel (as a surgical resident)?.

--, I'm delighted to see someone with your insight and sensibilities going into surgery. You may encounter certain norms about "appropriate" emotional responses (or lack thereof) to your patients; but I hope you remember that you are really the only one who can answer that question. There are many, many humane and compassionate surgeons. But if you are ever in need of a role model at one remove, read anything by Richard Selzer, a surgeon and professor emeritus at Yale; or Miles Little, an Australian colorectal surgeon. These two physicians capture better than anyone I've read the incredible intimacy that surgeons, above all other medical specialties, share with their patients. Read them, and you will discover you can choose the kind of surgeon you want to be. All the best, Dr. Shapiro

Dear --, just wanted to let you know how much I enjoyed your project. I especially liked your very down-to-earth examples of how small connections with patients, while sometimes far from easy, can make a huge difference for the patient. Imagine that just knowing something about Peru could mean so much to a Peruvian patient. Or that hugging a patient who's just experienced a

fetal demise might lighten their grief even slightly. Or that asking an open-ended question could get to the heart of a patient's despair. Or that talking in a caring way with a patient undergoing a painful procedure/examination can help them remember that their pain is not all-encompassing. I also valued your insight that connection makes medicine meaningful not only for the patient, but for the doctor. I'm so glad that you will consider reaching out to your future patients, whether with a hug, a gentle pat, or a friendly word. I know both they, and you, will be the better for it. Best, Dr. Shapiro

"Hello," -- and -- :-). Terrific project! I loved everything about it – its simplicity, its friendliness, its transgressiveness in challenging prevailing norms of institutional and social behavior. The article you referenced (despite being Reader's Digest :-)) sounded quite insightful. I liked what the author said about affirming another's worth; and the more task-oriented we become the older we get (have you ever noticed how little kids will just say hi and smile to anyone? – and sadly, some curbs on this natural desire to reach out to others in these dangerous times must be put in place). I also *really* liked the idea of "waking" people up to your presence and the possibility of a moment of connection. Other ideas that resonated were how powerful a simple smile is in terms of physical and emotional wellbeing; and how the hardest place to smile was the hospital (now that's just sad!). Finally, you put your finger on something important in your awareness that sometimes, to say hello will take you outside your comfort zone and make you vulnerable. Even this simple act takes intention and perseverance. But as you noted, it really can have noticeable effects in terms of team-building, provider mood, and patient satisfaction and openness. Take-home message – hi and corners up! The presentation was great, engaging and thought-provoking. Thanks for this work, Dr. Shapiro

--, your project was fantastic! Although we can exaggerate the "science" of your project (how many decimals points did you calculate out to? :-)), I thought the N=1 design you applied was appropriate and illuminating. The project illustrated very well how much we can learn from systematic, behavioral observation in contrast to emotionally-driven global generalizations. You did a terrific job of defining your variables (loved your "impatience scale") and developing an intervention. Also, your efforts resulted in the "discovery" of a new concept: "lingering impatience"! Further, you discovered that your impression of yourself was a bit distorted – like most of us, your transitory impatience carried over more than you realized to other "innocent" patients (nice work at identifying possible confounds of this phenomenon :-)). Impatience – and justifying it – is one of the most widespread pitfalls of medical practice. As you note, there are many forces, systemic and personal, propelling the physician toward impatience. By cultivating awareness of your feelings of impatience, and working to ameliorate that reflexive response, you have reclaimed a good measure of control over how you want to manage your emotions and by extension how you want to treat your patients. This was a project we all can learn from. Thanks very much, Dr. Shapiro

--, sharing your photobiography was both wonderful and courageous. I am so admiring that you chose to offer your classmates (and me and Dr. X) your story. I was incredibly moved listening to the experiences and challenges that have shaped your life. You were funny, insightful, and self-revealing. You allowed us to see so much – your hardworking, often-absent parents, the fly-swatter discipline, your medicalization of (and subsequent tears for) your grandmother's passing, the sustaining power of your faith, the life-changing experience of the blown ACL (one of my daughters had an ACL injury and full surgical repair; and my son severely tore his PCL, so I know from their experience just how difficult and lengthy – and sometimes imperfect – recovery is). I think you are way too modest about your abilities and capacity, but I'm glad you're going into

orthopedics. I hope you don't mind if I attach a poem I wrote about one of my orthopedic surgeons, who did not wear his heart on his sleeve, but let me know that he cared deeply about me. I am absolutely confident you will do the same. I wish you many blessings in your upcoming marriage, and great success in your future profession and life. Thank you again for an absolutely perfect final project. Dr. Shapiro

Nice work, --. You reinforced a crucial message that doctors must pay careful attention to their own health and well-being if they are going to be able to truly serve their patients. You obviously did a lot of work and found data that supported (sometimes dramatically) the points you made. The entire presentation was very compelling. I don't know if you were in class the day I mentioned a quote from Rachel Naomi Remen, M.D., who urges that, rather than scraping the bottom of our spiritual and ethical barrels to help others, we should be so overflowing with joy and compassion that we can't help showering others with our abundance. Perhaps a little idealistic given the challenges of life (!); still it is a sentiment in line with your argument. Another favorite saying of mine with a medical bent is, "The heart beats to itself first." Only after the heart is nourished does the blood flow to the rest of the body. Through awareness, you can do a lot to avoid or minimize burnout, cynicism, and the decay of humanism. Awareness is key – denial and a pretense of invulnerability only increase the risk of burnout. If you actually commit to practicing at least some of the things on your checklists (and after all, getting a good night's sleep or eating regular meals *once every two weeks* [!]) doesn't seem too unreasonable, you are already taking responsibility for your own well-being. I just hope you will choose a residency near the beach! :-). Best, Dr. Shapiro

Great job, --. Choosing this particular project required some real self-awareness and willingness to challenge your "normal" coping comfort zone; and sharing it with your classmates took courage. What an outstanding insight – the things we use to "keep us anchored" can also trap and imprison us. We can become slaves to the very things we think will keep us free. I think it was truly brave to "experiment" with your attachment to daily planning, to allow yourself to question whether in fact in some respect you were enslaved to your schedule. Obviously, being an organized, efficient person who can set priorities and structure a day is invaluable as a busy physician. But as you realized, some days can't be completely structured, and things happen that are unanticipated and that throw our little schedules into chaos (believe me, as one daily planner to another, I know!). In those circumstances, it is easy to feel out of control and even to panic. By exploring "no-planning," you open yourself to its benefits and value (as well as its limitations). You also learn to tolerate and even become comfortable with the unplanned, the unexpected. This capacity for flexibility can be a useful complement to your structured, planning side; and having more than one way of being in the world is never a bad idea. I found this an interesting, thought-provoking, and very original project. Thanks! Dr. Shapiro

This was such a good project, -- and --. As someone who is primarily oriented toward language, I especially appreciated that, through the visual imagery of photography, you helped us focus on the importance of close observation. Your insight that "interpretation" of the series of scenes we call our day – and our life – is what gives our experience meaning and coherence was quite profound. And you are absolutely right that a doctor has the opportunity and the responsibility to interpret scene after scene after scene in her or his patients' lives. What your project did was get us to reflect on how important it is to be *aware* of what we are seeing and what we are saying, thinking, and feeling about what we are seeing. A great deal has been written about "the clinical gaze" and how it has become progressively detached and objectified since scientific and philosophical reformulations in medicine beginning in the 19th century. You reminded all of us

that, while it is important to pay attention to physical signs and symptoms, it is equally important to observe what our senses are telling us about the person (not the disease) before us. The photograph – and the Socratic way you conducted your session – was really powerful, especially the way you deepened our understanding of student and patient by “rotating” the perspective. This had a strong literal effect, as well as being a great metaphor. Your presentation made me think, question, and look more closely. That is the best teaching! Dr. Shapiro

That was a wonderful poster, -- and -- (and thank you also for the write-up). You did a really excellent job of conceptualizing the symbols of your poster; and as I said in class, they were all rich and multifaceted. I was intrigued by your emphasis on the honorable nature of the medical profession and also its prestige. Not every medical student would admit this, but it's not all about the altruism. Your awareness in the complex, multidetermined nature of your motivation toward medicine was admirable. For me, the visual juxtaposition of the two languages was also quite powerful. It spoke to me much more compellingly about diversity and difference than a formal lecture. I also found the image of the telescope to be original and perceptive. A telescope helps us to see objects normally too distant to be discerned. So it gives us the power to be “farseeing,” as you were in peering into your own futures. Finally, “Odyssey” was the perfect metaphor: as we know from Homer’s epic poem, an odyssey is marked by extended wandering (not always a purposeful point A to point B) that includes many reversals of fortune (sound familiar?). The term is also often used to describe a spiritual and intellectual quest, and to me that sounds a lot like what can happen as you move through medical school and beyond. I wish you both balance in your lives, technical proficiency and heart, the capacity to be humble in success and forgiving in failure, patient with your patients, and able to serve all people (or bowling pins, whatever). Best, Dr. Shapiro

-- and --, I very much enjoyed your skits (and loved your gender-bending role assignments – clever and an excellent demonstration of empathy). I absolutely loved the way you conducted your session – you were well-prepared, you’d clearly thought through your teaching points, you successfully employed a Socratic style to engage your classmates. Each role-play was skillfully designed to be humorous and simultaneously model common traps for the impatient, frustrated, and time-pressured physician. In the first skit, you captured perfectly the doctor’s clinging to his agenda, oblivious to how little impact he was having on the patient; and also oblivious to the patient’s fears. In the second skit, --, you did a wonderful job of portraying a resident who had a carefully constructed scenario about her patient before she even walked in the door; and who tried to deal with her emotions by faking niceness. It was simultaneously funny and painful to watch. You also successfully modeled how hasty reassurance meant to “move things along” often backfires. Your session concluded with practical suggestions for things to keep in mind to help avoid these kinds of “stuck” encounters. Very creative, enjoyable, and lots of take-home messages and food for thought! Best, Dr. Shapiro

--, you did such a terrific job on your project, and I’m sorry we did not really give it all the time it deserved, either in its presentation or our discussion. But I did want you to know how impressed I was with the obvious effort you put into it; and with the overall conceptualization. First-person writing, whether poetry or narrative, is a powerful way to enter into the experience of patients who are hard to connect with, especially those who suffer with mental illness or other stigmatizing conditions (poverty, disability, cultural difference). Sometimes this can occur through the patient’s actually writing; sometimes physicians have to imagine what the authentic voice of their patient might be like. I thought the poem about mania was quite wonderful – are you familiar with Kay Jamison’s book *An Unquiet Mind*. She is a research psychologist who specializes in bipolar

disorder who herself is manic-depressive. And the Autobiography in Five Chapters I thought could apply equally to mental patients, medical students, and all of us lost souls that slowly figure out why we need to walk around the holes and choose a different street. Really great work. Much success next year. From having gotten to know you just a bit in AoD, I think you've made the perfect choice of specialty, and will flourish in psychiatry. Best, Dr. Shapiro