

ART OF DOCTORING FINAL PROJECTS 2018

Dear A, B, C, D, and E, First of all, absolutely critical topic, so great choice. Also, as one of your classmates commented, it was really well-structured: a few essential, and shocking, facts and figures, then a lot of practical tips on techniques. A, you framed the presentation very well. B, thanks for delivering the bad news on burn-out in a succinct yet devastating fashion. No matter how many times I hear 400 physician suicides per year, I never become desensitized to this number. C, thank you for contributing Benson's one-minute relaxation technique (fun factoid – Benson was worried that no one in America would take meditation seriously if it was introduced with all its Buddhist "trappings," so he reduced it to its behavioral, measurable components and resisted labeling it meditation). D, very interesting mini-presentation on gratitude. I have engaged (with great benefit) in various gratitude practices for years, but I was not familiar with the research on verbalization. Really intriguing. B, thank you for adding the valuable idea of visualizing gratitude, and for your inspiring flower, it is beautiful. E, I appreciated your sharing your experiences with MBSR training. Personally, I believe this is one of the most useful techniques for emptying the "unpredictable" mind (fun factoid, you may have learned that Buddhists often refer to our "monkey-mind," because of its tendency to chatter incessantly), as well as the excellent point that we need to impose some filters cognitively and modify the stories we tell about ourselves (and others) to set aside preconceptions and achieve better mental and emotional equilibrium. All in all, this was an extremely valuable presentation, and generated a deep and thoughtful discussion. Thank you all so much. Best, Dr. Shapiro

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Dear -- and --, thank you so much for opening a window into the life and experiences of the MD/PhD student. Ironically (because I am so hopeless at science), over the years I've come to know quite a few students pursuing this incredibly arduous and difficult path because you are all so bright and inquisitive that in addition to all your science cred, you often explore other diverse interests as well, and end up in classes like Doctor Stories/Patient Stories, Examine the Painting/Examine the Patient, and Art of Doctoring ☺. I have great respect for you all, and indeed for all the doubts and uncertainties, you Do Not Quit. It takes incredible persistence and fortitude to be willing to put in 7 (or 8 or 9) years to achieve your objectives.

Your presentation highlighted the many dislocations in the lives of MD/PhD students: the shift from the preclinical years of unrelieved study into the research lab environment; and the shift after often many years away back into the clinical maelstrom of third year; as well as the difficulty of seeing their original med school class move on and graduate, and the challenge of finding a place in a new class.

--, I was so touched that you thanked the class for the way they'd made you feel welcome, that was very kind and acknowledging of you. I also thought you made some excellent points about the naivete of both preclinical students thinking medicine has all the answers and they are all simple and straightforward; and the naivete about research, which at first appears to deliver all the answers, yet is more often an interminable maze.

--, your comments in particular made me realize how hard it is to return to the white coat hierarchy after the relatively (and that can be a big “relatively”) horizontal relationships in graduate studies. You were also very funny about Medical Student Syndrome (and as future psychiatrists, you both may be interested that there are some psychodynamic theories that suggest people who pursue medical studies have a deep-seated fear of illness and unconsciously [magical thinking] attempt to “ward off” illness and death by joining the category of healers). Sorry once again about inadvertent criticism of the length of Edgar Guest’s poem. It was really perfect for the point you were making about persistence, and I liked very much that you underlined your point with verse ☺ (fun factoid – you may already know that Guest was a much beloved 20c. poet known as the People’s Poet for his optimistic, positive messages). Thank you also for your transparency about some of the work-life balance factors that motivated you toward psychiatry, this was very pertinent both to our earlier discussion and to just “seeing” you in greater depth.

My thanks to both of you for owning your special place in medicine and helping all of us understand it just a bit better. Best, Dr. Shapiro

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Dear A, B, B’s thoughts (I mean D), Dr. E, and Dr. E’s thoughts (aka F), I loved your Once and Future patient encounter role-play. It was an especially clever conceit to personify the med student and physician thoughts, because these enabled you to express the inner world of these characters. What you were able to convey very clearly through this method was the initial overwhelming doubts, insecurities, and harsh self-critique of the beginning medical student; the patience, kindness, and occasional gentle exasperation of the attending; the confidence and competence of the chief resident (great growth spurt, B); and the trust that a good attending develops in her residents. I also thought your message of “be kind to ignorant medical students because we were they once” was a great parting lesson. It always amazes me that residents who are only a year or two away from being overwhelmed third years can be so unforgiving to their student charges (burn-out is a good explanation). Thank you for helping your classmates look back with a smile and look forward with assurance. This was perhaps an implicit message, but the most important one of all to your classmates: You will be good, you will do good, you will all succeed, and all will be well. The perfect note to strike as you all head out into the next phase of your lives. Thank you! Dr. Shapiro

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Dear -- and --, just as -- and -- gave us a glimpse into the lives of the MD/PhD student, you two offered the class the gift of seeing a bit more of your lives as MD/MBA students. Your experience is a bit different from the other 4<sup>th</sup> years because, while they are advancing into their next phase, you have chosen to take a temporary step in a different direction. Learning a bit about your life outside the “box” of medicine I’m sure stimulated a lot of interest (and perhaps even a bit of jealousy ☺) in your classmates. If I may consolidate your very different experiences, you spent a year doing “normal” things – working hard of course, but getting married, going to movies, going to Disneyland (--), learning about students from other countries (--), just being ordinary. I suspect some of your

classmates have forgotten what that's like, so this was an important reminder. As one student commented in the discussion of wellness, when we did the loss and grief exercise, no one listed work as one of the things they couldn't bear to let go of. As I mentioned in class, --, I especially appreciated your transparency about the difficulties of third year. I believe every student in the room knew what you were talking about. I'm glad you had a chance to rejuvenate through the MBA program, and I hope others have found pieces of normalcy this year as well. You all lead extraordinary lives as physicians, and it's important to keep in touch with ordinariness as well. Thank you both, Dr. Shapiro

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Dear A, B, C, and D, this was a terrific project! As I mentioned in class, I was actually going to invite the class to do something very similar, so you spared them an object exercise by sharing your own 😊. I think in this day and age we have lost some respect for the power of objects (with the exception of iPhones, of course). The significance of your presentation for me was to show your classmates how a simple object can inspire and transform.

A, your notecards/flashcards/patient templates were quite remarkable. They reminded me of an anesthesiologist I know who often says she carries certain memorable patients in the pockets of her white coat, and they are always there to guide and remind her. I thought all evening of your library of every patient you've ever seen. What awesome – and transformative companions.

B, your object was totally unexpected, and when you first introduced it, I couldn't imagine why it had any significance for you. When you revealed its olfactory trigger to your anesthesiology experience, and its association to your future specialty, all became clear. In fact, as you pointed out, smell is one of our strongest senses, and can evoke vivid memories (think formalin).

C, I loved your story about the flower. First, it is absolutely true that, even in today's often impersonal healthcare system, patients often feel very grateful toward and appreciative of their doctors and express this through small gifts. I am so glad that, already in your training, you have been the recipient of such a gift; and that you treasure it.

D, thank you for sharing the child's drawing and explaining its significance. The project of moving the Flying Sams clinic sounded like one of those undertakings that, if you knew what was really involved, you'd never undertake, so thank goodness you didn't know. The lesson of "Don't be complacent" is a powerful one, and in one glance, that drawing will remind you of this every day.

All together, these objects are talismans that connect you to important moments in medicine, the moments that help define who you want to be as physicians. I hope your project inspired others to find these meaningful objects in their lives that will remind them to pursue their own visions of excellence, as you all obviously are. Thank you! Best, Dr. Shapiro

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Dear A, B, C, and D, first of all, thank you so much for that lovely shout-out 😊 I felt very honored and appreciated. Beyond my own personal gratification, I truly enjoyed your poem, both content and

process. I loved the vulnerability you showed in admitting that you thought 4 guys couldn't sit down and write a poem together – and then, lo and behold, you did it! I truly admired seeing you all challenge yourself in this way, and succeeding so well.

A, you captured very well the doubt, pride, fear, and massive learning curve of the preclinical student. B, your stanza about the kind, hungry third year being pimped and shamed rang true for many of your classmates, judging by their expressions. C, similar to the skit about the medical student evolving into the chief resident, your stanza embodied the confidence, fearlessness, and vast knowledge acquisition of 4<sup>th</sup> year that makes you feel you can finally have a real impact on patients' lives and brings you closer to your dream. And D, your message for your future selves was both uplifting and inspiring – make the most of residency and beyond, make the most of your lives always.

All in all, I thought your poem was a wonderful gift to your classmates – and to me ☺. Best, Dr. Shapiro

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Dear A and B, I truly wish we had an entire session to talk about the ideas you presented in class yesterday. A, something you said early on in your presentation really struck me. You said something about how your work during your MA year helped you “take better care of the patients *that we love*.” You said this so casually, as if it is a taken-for-granted thing, and I found this incredibly moving. It was clear you truly love your patients. How very lucky they all are, past, present, and future. I also was struck by the second half of Hippocrates' quote: “let medicine be thy food.” Although this has a literal meaning referring to the healing properties of natural foods, it can also be interpreted that when medicine is practiced in holistic, healthy ways, it can feed the soul of its practitioners. I hope this will be true for both of you.

In terms of your exploration into traditional eating practices, A, what I understood in a way I never really have before is how a reductive approach to diet modification (“eat less tortillas”) ignores the systematic destruction of traditional methods of cultivating, preparing, and consuming food due to globalization and other market forces. Rather than such patronizing and simplistic instruction, you advocate for community-based approaches such as the community garden that restores the healthfulness and connectedness that participating in the growing, cooking, and sharing of food can provide. It is a very different, but very different image of a doctor that we would all do well to consider. Above all, you counseled cultural humility instead of medical arrogance as a context to guide interventions into other people's lives.

And B. Where to begin? White is racist. Why is this one of the few times I have ever heard this uttered in a medical education context? Good for you. Every white person in the room probably felt at least a little uncomfortable and I hope every person of color was thinking at least a little, about time! I also appreciated your guidelines for reducing our own racism and implicit bias, such as self-reflection and self-education (why is it always the responsibility of people of color to help us white folks understand our own blindness and blunders?). I especially liked your point about bearing witness to grief, instead of trying to solve or, more usually, minimize it. This is because the historical

and present-day guilt and shame in which we are all embedded is uncomfortable, and the more we are able to ignore it, the more comfortable we can be. That being said, I also appreciated very much your point about the inutility of the binary racism/bad, non-racism/good. These lead us nowhere. Rather we must learn to be comfortable with uncomfortable truths, and then we can possibly, just possibly, move forward.

What excellent presentations from both of you. Each in your own way, you spoke in love and in truth. Each in your own way, you presented different concepts of how to be a doctor. From their comments, I believe your classmates were listening. I know I was. Thank you both. Dr. Shapiro