

Art of Doctoring Group 1 Session 11 5/12/04

Students reported on their individual projects:

A – noticed that he favored Spanish-speaking patients, spent more time with them, and assumed they needed more help. Conversely, he assumed that all NHW patients would encounter no barriers in navigating the health care system. His project was to focus on NHW patients and spend more time with them. He did so, and in the process discovered that all patients can benefit from more education about their diagnosis and treatment. The project served to make him aware of previously unconscious prejudices, and help him work toward remediation.

B – noticed that she did not focus on patients because she was so worried about things she had to do to take care of the patients, help her resident, or prepare for presenting the case to the attending. She worked on not writing so much when she took the history, arriving earlier, and trying to do her tasks sequentially (listen when she was with the patient, think about the case presentation after she saw the patient). She concluded that she was able to shift her focus back to patients and away from multi-tasking.

C – commented that she already had very good interpersonal and relational skills. Similar to B, she noticed that anxiety about presenting, plus the pressure of gathering all pertinent information, caused her to be less skillful in her patient interactions. Her intervention was to relax and focus on the patient. She realized that this helped her to think more clearly about the patient. She concluded that “it is just as important to interact with patients as it is with colleagues.” There was some discussion about what an intriguing statement this was, with its implication that student-physicians become socialized into thinking that their relationships with their supervisors are more important than their relationships with patients. C’s project was a good way to help her return to patient-centered medicine. Discussion focused on the insight that most students do have excellent communication skills, but it’s important to identify what compromises or interferes with these skills.

D – this student focused on counteracting her growing impatience and frustration, in medicine and with life generally. She involved her parents, asking them to give her feedback about her behavior, especially when she became “snappish.” She discovered by monitoring her behavior that impatience was related to stress in that when she was more stressed, she became more abrupt and impatient. Feedback from others, plus regular writing in a journal, and the daily reciting of the Serenity Prayer, helped her remain patient in most situations.

E – since she also felt she had excellent doctor-patient relationship skills, her project focused on deepening her connections with colleagues and seeing them as 3-dimensional people. She did this by asking personal questions, which frequently led to rich and interesting conversations. By shifting the focus of interaction from exclusive instrumentality, she was able to experience her colleagues not just as doctors and nurses, but as real people with real lives. She felt that most colleagues appreciated being asked

about themselves, and she also felt this process increased her liking of the people with whom she worked.

F – this student noticed increasing impatience and judgmentalness, and a tendency to reduce patients to numbers or diagnoses. His goal was to have a non-HPI conversation with every patient he cared for. He made it a point to learn something personal about each patient and include this information in his case presentation. Despite some “eye-rolling” by some residents and attendings, it turned out having such information was often useful in the care of patients, and helped with treatment plans and clinical decision-making.

G – this student wanted to learn more about her patients, both so she could have a better understanding of all aspects of their medical condition and so she could do a better job of updating the team. She accomplished this goal by spending more time talking to patients although, unlike some other student projects, she focused more exclusively on medical issues. The outcomes were positive. G reported that her team felt helped by her ability to give them more detailed information about patients. The patients themselves, in her opinion, received better education about their condition; and seemed to be extremely appreciative of these interactions. Our discussion focused on the value of attending carefully to patients in all areas, not just psychosocial and personal. Sick people don't always want to talk about their personal lives, but they do want to communicate with the health care team about their condition.

H – this student also concentrated on judgmentalness. She observed that her tendency to use derogatory or dismissive terms in identifying patients was largely a function of her own mood. Such appellations occurred more frequently when she was overwhelmed and stressed. This insight that she could be respectful of a patient one day and demeaning the next made her focus more carefully on choosing appropriate language in presenting patients and even discussing them informally.

I – this student kept a journal of significant clinical stories and events. His goal was to increase his ability to be present with patients. He was not sure the project helped him in this way, but he did find it valuable to reflect on particular events and try to understand what might have been done differently or why an interaction had a positive effect. He gave a negative example of breaking bad news (patient with newly diagnosed Hepatitis C informed in front of his girlfriend) to illustrate the kinds of issues that concerned him and what he learned from the journaling process.

Students also provided some feedback about the usefulness of the projects overall. Some commented that they felt less depressed after having employed some of the self-change strategies. Certain students also stated that these skills provided a foundation for the future. Although they didn't feel they would be able to use all of these approaches in residency, they thought that they now had a baseline that could help anchor them even in very stressful situations. One student commented that the group process itself was helpful, because it provided a place to “leave” his problems, rather than taking them

home and burdening his family. Another student confirmed that she felt less alone by coming to the sessions and hearing what other people were going through.

We concluded the session by reading two poems. One, by a student-author, humorously recounted an anti-role model Ob-Gyn surgeon who treated the medical student disrespectfully and cruelly. Students commented that such behavior was unexpected and traumatizing, and therefore writing provided a therapeutic way of dealing with the experience. We also read John Stone's valedictory *Gaudeamus Igitur*, as a way of bringing closure for those students not returning for the final session.