ART OF DOCTORING GROUP 1 Session 5 1/27/04

A large group, with several Group 2 students attending
Discussion commenced with reading of "How To Be Good" excerpt and commentary
A tried to determine whether article reflected students' experience – some misunderstanding on part of students
B presented the point more clearly, ie., that people often assume your "goodness" when they discover you're studying to be a doctor; and after awhile, it becomes easy to believe you are good because of what you do
Other students perceived this to varying degrees
A made the point that intention to be good, such as is described in the excerpt, is insufficient – importance of practice; tried to link concept of practice back to self-observation and self-reflection exercises
Several problematic situations were presented
One student presented situation of problem patient who was noncompliant with diabetic medication for a reason that seemed superficial to the student, i.e., didn't like bruises on thigh resulting from insulin shots; student took time to pause and consider goals for interview; also took a different perspective on the patient, thinking about her in her roles of wife and mother, and how important it was to "keep her around" for a long time; went back into patient's room and spent a long time educating her about diabetes, including clearing up misconceptions about how to handle hypoglycemic episodes and the value of drinking water; student felt her efforts were undermined when the patient asked her doctor about water, and he encouraged her to drink; still persisted in continuing efforts to educate and enlist patient
Discussion focused on the value of being aware of your negative emotions; setting an intention, so that you are not behaving automatically; and deciding on what sort of action should be taken and how
Student also made the point of not personalizing patient behavior
C presented situation in which attending did an excellent job of working with an agitated father who wanted to remove his child with MR X because child acquired other infections every time hospitalized
The points that were stressed included: 1) explicitly acknowledging and paraphrasing the parent's concerns; empathizing with and normalizing them, saying they are understandable; avoiding the "yes-but" syndrome 2) stating one's own reasoning transparently and avoiding power moves 3) finding common ground (best interest of child) and negotiating a plan; this latter includes using "we" language to build sense of being on the same side, part of the same team; incorporating the key features of each perspective, and looking for areas of compromise (ie., giving child private room)
C commented that attending "ruined it all" by "rolling her eyes" when she left the patient room; A and D both noted they "liked" this sign that the attending was human; further discussion that it is possible to "do the right thing" even when you don't always "feel" like doing the right thing
D and A continued to discuss whether it is necessary to "feel" empathic in order to act empathically; they agreed that it is mutually influencing relationship, so that sometimes a feeling will trigger behavior, but at other times by overcoming a reluctance to express

empathy and demonstrating the behavior, feelings will subsequently change in a more positive direction

Final situation was presented by E, who reflected on a challenging situation between medical students and residents at the VA focusing on poor communication about whether med students had to be on call a certain weekend; E defined his position as "being able to see each side" when he was talking with either camp; retrospectively, he felt he could have done more to mediate explicitly, and might have taken a more proactive role; he noted that the emotions triggered by the issue quickly became disproportionate to the actual issue itself – we talked about the "looking at the issue from the vantage point of 5 years from now" to gain a more balanced perspective

D wondered whether successful negotiation was possible in a circumstance where the options were all or none; we discussed the possibility that simply being heard and treated respectfully might help injured feelings, even if the party did not get its way

C mentioned the difficulty in leaving wards to attend sessions – after some discussion, we agreed to leave the time as is