

Art of Doctoring Group 2 Session 12 5/4/04

A comments about course – “a novel experiment...few examples of similar courses offered for credit”; course evolved from gripe sessions in which students aired their grievances to focus on personal struggles on the clerkships, to sharing feedback with each other and feeling less alone; the result was some measure of healing; he hoped his presence provided some balance to views of negative physician role-models
A also suggested that we implement a “fixed curriculum” for next year, with topics specified in advance

Students’ comments – liked “doing things” (personal projects, journal-writing, self-monitoring) in contrast to “just reading things”; the gripe sessions were extremely problematic for a couple of students because of how much negative emotion they observed and how the sessions were not contained; they felt unsafe and polarized; the suggestion was made to establish “ground rules” for discourse that involved active listening and respect for other points of view

Another student suggested emailing a summary of sessions to all participants; as well as using email to notify participants about the upcoming topic

The option of student-run sessions was suggested – students felt this could be an option, but not a requirement

Several students commented that the most worthwhile aspects of the course were the presentations by positive role-models

One student commented that it would have been good to share personal projects and other assignments more fully; as well as to start the personal projects earlier

The suggestion was made to have either optional readers accompanying each session that could be used as the basis to launch a preliminary discussion; or to have brief readings at the start of each session

There was some discussion about the sense in which the class should function as a support group; the consensus reached was that, although the group had elements of support, its focus also included skill-building, particularly in terms of developing self- and other-awareness, and developing different coping strategies for dealing with the stresses of clinical training

One student encouraged more didactic mini-presentations on professionalism

B identified a fascinating “splitting” between “happy” students who liked everything about their clinical experience and “depressed, grumpy” students who seemed alienated and bitter; there was some discussion about how to avoid polarizing these two groups and helping them enter into constructive dialogue with each other, not with the assumption that the happy group had to help, rescue, or fix the depressed group, but with the idea that both had something to learn from each other

The parallel was made between doctors and patients, in that doctors are perceived as the “happy fixers” and patients are the “grumpy, miserable” people; we discussed how these roles are limiting for both groups

One student suggested more variety in the format of the sessions – in addition to “talking heads,” she suggested specific communication exercises and role-plays

A asked students to list their expectations at the start of the class – one student mentioned values and human qualities that make a good doctor, and how to cultivate them; another mentioned communication skills; a third noted a desire to pursue more humanistic aspects of clinical practice; a fourth cited the importance of “feelings, philosophy, and spirituality” in medicine
The final minutes of the class were spent in reviewing students’ self-change projects. All students present felt they had been somewhat effective.

C had focused on deepening her patient interactions

D concentrated on becoming less judgmental toward patients in her attitudes and language, and had achieved the insight that judgmentalness was less a function of the particular patient and more a function of how she personally was feeling

B worked on speaking up more, and felt she had made positive changes in both her personal and professional life

E committed to chronicling memorable clinical stories, with the goal of becoming more present with his patients.

F addressed callousness, and felt he had become more compassionate.

Session ended with expressions of gratitude by faculty and students for this interesting opportunity.