

Summary Notes Art of Doctoring Group 2 Session 2 10/15/03

A began the session by discussing transitions, and the value of approaching them as opportunities to recenter and set intentions. We practiced in-breath and out-breath as ways of 1) taking in what we might need at that moment – calmness, focus, wisdom, kindness etc. and 2) releasing whatever we no longer need or wish to bring forward into the next situation – tension, preoccupations, anger etc. We also talked about setting an intention before each transition, or at least at a couple points in the day. A shared that her intention for this group session was gratefulness that the group existed, and that she had the opportunity to participate in it.

Group discussion focused on frustrations of encounters with “anti-role-model” attendings, physicians who deliver health care in ways that the students find impersonal, alienating, or even unethical. We then discussed possible student responses to frustration and anger in these situations. These included confronting the attending, compensating for the physician by clarifying miscommunications with the patient, letting go of the feelings. One student brought up the AA prayer of recognizing things that can be changed, things that can be accepted, and knowing the difference. We agreed that, no matter what the course of action (or inaction) chosen, it was better to choose from an internal space of calm and centeredness. A shared the metaphor of allowing emotions to “settle” like dirt particles in a glass of water.

Other ideas for responding included:

- 1) Understanding the point of view of the attending. One student stated that when she was able to do this, often it “shifted the energy field” of the relationship.
- 2) Shifting one’s own perspective. This might include reframing the situation or putting it in a larger context.
- 3) Prayer
- 4) Journalling
- 5) Yoga, meditation
- 6) Talking, sharing with a friend
- 7) Using humor
- 8) Surrounding oneself with nonjudgmental people
- 9) Receive validation and affirmation from patients

B observed that the predominant feelings expressed by students seemed to be powerlessness and helplessness, to which the students agreed. This point led to a

discussion of the hierarchical nature of medical education, which systematically disempowers students and places them in a vulnerable position.

Another discussion focused on the difficulty of being mindful and aware in the demanding environment of the wards. We talked about “falling off the path, then climbing back on again,” as well as the importance of not judging oneself too harshly when one doesn’t live up to one’s own expectations. We touched on the idea that negative self-judgment can become simply an excuse for not doing the work.

B facilitated a conversation about how physicians might behave so as to relieve some of the students’ burden and discomfort. Students suggested: 1) Acknowledging that students are still in a learning mode, and that they are frequently challenged by the tasks they are expected to complete 2) Giving positive, as well as negative, feedback 3) Simply acknowledging the student’s presence. Students further commented that it was sometimes effective to 1) Ask attendings to clarify their expectations for the student 2) Proactively elicit feedback attendings 3) Validate each other 4) Learn to validate themselves, to start trusting their own voice.

Further discussion addressed the harsh, critical, and negative emphasis of medical training. At one point, one student started to cry as she recounted an attending’s dismissive comments about her lack of organization. This same student disclosed some disappointment in realizing that not only did some of her attendings have feet of clay, but this was true of many of her peers also. We talked about the importance of being able to see all sides of people and hold this knowledge with some level of equanimity.

One student shared her journaling, which consisted of daily prayers asking for strength and wisdom, as well as noting personally meaningful Biblical quotations.

Each student chose one area to focus on in the coming week:

C – point of view of others

D – maintaining perspective

E- not sure

F – being positive, letting things go

G – journaling

H - writing more

I – not being so hard on herself, not feeling positive attitude as a burden

J – maintaining perspective

K – not sure

L- focus on present

We concluded by considering how we might function as an intentional community committed to mutual support and personal growth, including the importance of supporting and caring about each other in between actual sessions.