AoD COMMENTS: MISCELLANEOUS PROJECTS 2/8/06

Assignment #3 (difficult incident attending)
Ouch. You describe a very troubling situation which, from your account, does sound like a violation of medical ethics. Obviously physicians may not chart information which implies performing aspects of the physical examination which in fact were not performed. No wonder you were concerned. What difficult circumstances for you, especially since this was a doctor you enjoyed working with. I admire that you did not simply ignore the incident. The physician's response evades your question: The problem is not that it "did not sound like pneumonia" (this might have been a reasonable clinical conclusion based on a thorough examination), but rather that he recorded a pseudo-finding which had no factual basis. As a medical student, unfortunately you probably have very little leverage with your attending. Another option might have been to mention the charting issue to your clerkship director. In this case, you are not necessarily making an accusation, but only registering a concern (much as in reporting a suspected case of domestic violence or child abuse). This event is a terrible example of "anti-role modeling" for you, the student, as well as an action that potentially endangered the patient. Thank you for not colluding with this physician in sweeping it under the rug. Dr. Shapiro

#3 (difficult incident attending)
--, these are horrible examples that you relate. Allowing a patient to fall in order to test his story; jabbing a patient so hard it breaks the skin to verify reported lack of sensation; and yelling at and threatening a patient seem to be the epitome of unprofessionalism. If we examined the lives of these individuals, we would no doubt find explanations for their appalling behavior – stress, overwork, emotional callousness. But explanations are not the same as justifications, and there is no excuse for the incidents you describe. I wonder how you responded to these situations. It is extremely difficult when it is the most vulnerable and least powerful member of the team who is the only one to realize that these actions are wrong. You can not be expected to take on whole teams, but these are the sorts of issues that should be brought to the attention of the clerkship director or the dean of students. I am truly sorry that you had to witness such things, but am glad to see that your moral compass is very much intact. Remember these events, --, as images of who you never want to become. Thank you for sharing. Dr. Shapiro

make-up assignment session 7
I'm so glad you chose to write about Howard Stein's, "The Conversion." I've always loved this poem because it shows so well how frustrating noncompliant patients can be, how helpless they make their physicians feel; but it also shows how it is often possible to find common ground, increase understanding, and, as you say so well, get to the roots of noncompliant behavior. You would not be human if you didn't find these patients aggravating. It's wonderful to learn that you've had the benefit of caring, committed role models who show ways of working with such patients in a professional, concerned manner that patiently keeps searching until they discover the right lever that finally, may motivate the patient. I think the most important thing is to have the emotional fortitude to

continue in relationship with the patient, to be committed to the process. Thanks for sharing your thoughts. Best, Dr. Shapiro

assignment #5 (burn-out)
--, as you begin to anticipate residency, your relative lack of vulnerability to burn-out must be reassuring. I think it is especially interesting that your current good coping is somewhat different than when you were in college. It sounds as though you've made many positive changes while honoring your core nature and inclinations. I hear both self-awareness and self-acceptance in your essay. You seem comfortable in your own skin, knowing those tendencies that can get you into trouble, and also knowing how to trust your ability to handle your problems with a balance of introspection, analysis, and support. Thank you for such a thoughtful self-analysis. Dr. Shapiro

(assign #5 burn-out)
--, thank you for your honesty in reflecting on your risk for burn-out. I do agree that these are not highly validated, scientific instruments; but they do provide a rough screening. I also agree that they may be influenced by specific events, fluctuating mood. Finally, 3 of 11 is not that high, I imagine many people would check that many items. So I wouldn't worry too much, but just take it as a cautionary note.

That having been said, I think you answered affirmatively to items that are challenges for many in the medical profession. Refusing offers of help, having difficulty delegating, and overloading/not saying no are a common constellation in medicine. If you think about it, up to a point it makes sense because it describes people who take care with what they do, like to be responsible, and work very hard. As you thoughtfully discuss, challenging oneself by struggling with a problem can be a very positive thing. It is when these qualities become rigid and absolute that they get us into trouble (they describe me too!). You are absolutely right, of course, that in residency you will need all the help you can get as well as the ability to set limits on what is asked of you. These are hard to do (I've struggled with them all my life and am still struggling), but having awareness of these potential pitfalls as you do is a very good preparation for addressing them, next year and in life generally. Thanks for this interesting reflection. Dr. Shapiro

(assign#5; makeup session 8)
Thank you very much for actually doing the ED-EI exercise. I think it's very interesting, and no one else did it. As you say, what we learn is that we do have a range; that is commonsensical, so we just want to make sure we aren't going to either extreme. It's reassuring to be able to demonstrate that you actually are expressing the interest and emotion that you thought you were with patients. You've set yourself an important, and difficult, goal for next year. For me, it's not only about the "should," the duty of being kind and caring to others, but also about filling myself so full with an abundance of happiness and goodwill that it "overflows" naturally to others. This is hard to do, even under the best of circumstances, and almost impossible during residency, where by definition you are depleted and exhausted most of the time. So you might really concentrate on how to nurture yourself during this difficult time, and see if that helps.

As far as your last comment about "showing more affection" toward patients who may be decidedly unlikable and frustrating, I don't know that it's always about affection. Some patients (some people!) we aren't going to like very much. But there is a wealth of other emotions that we can draw on to infuse our interactions and care-giving, e.g., compassion, empathy, fellow-feeling. My goals are pretty modest. I try not to let my negative feelings get in the way, and to be a little skeptical about the stories I tell myself about other people ("This guy doesn't care about himself, why should I?" "This patient is so irresponsible and such a loser"). I try to ask myself, is there anything more to this story? When I find out (or just imagine, sometimes, when there is no time or it's inappropriate to probe too deeply), I usually am able to release some of my negative judgment and anger.

In terms of your risk factors for burn-out, you identify ones that are very common in medical students and physicians: not asking for help and not being able to say no. These are hard qualities to change, because they are partly responsible for making good doctors – people who like to be responsible, in charge, and work hard. But taken to extremes they always do us in (I have struggles in both these areas too!). Sometimes it helps to ask yourself, "Why don't I like to ask for help?" There are many answers: I feel weak, I don't like to give up control, I am a perfectionist, I don't like feeling in debt to others etc. Then you can try reframing your feelings: "What is positive about asking for help?" (working as a team, reducing stress, discovering I'm not indispensable, giving others the opportunity to take responsibility etc.). I particularly like your idea of delegating to patients – yes, make them do some of the work, while you sit back helplessly and say, "I've run out of ideas. What do *you* think you can do to help you stop drinking?" Awareness is key. If you anticipate these kinds of problems, you can really do a lot to keep yourself emotionally afloat, and then you *and* your patients will be happier and healthier. Best, Dr. Shapiro

(assign #5)

--, I'm glad to see you chose to do the ED-EI exercise. You seemed to get a lot out of it. You did a truly impressive job of analyzing the factors that produced either excessive attachment or excessive detachment. In a way they are not surprising, but to have so carefully identified problem triggers in either direction means you will be more likely to anticipate problems and be able to address them. For example, you can actually imagine yourself with a crying, agitated patient, imagine your over-involved feelings kicking in (and becoming aware – what are the cues that this is happening? Is your throat getting tight? Does your stomach churn? Do you start feeling I want to get out of here?), then imagine yourself becoming calm – still concerned, still empathic – but calm. Similarly, you can learn to work with knee-jerk reactions of frustration or negative judgment. For example, is passivity all bad? For people who have very little control over their lives, it can be an important survival skill, a self-protective device. Changing attitudes of noncompliance and helplessness is really challenging – so learn to be gentle with the patient, and gentle with yourself. It is also interesting that similarities of age, gender, race were not important – this is good, because these things can't be changed, whereas people's attitudes and behavior can (slowly, with a lot of patience and a lot of luck!). Maybe when you find yourself confronted with one of those very difficult patients (say,

the category 4 - drug-abusing criminals), you might even ask for their help in brightening your mood: “You know, you could really make my day with a simple thank-you” (category 1 – nice patients) :-). This was excellent work, --. Thank you. Dr. Shapiro

assign # 3
Hi --, thanks for resubmitting this assignment. You offer an excellent example of a highly skilled and knowledgeable physician who, at least on this occasion, treated his patient poorly. Thank goodness, as you say, that this experience is not the norm, and perhaps it is not even the norm for this physician. Let’s hope not!

It’s interesting to see how you have grown since 3rd year, when you felt anxious about “fumbling,” and now, when you sound much more confident. Nevertheless, the fact that even last year, as a not-too-knowledgeable third year, you stayed behind with the patient to clarify information and assist him makes an important point: The key to the *art* of doctoring is found in very simple things – the willingness to be helpful, the readiness to feel compassion for another’s plight. As you saw with this physician, technical skill and sensitivity don’t necessarily go hand in hand. Unfortunately, sometimes great ability can also lead to great arrogance. Humility should be a much-prized virtue in medicine. I appreciate your thoughts. Dr. Shapiro

assignment #5
--, I appreciate your, as always, insightful and honest remarks, in class and on paper. Isn’t it amazing how we can be so wise where others are concerned, yet how difficult it is to apply that wisdom to our own lives? (Unfortunately, I know this to be true from much personal experience). Thank you for sharing your struggles with your weight, which can be a very personal issue, although one familiar to most of us. What was clear to me was both how torn you are between work, home, son, and personal attention to yourself; and how important being in fairly good shape is to your self-esteem and overall wellbeing. To me that says it’s not a trivial or vanity issue, but something at the core of who you are. That makes sense given what you mentioned about the teasing you received as a kid. As such, it needs attention.

I know from other things you’ve written and comments you’ve made that you hold yourself to very high standards. Overall, of course, that’s a good thing. Sometimes, however, those goals have to be adjusted temporarily, right? You will probably not regain your UCLA schedule for a long time to come (and maybe you wouldn’t want to), and especially not next year. But when you do manage to get yourself over to the gym, be careful you don’t undermine this important and positive effort. You are absolutely on the right track to realize that, when those guilt feelings come up (and I recognize them well, believe me), you need to argue with yourself a little. You offer a terrific example of what psychologists call “reframing” when you remind yourself that you are doing exactly what you need to be doing, for yourself – and for your son and your patients (and probably your wife too, yes? :-)).

Finally, the question you ask at the end of your essay is great, because ultimately talk is all well and good, but it all boils down to specifics. Think outside the box. I am definitely

not a morning person, so I would never suggest 4 a.m. But maybe after you've watched "Finding Nemo" for the 224th time, hugged your wife, and thought for 5 more minutes about that patient with the bizarre rash, when everyone is asleep, you can do a mini-workout at home. You'll be exhausted, so make it short. If it's a reward in itself, great. If not, build in something nice (and simple) afterwards – looking at your happily sleeping son, reading a book, whatever. This is probably something you've already thought of, but you get the idea. Be gentle, yet persistent with yourself, and you'll have good success. Thanks again, Dr. Shapiro

(assign #5; make-up session 8)

--, thank you for your very honest sharing of the point at which you reached compassion burn-out. Believe me, if they were being honest, every attending, resident, and fellow student could catalogue a long list of such "offenses." In fact, so can pretty much every human being on earth. You're lucky that you had family and friends who were brave enough to give you feedback. You also deserve lots of credit for your self-awareness and your willingness to recognize that you had crossed an emotional threshold. It sounds to me as though you made a very well-considered choice (not that EM isn't incredibly stressful – the point here is that you knew what you could handle and still be the person you want to be).

I also appreciated very much your sharing about your stress and burn-out vulnerabilities I have much the same ones – not liking to ask for help, not liking to say no either! I've noticed that I fall into the same cognitive fallacy as you – once I get through all this work, *then* I'll relax. I've learned that work, responsibilities, obligations, duties are endless – they need to be interspersed with nurturance and joy. You are exactly right that too much self-deprivation leads to a cycle of resentment, excessive burden, and depression. I had to smile when I read, "I'll keep striving towards… incorporat[ing] enjoyment into every day of my life." I too tend to adopt that goal-oriented approach even toward enjoyment! Programming in and checking off enjoyment can work, but I suspect we also need to just "be open" to the enjoyment that is daily available to us. More work – and hopefully more enjoyment! – for both of us, I guess. Best, Dr. Shapiro