

AoD FINAL PROJECTS 2009-10

Hi --, just wanted to reiterate what I said in class about your project. It was creative, original, beautiful. I loved your singing, and I loved how you sang - no explanations, no words interposed between the music and your audience. You just allowed us to experience it - and what a wonderful experience it was! You made an astute observation about how so many people - patients, residents, surgeons, and just plain people - rely on music to get them through difficult times. It is a remarkable and amazing thing when a physician is willing to move outside the "doctor box" to provide that kind of presence and consolation to a patient. As I noted, I've read about doctors doing exactly what you did on psychiatry - serenading a patient and as a result connecting with them in a completely new way. Music, as you recognized, indeed can be transformative. And it can transform not only patients and doctors but doctors and patients *in relation to* each other. This was a terrific presentation, --. Thank you so much. Dr. Shapiro

Dear --, thank you for sharing your art with us. You chose wonderful, moving images - Sisyphus at his impossible task; that face of complete anguish and isolation; Jesus washing the feet of his followers; and the incongruously hilarious Nile crocodile and the plover. You showed great courage in first confronting with such honesty feelings of futility, anguish, fear, and isolation that all physicians - and all people - have, but are often ashamed to acknowledge. Yet these are the feelings that lead us to burnout and compassion fatigue, unless we can recognize and address them. Your discourse on humility was truly inspiring. And your final insight about the necessity of interdependence was also lovely (I believe that the symbiosis between the Nile croc and his bird is not scientifically confirmed, but it's still a great image, suggesting as it does that being vulnerable and open with another is not without risk! :-)). Your sketches communicated a great deal, on an emotional level as well as providing much food for thought. Best, Dr. Shapiro

Dear --, I appreciated your final project, and especially that you tackled a poem. You're right, they're harder than they look :-). But I liked yours a lot, and I especially liked the way you were able to evoke the plight of longterm patients, "trapped" in the hospital, disoriented, confused, and frequently feeling "forgotten" by their doctors. When patients don't get better, when their medical condition does not resolve (one way or the other), as you observe, it presents a real challenge for medical staff. Such patients can make doctors feel helpless, useless, inadequate - and of course, since most of us want to avoid these feelings, we also tend to avoid the people who "make" us feel this way. Your poem did a wonderful job at empathizing with the plight of patients caught in this limbo; and demonstrated your commitment not to abandon them. Well done indeed. Best, Dr. Shapiro

Hi --, just wanted to reiterate that I thought you presented a terrific project. It embodied exactly what AoD is all about - encouraging reflection on difficult encounters, so that we can learn from them and do a bit better next time. It is an awful feeling to feel that we have "dropped the ball" with someone, especially a vulnerable patient. To me, this was a classic example of the medical team "forgetting" something that seemed unimportant (relatively speaking) to them, given the complexity of this patient's medical condition; yet the patient losing trust in the team because they didn't mention that he'd be going home with a foley in place. I really respected that you sensed

the shift in the patient; that you didn't just "forget about him," but kept returning to the incident; and that you gleaned some valuable lessons. As Dr. X emphasized, perhaps the most important is "listening, not talking."

I also have to say that I found hilarious (or tragic) the saying that an efficient intern is one who can discharge a patient no matter what. This sums up so well what the healthcare system, in its day-to-day activity, often makes its highest priority. I am waiting for the day when we will say, the outstanding intern is the one who can care for and act in the best interests of a patient no matter what!

--, it's been a pleasure to know you "since the beginning", and to see you grow and evolve into a thoughtful and caring physician. Best, Dr. Shapiro

Thank you for sharing your personal experience with appendicitis, --. You did an excellent job of identifying some of the stresses for the patient - the school nurse who minimized your initial symptoms; the waiting and waiting, culminating in a rushed and confusing explanation from the physician; perhaps less-than-totally-informed decision-making about the surgical procedures available to you. Since you WERE the patient, you had no trouble putting yourself in the patient's shoes. But it is the rare patient who is able to think about the situation from the health professional's perspective (doctors aren't the only ones who can have failures of empathy!). It was a great learning experience for all of us to see you then consider the factors that might have contributed to the nurse and doctor's "bad behavior." Your presentation really brought home the message that everyone in the healthcare encounter has a different perspective, different priorities, different assumptions. The more the physician can be aware of all of these, the more she or he can deliver optimal care. I appreciated how skillfully you used this event in your own life to learn something more about how you can be a better doctor! Best, Dr. Shapiro

--, I am always surprised by how often (I'd say at least one student every year) who uses the AoD project to perform a procedure on himself (actually it's usually guys who undertake this) or enlist the aid of peers to do so (you are probably less surprised, it is probably something in doctor's personalities, because as I am sure you know, there is a long history of self-experimentation in medicine, especially anesthesia. From the physician perspective, experimenting with a procedure is perhaps the ultimate experience of empathy. Physicians who have undergone specific procedures (whether of necessity or not) or taken certain medications generally report being much more sympathetic to the resultant discomfort/side effects that may afflict the patient. So way to put your body on the line! I also appreciated the conclusions you drew about learning to commit (perhaps X was on to something) and the huge gap that must be bridged in translating theory into practice. Nice work --, but hopefully you will think carefully about your next self-experiment :-). Dr. Shapiro