

AoD Feedback 3/20/06

make-up assignment session #1

--, I agree with you that neither the excerpt nor the commentary goes far enough in terms of understanding what makes a “good” doctor. Unfortunately, no profession, not the priesthood, not teaching, not doctoring, confers goodness. And as Hornby realized, mere “decisions” to “be good” rarely survive the onslaught of difficult and challenging patients. As you surmise, “goodness” must be sustained by deep conviction, as well as honest reflection on our own behavior. The capacity to “love” your patients regardless of their limitations and flaws is an example of this sustaining force. Yet even love can be eroded when we are exhausted, stressed, and resentful. We need ways of replenishing our souls to keep our idealism burnished. Perhaps taking a year to write and travel and reflect will be this nourishment for you.

required assignment #6

I got a lot from your reflections on the grieving process. Your description of grief is vivid and true. It reminds me of the difference between clinical descriptions of major depressive disorder and William Styron’s powerful portrait of his own descent into madness in *Darkness Visible*. I completely agree that grief experiences do not inoculate us against future grief (nor should they – this would be tantamount to wanting *not* to feel), but as you so eloquently express it, “they make grief something familiar, something not to be feared.” This is the essence of emotional learning – discovering how to become comfortable, familiar with dark or painful (even devastatingly painful) emotions, and not panic or try to shut them off, but simply *be* with them. When we learn to be comfortable with our own grief, we are then in a place to help others deal with theirs. Where I would differ from your analysis is that I don’t think we need to “fight” grief – although we may choose to question some of its consequences, such as despair, vegetative depression. However, we are in accord that knowing we can survive the “earthquake” of grief gives confidence that we are strong enough not to disintegrate under the force of our own emotions. Very thoughtful and well written essay. Keep writing, my friend! Dr. Shapiro

final project

Wow. Your final project was spectacular, --! The visuals, the music, the parental interviews, the brilliant way you used your Jamaican vacation to illustrate fundamental life lessons, the poetic, philosophical, and deeply touching narrative – it was just outstanding, not only because it was so aesthetically sophisticated but because it moved us. I knew from first year that you were a fine writer, but I was really astonished by the cohesive artistic – and moral – vision you presented. It helped me see sides of you that perhaps I had overlooked, those parts of you that are tender and vulnerable and profound and loving. Of course, your mother knows you a great deal better than I do, and as a rule I am a great defender of a mother’s instincts (being a mom myself), but in this case I must respectfully disagree. Your project convinced me of a great well of compassion and feeling in you, and made me understand more clearly why you have chosen pediatrics. Bravo, --. Best of luck next year and in the years to come, Dr. Shapiro

Burn-out assignment

Interesting application of the burn-out assignment. I noticed that in general your level of stress/burn-out (I wasn't quite sure what the numbers represented) was quite low. Understandably, the humiliating encounter with the tooth-ache attending raised your level, and appeared to have a carry-over effect into the following day, where you felt "paranoid" and compulsive about your presentations. We can usually learn something by monitoring aspects of our own behavior; and sometimes, by quantifying our emotions (even though this is "subjective" and "unscientific") we discover differences in our global perceptions when compared to specific data ("that week in ED sucked" vs. "the week ended badly, but most of it was pretty reasonable"). I wonder what you learned from the experience.... Thanks for turning this in, Dr. Shapiro

difficult incident resident

Hi --. Thank you for sharing this "difficult" incident. It is so classic for third year, isn't it? I think so many of your peers hit that wall of hierarchical power and hostility from residents, and just don't know what to make of it. I hope it is okay if I share my take on the situation. First, unless I'm missing something, the incident you describe seems much less like an "academic" failure than an interpersonal "failure" (and I actually wouldn't use this term either). The resident, of course, did not handle the situation well, and was actually more insulting, rude, and punitive. However, not much can be done about the resident's behavior. Your behavior is what is of interest. I thought your initial retort (post-call, having delivered a baby, trying to find your 3rd year legs) was a model of mature problem-solving: "Gee, could the other lower-than-low scut person help me with this tremendous time-wasting load of... scut?" In my view, the only mistake you made was abandoning the mature, sensible approach too quickly, and resorting to indirection, sarcasm, and as you point out, passive-aggressive behavior. This remark escalated the situation, which was further inflamed by the resident pouring on more oil. By fourth year, you may have already discovered something it took me decades to understand – that if my reasonable suggestion doesn't meet with immediate success, the best thing for me to do is not to collapse, not to sulk, not to throw a fit (although I'm very good at doing all of these), but to gently persist in my quest for a just – or merciful – resolution. To my mind, this is the most effective way to stand up for yourself. To me, there are times when it makes sense to "quietly go along," and other times where you have to calmly, kindly, but firmly draw a line in the sand. The passive-aggressive sarcasm can usually be checked at the gate (although it is a lot of fun!). I hope this analysis is not too intrusive. Ultimately, you're the one in the situation, and the one who should decide how it needs to be handled. Just a few post-AoD parting thoughts. By the way, congratulations to you and -- for matching at UCLA. Very, very impressive! Best wishes for next year, when you get to be one of those residents – remember to be kind to the floundering medical students (. Dr. Shapiro

Final Project

--, I think your poem should be the class anthem. It is a wonderful, heartfelt exercise in reflecting on the last 4 years. It is clear to me that indeed you have grown, not only in competence, but in the art of medicine, having developed an appreciation for the power of the human spirit as well as the power of antibiotics; the importance of patients' names as well as the differential diagnosis; and the value of learning from patients as well as

from textbooks and professors. You – and your classmates – have earned the right to be proud walking at graduation. Enjoy it!

Final Project

Great project, --. Obviously this issue concerned many of your fellow students as well. I spent much of my life being an “externally oriented” person, going for the goodies and evaluating my worth by the extent to which I pleased others. Paying attention to feedback and being willing to learn from others has its place; but not at the cost of displacing one’s “inner voice,” which as you point out it is also extremely important to listen to and respect.

The language you use (“a culture of malignancy”) is strong but not, unfortunately, excessive. I know it is not true for every resident, but I am always baffled by the stories I hear of residents, who a few short years or even months ago were medical students themselves, mistreating and abusing medical students. How does this happen?! In part, I believe it is because many residents lack precisely what you are trying to cultivate – a personal vision of an artful physician. Without this anchor, they are buffeted by the criticisms of their superiors, the demands of the rotations, the frustrations of the patients, and too often they kick the dog.

There is a wonderful Buddhist story about a monk who finds an infant left on his doorstep, takes her in and starts to raise her. The villagers jump to the conclusion he is the father and berate him, but all he says is, “Is that so?” Then the real father steps forward, and the villagers hail the monk as a saint, and all he says is, “Is that so?” The mother takes back the child, and the monk relinquishes her. The villagers feel he is cold-hearted and criticize him. All he says is, “Is that so?” Then the mother abandons the child again, the monk once again starts to care for her, the villagers call him a hero, but he continues to say simply, “Is that so?” This is the kind of inner equanimity, humble, centered, calm, that we should all strive for. The murmurings of the villagers are not constructive feedback, but simply roiling emotion which is not all that helpful whether it is good or bad.

I am delighted to hear that, as a result of your reclaiming your own standards and voice, the “system” did not corrupt you. You have stayed true to yourself and your values. Now comes the time of testing. A saying I try to remind myself of daily goes, “Life is so hard. How can we be anything but kind?” Next year, as your life gets harder and harder, you will have ample opportunity to treat medical students, nurses, patients, attendings, family members, janitors with kindness, *whether or not they always deserve it!* None of us can do this all the time; but I hear that you have a clear intention to model a different kind of behavior, and I’m very confident you can do it. Good luck at Harbor, and beyond. Best, Dr. Shapiro

Final Project

--, I really appreciated that you chose to reflect on your personhood as a whole, not just doctoring. Dr. X. and I believe strongly that there is not a neat demarcation line between these two, and if you work at becoming a better person, you will also be a better doctor,

and vice-versa (talking now about “art” of medicine qualities, rather than technical competence, which won’t necessarily make you a better person, but might help you fix your car). I loved your honesty in sharing about your “negativity,” and the nickname of “Debbie Downer.” Thank you for entrusting us with this side of yourself (for what it’s worth, my husband says much the same thing about me, and has instituted a policy whereby I have to say at least one good thing about his idea before shooting it down :-)).

You have a very cute, tongue-in-cheek style of writing, and your essay really made me smile. I’m sorry the intervention didn’t have the desired effect (i.e., people didn’t notice you being more positive). There may be several explanations including the possibility that, even though you tried, you were still pretty negative! Two weeks isn’t a very long time, and it is hard to influence ingrained cognitive habits. However, it is also possible that, as with a small child always yelling and screaming and receiving lots of negative attention for this behavior, when the child is quiet, nobody notices her anymore. So it might also be the case that your small, but real changes simply weren’t recognized!

I also agree completely that personal change should be undertaken with a light and loving hand. If you beat yourself up over any particular quality, pretty soon you will lose interest in change because it makes you feel so bad. I try to create a positive context – I’m a pretty good person overall, but I do have a tendency to interrupt people when I get enthusiastic – and then nudge myself very gently toward being just a little more respectful of them by not stepping all over their words. I think at least as important as trying to change was the fact that you solicited feedback from your loved ones about this aspect of yourself. That was a bold and brave thing to do. Fortunately, what you learned is that your “negativity” isn’t really as irksome to them as you might have thought; and even can play a helpful role in their lives. So what you arrive at is a more nuanced conclusion: Sometimes being negative can have a helpful “tempering” effect; sometimes it might come across as excessively critical and a wet blanket. Learning to distinguish between these effects, learning when to support others’ ideas and when to sound a note of caution will give you more control over this tendency, so you can use it in skilful ways.

--, I really liked having you as part of this class. You were an active and involved participant, and I appreciated your willingness to engage in self-reflection and self-exploration. I hope something of what you learned will be useful as you proceed in your training and beyond. Regards, Dr. Shapiro

Assign. #2

--, I love this poem, so I’m glad you chose to write about it. Yes indeed, kudos to this wise and caring physician for thinking outside-the-box for his recalcitrant patient. This is the kind of doctor who will go that extra mile for you, even when you can’t – or won’t – do it for yourself. And, by the way, that is one of the huge challenges in medicine – getting people to do what’s in their best interest (what an irony, right?). Or, even more frustrating, getting parents to do what’s in the best interest of their child? If only patients – and parents – were as logical and mature as their initial behavior of making an appointment makes them appear. But unfortunately, a lot of patients think (illogically) at

that point, I've done my bit, now let the doctor do hers. Or they may have been swept up in a wave of determination to lose those 50 pounds when they called for the visit – but by the time they show up in your office, they have given up again. The reasons for the discrepancy between what patients (read people) say they want and how they behave are myriad!

I read the ending of this poem a little differently than you do. It is, of course, discouraging that the patient didn't use the "medication" as it was intended. (Isn't the statistic something like 70% of prescriptions are not taken properly?). But I think this doctor has the wisdom to know that sometimes our patients know themselves better than we do. This woman knew she was never going to exercise the way the doctor wanted. She accepted the gift of the puppy not as an "order" from her doctor ("You must walk more") but as a sign of love and caring, and that's how she treated it. And who knows, this wise physician seems to me to be saying, maybe she lived twelve more years because she loved her puppy, and her husband, and she knew she had a doctor who cared about her and was willing to hang in there with her? Just a thought. In the end, how true it is, as you say, that patients make their own decisions!

Final Project

I thought your project was extremely creative, --. It reminded me of a workbook my husband did with one of our daughters when she was about 12, titled "Choices and Changes." It's fascinating for her now, twenty years later, to go back and look at what she wanted to be, how many kids she wanted to have, what her most important values were etc.

I really liked what you said about becoming more comfortable about your "shortcomings." I think this is such an important lesson. In fact, I believe we can't really improve our shortcomings (should we choose to do so) until we are comfortable, familiar with them, and have stopped trying to excise them, but rather accept them as part of who we are. The changes you identify make it sound as though you have done a wonderful job of claiming/owning your life. And underneath is the stratum of core values that anchors you in this world. A thoughtful and interesting effort. Thank you for sharing. Dr. Shapiro
P.S. I loved the pictures – all of them were very sweet!

Final Project

--, your final project was very appropriate given your pending transformation from medical student to – who knows what? Writer, traveler, volunteer, partner in the journey... It's scary when our rigid identities slip, but it's also exciting. You create the space to allow unknown possibilities a chance to enter. I am confident they will enter in your life. After hearing your beautiful reading of the poem to your wife, I was filled with happiness, because no matter what happens, you've made a good choice. Believe in yourself, do all the good things this year you don't have time to do in residency, and be strong (in the Marge Piercy sense ☺). Best, Dr. Shapiro

Great choice of poems, --. You've shown us that the past can speak to us eloquently and accurately. I think many of us have tried on the mantle of Ulysses at one time or another. Perhaps it is too heroic for some of us – but Tennyson's genius is that he shows us the very mortal, doubting, fallible man, whom we can all relate to. I like the courage of this poem, the commitment to live life intensely, and not to be afraid of either the joy or the suffering. --, you strike me as a person of great integrity who will not hoard yourself, who will carry forward all that you have learned to always “shine in use.” Congratulations on your growing family, your new residency, and the next step in your life. Best, Dr. Shapiro

Final Project

--, you wrote an amazing essay. I'm glad I got to read it because I understood more clearly how you reversed the looming “negative” transformation of focusing on the business of medicine (somehow I can't believe that tempted you for very long!), and achieved the “transformation” of becoming the very doctor you envisaged in your personal statement 4 years ago. Among many dedicated and caring students, you stand out as being able to cultivate rich and deep connections with patients and families. You are not afraid to allow your humanity to show, and that's why you are loved – and recognized as you walk down the halls. The sentence that impressed me most in your essay was this one: “I realized I didn't know as much as my attending... but I have the sense that I was the happiest guy on the team.” I have always believed happy doctors make good doctors. Always follow your heart in your practice – it will not lead you astray. I wish you all the best in your future training, and I can't think of anyone I would rather see go into family medicine. Best, Dr. Shapiro

Final Project

Wow, --, your project blew me away. You are obviously very intelligent, very thoughtful, and very perceptive, but I didn't realize how courageous you are. Thank you so much for taking the risk of showing your soul. It felt like a very integrative process to hear and watch you own each part of who you are. I also suspected that many of us (including me) were with you every step of the way, seeing ourselves in that honest, yet compassionate self-portrayal. You were a wonderful role model for how the rest of us can learn to face our demons with recognition and acceptance. I also felt that what you said about being an immigrant both resonated with many of the students in the room, and helped all of us understand the “immigrant experience” a little more deeply. Finally, you had a great insight that sad or depressed mood may be correlated with high control needs, as we try to control the world around us that seems to be slipping out of control. Your description of a major depressive episode as “scalded from within,” was an amazing use of language, so much more powerful than the bland adjectives we find in textbooks. --, stay present, stay happy, and don't let Johns Hopkins get you down – remember you are an extraordinary young woman. Best, Dr. Shapiro

Final Project

I'm very glad you chose to share your portraits. They brought to mind the expression, “A picture is worth a thousand words.” They were so vivid and moving that they brought to life the stories you told about them. Yet it was also by “storying” these disturbing images that you could begin to resolve them and put them to rest. In medicine, many of your

encounters are emotionally traumatic, yet too often you don't have the time, the tools, or the support to really process these events. They can stack up in your unconscious, and leak out in problematic ways. By telling the stories until they lose their traumatic edge, you are able to integrate them better into your ongoing life. Also, as you discovered by revisiting these stories, you can explore alternative emotional responses; add new elements; replace "pity" (a patronizing emotion) with "compassion" (a more egalitarian response to the suffering we all share); transform annoyance into appreciation; and temper fear and anger. Such exercises enable us to consider other ways of being in similar situations – not necessarily right or better, but ways that we have thought about, rather than our automatic, reflexive responses. Thanks, -- for an excellent project. Best, Dr. Shapiro

Grief/Loss

-- this was a very poignant essay about a patient who started off annoying and difficult, and ended up endearing, funny, vulnerable, and trusting. You know, I think the more we get to know another person, the harder it is to really dislike them. That doesn't mean we like or enjoy everyone, but the more we understand them, the more some spark of fellow feeling emerges. I very much admire that you took the time to visit this man; and I'm glad you cried for him. He deserved that much, and so did you. As you realized, his passing was sad, his presence in your life was a blessing. If we pay careful attention, that is how most things in life are – great grief may contain seeds of joy; and even great joy may be shadowed by a hint of sorrow. I respect your ability to embrace this patient in all his strengths and imperfections. Thank you for sharing. Best, Dr. Shapiro

Grief/Loss

--, this was a painful essay to read; I can only imagine what it must have been like to live it. I could hear how much you wanted/needed this little girl's forgiveness, for things that went wrong, for your being human. It is such a sad, sad story, even without the (imagined) culpability. I am not a doctor, and I don't know whether there was anything you could have done to have changed the course of events (I suspect not). But the feeling of guilt often isn't rational, and has as its basis simply the fact that you were supposed to help her and couldn't. But I'm glad you brought it all out – perhaps giving the mother false hope, making the joke about the TPN order. When we are overwhelmed by our emotions, and everyone around us acts as though we shouldn't *have* any emotion, it's easy to try to regain control through that distancing humor, that shows we're tough and not all that effected, even by a little girl's death. Dealing with these painful, guilt-inducing events, we must have the humility to ask for forgiveness, and to forgive ourselves, not glibly or facily, but as you have begun to do, slowly and carefully and deeply. Thank you for entrusting us with this very moving story. Best, Dr. Shapiro

Make-up assignment session 7

--, as part of my own training, I went through a substance abuse program about 25 years ago, and like you, I learned as much if not more about myself and my family dynamics than about substance abuse. Your examples of countertransference are striking – it is sometimes unnerving how we think we know why we respond in a certain way, only to discover that our reactions have a different basis entirely. When we are very identified

with a place, a school, a role, a profession we can feel personally attacked when these are criticized. Some of the questions you might want to ask yourself are: 1) Can I identify with something that isn't perfect? (i.e., can I stand not to be perfect?) and 2) Without San Diego, soccer, Stanford, medicine, who would I be? The kind of strong work (term used intentionally as a conscious challenge to the type of work that is usually labeled "strong" on the wards) you are doing over X's death, learning to ask forgiveness and forgive yourself for imperfections, will create the emotional space necessary so that you can still love your home, your sport, your profession, while accepting flaws in each – and in yourself. Thank you --, for your implacable honesty. Best, Dr. Shapiro