

## ART OF DOCTORING 2016-17 FINAL PROJECTS

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Dear Team Poets, Thank you for kicking off our presentation session with the perfect overview of medical school. Each of your segments on the various years struck obvious chords with your classmates, as I heard chuckles (and groans) and saw nods of (at times rueful) recognition. Each stanza was cleverly crafted, and you all managed the rhyme scheme pretty well 😊 I thought the comments about “cleaning up” the revisiting, “softening” the memories was interesting, especially in the context of --’s comments about becoming “stronger, smarter, wiser.” But overall, I think there is a truth here. You’ve climbed mountains, and more lie ahead, but you’ve shown yourselves to be brave and skillful mountaineers.

--, your recapitulation of first year was very funny. I especially liked your awareness that in and amidst the incomprehensible PhD lectures in Tamkin and the unremitting demands of anatomy, life happened, and you all embraced it. --, your segment did a good job of capturing the boring enormity of second year and Step 1. --, you highlighted the main lesson of third year – *this is real!* Real patients, real suffering, real medicine. And --, you represented that significant shift in 4<sup>th</sup> year when students “find themselves” (at least so far as specialty is concerned); and recognize that aspiring to becoming a great doctor is no longer a vague aspiration but a daily necessity.

You all set exactly the right tone, and your classmates responded in kind. Your voices spoke to everyone in the room. Best, Dr. Shapiro

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Thank you for introducing yoga to AoD. Your teaching of the tree pose was beautiful – breath and balance are two important resources to have in residency (and in life!). I also very much liked the way you worked within the metaphor of trees having both roots and branches, swaying in the wind on occasion, but not toppling. Your paintings further illuminated the appropriateness of the metaphor. --, your sharing of starting off in med school filled with insecurities and anxieties (lots of head nodding on that one!) and growing into confidence and wisdom was really lovely. I think this “growth” reflects the experience of many of your classmates.

-- and --, your listing of strengths and developing strengths showed a lot of insight. It is so important to know your own inner resources – as well as the ones you want to strengthen. You will need all of these in the coming years, so it is good to know much is already in place; and much more can be cultivated as part of your growing trees. --, pointing out that the “tops” of the trees were not included was a wonderful observation. You have already grown so much, and more opportunities for growth lie ahead. As Dr. X wisely suggested, keep fertilizing and watering yourselves so that your inner trees flourish. As you talked, I imagined your class as a forest of healthy strong trees, lifting branches to the sky. It was a very moving image. Best, Dr. Shapiro

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Dear --, I'm so glad that you were able to participate in AoD this year. I really enjoyed your art project (and interesting that, like --, --, and --, you chose a tree to symbolize your future). Your choice of succulents was a perfect one to represent the resilience so necessary to surviving medical school – and residency, and medicine, and life (!). I also thought your analysis of the different kinds of stress was insightful, and agree that emotional stress is the hardest to overcome. For that, we need both inner resilience and the support of others. We can't get through this life alone ☺ As for the redwood, your statement was exactly right: in the right conditions they grow and thrive. In the right conditions, you will become a great doctor; in the right conditions, you will be a fulfilled person. The right conditions are partly your external environment (choice of residency matters ☺ - hope you end up surrounded by redwoods!), and partly of your own making, including your resilience. Next year will be a challenge, but remember your succulents and redwoods. I think you are ready. All best, Dr. Shapiro

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Dear --, --, and -- , I appreciated both of your paintings. The explanations really helped me understand what you were trying to convey in each, and it was a wonderful message of hope and uplift. The “early” picture was characterized by that sweet, but naïve and amorphous optimism of the early years, uninformed by much understanding of what life in medicine is really like. The patient in that painting is rather alone – sure, you know s/he's there, but not by any means central. In the second painting, the patient has assumed centrality: you have grown into doctors, committed to serving those who are sick and suffering. Both paintings are beautiful, but the second is much more focused. What I found inspiring was that, on the other side of all the experiences you've lived through, you are not burned-out or cynical. Your early idealism has crystallized into a concentrated dedication to patient care. I know it's not that simple, but it was a powerful statement to see the patient now connected to the doctor, no longer alone. This is what every patient hopes, and I'm so glad you and your classmates will be the kind of doctors to deliver this sort of attentive presence. Best, Dr. Shapiro

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--, what a great project! This self-portrait was both clever and insightful. Your comments about the short white coat were quite nuanced. As I mentioned, many essays have been written about this coat and its symbolism; and most 4<sup>th</sup> years simply endorse the mantra of your classmate, “Burn it!” ☺ I really appreciated your description of how a relationship had developed between you and the coat – you'd formed a rapport, you'd been through a lot together and had learned to work as a team. Going forward, in addition to the relief in relinquishing it, there might be a little nostalgia for the innocent days of medical school.

I also found hilarious your line about “pretend patients in make-believe clinics.” That was very well-phrased and very well-observed. Nothing really prepares you for real life! Thanks for choosing to participate in AoD, and especially thanks for the authenticity of this project. Best, Dr. Shapiro

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Dear --, --, and --, GREAT project! By focusing your attention on one – albeit pervasive – aspect of the past four years, you were able to drill down in a satisfying and provocative manner. This skit of the perpetual (and often inappropriate) evaluation that has taken over medical education really struck a chord with your classmates (witness --'s statement and the subsequent passionate discussion). The skit itself was hilarious – and completely true to the SP experience (and by extension to so many other forms of “pseudo-scientific” assessment strategies. As I mentioned, I am particularly concerned that amorphous and ill-defined (albeit very important) attitudes such as empathy are now subjected to checklists and 5 point scales. REALLY? Someone please explain to me the difference between a 4 point empathy and a 5 point empathy score – oh wait, you already did: pat on shoulder!

--, I concur that, while evaluation is appropriate for certain types of factual knowledge, we have become obsessive about attempting to monitor and control even minute behaviors of the learner. The result is non-productive. And -- you said it well, “It is not natural to be trained to be mechanical.”

My own view is that, because everything considered important is “evaluated,” to establish its place, administrators have required empathy etc. to prove their worth by undergoing rigorous (albeit meaningless) assessment. The result is a lot of junk science. Unfortunately, students are not immune from contributing to this dilemma since, unless something is tested, it is often perceived as unimportant. A more productive model, I think, would be to create required space in which to reflect on whether or how empathy is important in clinical medicine; and how it can best be manifested.

Obviously your project stimulated a lot of thought, for me too! Thank you! Dr. Shapiro

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Dear -- and --, how happy I was when you brought forth your masks! I’ve become enamored of this medium as a means of self-exploration and self-reflection, and it was wonderful that you introduced it to your classmates. --, in addition to being quite beautiful, your mask represented a hopeful take on the future. It was so interesting to learn about the symbolism of peacock feathers, that added insight. I appreciated that you linked these representations of hope to your own relationship with patients. Thank you also for advocating for the therapeutic, healing value of “presence” as sometimes more important than medical interventions. This is certainly true at end of life, but also true at other times as well in patient care. Further, of course, the two are not opposed, but additive. Pain management at end of life can be critical; pain control provided within a context of personal knowledge of and caring about the specific patient delivers an extra layer of healing.

--, thank you for the honesty of your mask. As the first group presenting acknowledged, there was quite a bit of whitewashing in these projects. That is not necessarily a bad thing – as long as difficult things have happened to us, we want to tell the most healing story possible about those events (after, of course, authentically going in and through regarding their traumatic dimensions). But too many rose-colored lenses can avoid the real distress and pain of an experience (medical school) that often challenges you to your very core. You recognize in your mask that the early optimism has given way to something more complex – a more elaborate palette of emotion. This to me seems both accurate and, in its own way, filled with potentiality. You also acknowledged your struggle with “too much

empathy," which definitely can be a pitfall. One of the most insightful things you said was, "we aren't given the skills to cope with any of this." So true, and I am truly sorry that this is the case. This comment of yours clearly resonated with your classmates; I think this is something many, many (perhaps most) medical students feel, and it was courageous of you to give voice to what everyone knows but few are willing to say. I am thankful that, somehow, you have found your way to better boundaries and a better balance of emotional connection and separation; but I regret that you had to figure out this path on your own.

Wishing you both all good things, now and in the future, Dr. Shapiro

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Dear --, thank you so much for sharing your beautifully composed and performed song. The lyrics were moving, and the music transcendent. (For me, music can express feelings in a way that words cannot; or, as in your case, can give a boost that deepens and infuses words with emotion). One of the lines that especially touched me was when you sang "He draws me near to what I am." There was so much yearning and love packed into that sentiment!

I also admired your whole approach to this project: as a scientist-physician, you knew that it was unlikely that your patient could sense all the love and hope that her husband was pouring into her. Yet instead of dismissing his hope as misguided or delusional, you "imagined a world in which the husband's view of reality was true." Of course, that does not make it true, but it is a supremely empathic act that moves you closer to his grief and love. Imagining his wife as aware and thankful also (empathically) returned to the husband what he so longed to have.

I read an interesting book by a medical anthropologist which studied the divergence between pediatric oncologists' and parental views of hope in a poor, African-American population. As someone who has argued against "false hope," I discovered a different perspective, namely hope as a moral act, a position of nonabandonment when everyone else has given up (you can see why this might be a particularly powerful need in a community that has so often been abandoned by the dominant society, in medicine and elsewhere).

Extrapolating from this to your patient and her husband, I think it helps us respect and honor the relational commitment underlying that hope, rather than dismissing it as denial. It is a final act of love. Truly a beautiful and thought-provoking project! Dr. Shapiro

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Dear --, thank you for your very thoughtful reflection about your "two lives." It is so hard to figure out how to maintain the balance – often we can't. There is so much suffering and ugliness in medicine, and a sacred beauty about our personal lives (not to oversimplify, these can have plenty of suffering and ugliness too; while medicine has its own joys and inspirations). We are afraid that the former may contaminate the latter; and that the latter may not redeem the former. Because of this fear, we build walls and create quarantines. When we do so, the journey, on a daily basis, across the chasm

that separates these two worlds “exhausts your soul.” No wonder. It is exhausting to lead two separate lives in one skin. Perhaps the question should be, “How can I replenish my soul? What can I find along the way that is hopeful and restorative? From where will strength and help come?”

The key sentence for me was when you wrote, “Both lives are mine.” Exactly. Somehow you must claim them both, love them both, be grateful for them both (again, not all the time!). My view is that you are on the right track when you let down the walls, and recognize that these worlds are closer together than we think. That is a vulnerable thought, as you say, to be sure, but it is also a true thought that acknowledges the contingent nature of our wellbeing and our common humanity in suffering. Learning to live with that vulnerability, with the unpredictable preciousness of life, is what makes us human. And what helps us set down our fear.

I found this poem to be exceptionally moving, vulnerable, and brave. Thanks again. Dr. Shapiro

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Dear --, --, --, --, and --, thank for contributing that evocative video montage to the final projects session. --, you picked up on the refrain of the “joy and misery in the hospital” and I think everyone resonated to this insight. --, you elaborated on this theme by noting the intense emotions that arise in medicine. I was also so delighted when you gave a shout-out to the VA population, and their gratefulness for the young doctors who deliver their care. This is a different perspective than I often hear about the VA, and one that deserves a voice. --, thank you for sharing your own intense emotions when reflecting on the friendships you have made over the past four years. Your emotional openness allowed your classmates to connect with their own feelings of gratitude and fellowship. --, you extended this theme, and by sharing the support you received from generous classmates during your own health challenges, you reminded us that doctors can be patients, that life is fragile and vulnerable, and all we have is each other. Finally, --, you wrapped up the presentation well by helping us to step back and remember the importance of holding a larger perspective and staying grounded regardless of the challenges that lie ahead.

As I shared in class, two other themes in the video which I found quite powerful were “putting out fires” and “we do not choose each other.” I realized that that is exactly what you all have committed to doing – putting out the fires in people’s lives that are consuming their bodies and souls. I was struck once again that, despite all the problems, medicine is still a noble profession, and I was so grateful to you all for the work you have chosen to do in the world. I also was moved by the idea that, four years ago, you were all random strangers; you did not choose each other, yet in this time over and over again you have stood by each other and supported each other. That is what doctors do for patients, and that is what human beings do for each other.

This piece touched my heart deeply and also made me think. Thank you! Dr. Shapiro

