POWERLESSNESS ESSAYS

--, thank you for sharing this experience in class. It generated a valuable discussion, and it was obvious that many others resonated to your issue. You did a great job of identifying the initial, very normal but not all that helpful, emotions of fear, resentment, lack of control, helplessness, and catastrophizing. You also skillfully identified the story (looming financial disaster) which was fueled by, and in turn itself fueled more negative emotions. Finally, you were aware of your dominant, reflexive (which does not mean good or bad, just that you tend to rely on it) mode of response – "fixing it." I was impressed that your husband, despite being on the "receiving end" of "marital discord," was able to facilitate a healthy interaction which involved 1) a more realistic, unexaggerated assessment of the problem 2) allowing in "discordant" elements (good opportunities for personal trainers in January) that actually mitigated the intensity of the story 3) accepting temporary alternatives that you might initially resist (such as use of credit cards). This was an excellent example that, hopefully, will have a happy ending!

--, you generated a good description of a frustrating situation. I also liked your idea of checking with another study to verify the consistency of the problem. Finally, you were able to analyze why writing in the chart was important to you as part of your medical education.

You generated a number of different possible options that could be charted on a scale of assertiveness, as well as problem-solving a related problem (being put on the spot to generate a differential diagnosis in front of the patient). Some of the strategies highlighted your agenda, others made more room for considering the physician's priorities. This is an excellent exercise in and of itself because it shows that, despite feelings of powerlessness (very understandable, by the way), there are several actions you could take. Even though Dr. X may not be an outstanding teacher, or may be too busy to be a good teacher, you still have the possibility of influencing her behavior to get more of your needs met. The next step would be to consider your various options according to whatever criteria are most important to you – e.g., advancing your medical education, reducing helplessness, learning how to negotiate with superiors etc. And then to ask yourself, knowing Dr. X (even a little), which strategy might have the best chance of success. Very well-analyzed and thought-through. Let us know how it turns out!

--, you've focused on a really crucial issue –the patient's feeling of confusion and helplessness, which in turn trigger helplessness in you. It is an astute observation that silence in some cases can be complicitous. In your example, in effect it could be interpreted as your "siding" with the attending and resident instead of with the patient. You also demonstrated that you had taken the time to understand the perspectives of both attending and resident, so that you did not demonize their insensitive behavior. I'm curious as to whether you would consider discussing this event with either attending,

resident, or both. That might or might not be a good idea, but in this way of handling things, you learned quite a bit, the patient also learned a lot, but it is questionable whether resident and attending learned anything. Of course, it is also true that it is not necessarily your job to educate them! This was an excellent example. Thank you for sharing.

Interesting example, and I think a widespread one in medical education. Unfortunately, many people in teaching positions rely on "shaming and blaming" to send a message. This both humiliates and devastates the learner, without necessarily teaching anything useful. You correctly identify the feelings of powerlessness and helplessness that arose in response to this treatment, as well as the sense of "injustice" that you were perceived as lackadaisical when in fact you were trying very hard. Your strategy of direct communication was an excellent method for sharing your concerns as well as your perspective, and it sounds like it had the desired outcome. The lapse of time between the event and the discussion may or may not have been intentional but, as we discussed in class, it may have given you the opportunity to allow your emotions to settle (not disappear) so you could understand them more clearly; collect your thoughts; and figure out an approach to the resident that would reduce defensiveness and optimize first listening and then negotiating a mutually agreeable outcome.

--, you've highlighted what I believe is a really important issue in medicine: how to deal with personal feelings of helplessness in the face of medicine's limitations. If medicine is always expected to "cure" and "fix" (a model especially dominant in ER settings), then anything less is perceived as failure. I'm impressed that you and the rest of the team were able to discuss your feelings. I don't think the goal is not to feel helpless (feelings come and go), but first to be aware of helplessness, so that it does not inappropriately influence your behavior, and second to be willing to look at it (precisely as you all did) to consider how it originated and what its implications might be.

The other example would be comical if it did not involve real, suffering human beings. This kind of thing is maddening, but unfortunately is part and parcel of almost any bureaucratic system. I see that your "intervention" of mini-triage was motivated by concern for the patients, and from my layperson's viewpoint seems to make a lot of sense. In fact, it was well-received by one set of stakeholders (physicians), but not by another (nurses). Looking back, is there anything you might have done to improve the chances of your strategy being accepted by staff? (And I'm not necessarily saying there was a better approach – sometimes we have to accept that we can't right every wrong. However, the more we can take into consideration how an action – especially a novel action initiated by a somewhat low-status "outsider" – might affect the system in ways both negative and positive, the more we can anticipate potential problems and perhaps avoid or attenuate them).

Both very interesting scenarios. They definitely made me think!

--, although “trivial,” this is actually a great example, and I believe something that happens all the time – in medicine and in life. Someone says something that seems to support us, but in another context “switches sides.” You perceptively identified your feelings in a nuanced way – you realized you weren’t “really, really upset” but you did feel “a little isolated.” I agree with you that it’s not a big deal, but sometimes even if we think intellectually we should be able to let something go, it sticks in our craw. Your plan sounds like an excellent one: If this was an isolated incident, move on. If it is a pattern, be curious about it before passing judgment. What is going on with the intern? Is s/he insecure about his/her own knowledge base? Is s/he brown-nosing the resident? Was the intern not really paying attention to your plan, and only really got on the ball when the resident weighed in? Before deciding on how and at what level to share your feelings, you might want to learn more about what’s going on with the intern. This may help you decide how to continue the dialogue. Good work.

--, the situation you describes sounds both painful and difficult. Even at that early stage of your training, you discovered how complicated it is to try to be simultaneously doctor and family member. This role juxtaposition is very hard to manage even for experienced physicians. Because you are a “doctor,” even if you are only a lowly medical student, the family will turn to you for answers. Often this role of medical intermediary makes it impossible for you to really grieve as one of the family because you are so busy dealing with the medical facts and options. Since grieving hurts, some people take refuge in “being the doctor,” only to find that at the end of the road they’ve avoided their most important task. In my opinion, your decision was absolutely the right one. You did help guide them by giving them a general sense of the situation, but also opted not to withdraw from being part of the family. Most of us are not well-prepared for either our own death or the deaths of those we love. The feelings of helplessness you struggled with are widespread. Perhaps you coped with them in part by sharing difficult information with the family while not depriving them of all hope, and helping to care for the physical needs of your uncle. Although it is painful, reflecting on how we can work with this helplessness, and the ways in which we are and are not helpless in the presence of the dying can be an important task for a physician-in-training. Of course these issues will come up again and again in your career, and you want to be confident that feelings of powerlessness never drive you away from your patients. Thank you for sharing this very personal experience.

--, you’re putting your finger on a paradox of medical education. We specifically select individuals for medical training who have high need for control, then put them in a situation where, for four long years, they have almost no control at all! Personally, I think it is an unhealthy situation when you consistently have to choose against your internal

desires and feelings. And you're right that medical education does tend, in some respects, to promote isolation and loneliness (believe me, you are not the first person to feel this way). But you're also recognizing something even deeper, that sometimes we are like a bottomless pit that can't be filled by others. At this point, it is up to us to heal and soothe ourselves, before turning outward for consolation. I really like the way you've come up with "monitoring" your own inner state. That is a really important skill (in my opinion, at least as important as tying good surgical knots, if not more so!) that you will use for the rest of your life. Most of us have surprisingly little sense of what's really going on with us, and just grab a hold of any convenient explanation that happens to pass by. If you can get to know yourself *without judgment or guilt*, but just observing, you will also develop ways of "handling" yourself. All your strategies impress me as excellent, a kind of anticipatory intervention to ward off greater trouble down the road. Far from seeming like mere common sense, your analysis is full of nuance and insight. The approach you're taking has a much better chance of preserving both your happiness and sanity as opposed to reacting reflexively to externals. You want to craft the balance that, long-term, works the best for you.

--, I liked the way you presented this situation. I was caught up in the tension, and had to chuckle at the concluding lines. More importantly, you asked some excellent questions trying to understand why the resident had interrupted you in the first place. Sometimes, as you astutely observe, serendipity, fate, what have you, provides a felicitous answer, but I think only if you are paying attention and ready to receive it. Out of the resident's own mouth, what did you learn? That this person likes a measure of assertiveness and probably sees it as standing up for oneself. His message to you? That if you step forward, he will step back. You did a fine job of seeing clearly what would work *in this situation with this particular resident,* and then put it to good advantage.

You chose a good example, albeit a very frustrating one because it sounds as though you did an outstanding job on the sub-I, and this resident apparently had to be a spoiler. Your analysis of the situation is well thought-out: You received appropriate recognition for your hard work through the honors designation. The niggling little comment by the resident was really irrelevant, although personally hurtful. There is no right way to respond in these circumstances, but there might be a right way *for you.* The first question you might ask yourself is, Can I let it go? Maybe you feel it isn't important, you'll never see this resident again. If you can accept her negative comment, perhaps you can just move on. However, you may feel puzzled and distressed. Although the comment itself is insignificant, here is someone with whom you worked previously and who seemed "fairly nice," and she suddenly turns into a witch. Maybe you're just curious: Gee, I thought we had a pretty good relationship, but is it just me, or are we not getting along on this sub-I? Are you upset about something having to do with me? Has my work not been satisfactory? Have I let you down in some way? A third possibility is that you might feel it's important to hold this resident accountable for the sneaky way she

attempted to undermine your evaluation. Although you probably will never see her again, she may behave in a similar fashion to other vulnerable individuals. So you might want to find out why she criticized your reliability, but had never given you direct feedback. It's all about coming from a calm, clear place, figuring out what you're trying to accomplish, whether it's being assertive *or* being accepting, and then making the best decision you can about how best to reach that goal.

Great issue, --, about childrearing. (My pregnant daughter is having very similar discussions with the father of her baby). Your insights about how personality traits affect the way the two of you communicate are very perceptive; and from them, it is easy to see why conflict arises. You are wise to consider counseling. What you need to do is build a common language that respects both ways of viewing the world, but results in some practical solutions that could be applied to a real live child! It looks to me as though you both are already learning the fine art of negotiation and compromise on your own: you are prepared to tolerate some uncertainty for a period of time, although your preference would be to have everything "nailed down"; while he realize that he needs to give you some advance warning before the kids start appearing on the doorstep. I admire the work you're doing together, and it will pay off.

Your discussion of how you manage powerlessness in clinic is really interesting. It sounds as though you made a trade-off between maximizing recognition ("this sweet student is so cooperative and such a good little tag-along") and maximizing your learning experience. It sounds so trite, but really, life is all about choices, and then being responsible for the negative as well as the positive consequences (and there are *always* some of both, every time we act in the world). You also make an important statement when you realize that we really can't change other people's behavior – we can *try*, and if the behavior (or attitude, or world view etc.) is pretty bad, and the person is pretty important to us, it's probably worth it to give it a whirl, but in the end there are no guarantees. Your husband won't necessarily change and, sadly, neither may his parents. All we can do is try to control our own behavior (and even that is pretty difficult), so that we can feel a sense of integrity in saying, "I had an issue with the parents' remarks about our marriage. I spoke to them in a polite but clear way. They remained insensitive and clueless, but I am proud I stood up for myself and didn't just go along with a perception that I found abusive." Well, you get the picture.

Hi --. This is a "great" situation to reflect on – although clearly very frustrating, and one that's made you feel angry, annoyed, helpless, and yes, powerless. I have to admit loving your description of the VA as "the hospital that time forgot." Where I'd like to challenge you a bit is in how you are "accepting" the situation – "taking it," "pretending to like it," "swallowing it." To me, these sound more like resignation than acceptance. You might rethink your conclusion that there's nothing you can do. You may well be right – you can't change the patient mix, and your residents don't seem particularly approachable or

interested in improving your learning. Still, perhaps there is some angle you haven't tried. On the other hand, if you're really making a choice to "accept" this rotation as is, is there anything you can work with within yourself to make the experience more tolerable or valuable? For example, is there anything at all that interests you about these patients, even if it's not very related to your future career? Is this an opportunity to practice compassion, even if there's nothing medically you can do to help them? I'm not sure what the right questions would be for you, but maybe it makes sense to search for them. Thank you for sharing honestly how difficult this rotation has been.

--, it's very nice to read this sentence: "So clinically I have had no issues with powerlessness this week." It shows sometimes things do work! On the other hand, the issue of interviews is a troubling one. It clearly should not be the case that students should have to use vacation time to interview for residency positions. It is also true that not all clerkship directors and attendings are as hard-nosed as the ones you encountered. However, what I hear is that the uncertainty and aggravation of having to negotiate this anew with every rotation outweighed (although not by much) the sacrifice of your vacation time. That is a very personal decision, but it sounds as though it was based on clear self-awareness. That being said, it is important to "consolidate" behind this choice. It seems to me that, in a difficult and unfair situation, you made the best decision you could based on your knowledge of yourself and your priorities. Focus on the peace of mind you've created for yourself, and all the attendant benefits that will come from interviewing in an unrushed manner. And maybe, while you're doing your interviews, try to build in "one fun thing" so that these trips will be a little nourishing, a tiny bit of vacation sandwiched between the stress and strain of seeking a position for next year. In my view, you made a very sound choice.

--, thank you for sharing your example with the group. It made for a very interesting and useful discussion. Partly I heard it as a boundary issue. In an assertive but polite way you were drawing a line. That is never an easy thing to do and often, no matter how well you do it, people don't like it. You also have a terrific insight that making a good impression is not necessarily contingent on doing "whatever the person asks." However, as the discussion indicated, the problem came in when you felt compelled to "apologize" for setting a boundary. Retrospectively, you realized that a) apologizing didn't make the fellow respect you more and b) you lost some self-respect in your own eyes. It sounds to me as though you are a work in progress ☺ By your own acknowledgment, you're "getting better" at asserting yourself, but you're still doing some second-guessing. In psychological terms, your effort would probably be called a successive approximation. You took an important step in showing you can be a dedicated learner and a hard worker who also has the ability to set limits when appropriate (for both self and, in this case, others). True, you undermined your own credibility a bit with the apology, but that probably occurred because you got afraid of your own power. The most important thing was that you analyzed the situation independently, reached what you felt was a valid

conclusion, and acted on it in a polite, thoughtful, but firm manner. I'd say, congratulations!