SUMMARY NOTES ART OF DOCTORING GROUP 2 12/09/03

Informally, before getting officially under-way, we talked about the session in which A and B had dominated with their highly negative views of the system. Those present took pains to state that they did not agree with this perspective, and in general found their attending and resident role models to be helpful and constructive. We discussed the role of anger in identifying problems and motivating action to change, but its risk of destructiveness as well. We attempted to distinguish between the passion that anger brings, and its disruptive, "murky" quality. We also noted our tendency to split into "people like us" and "people not like us" (in this case, viewpoints), and then blame and devalue the other. C mentioned an empathy exercise to help address this tendency: 1) Think of the "other" who is least like you 2) Enter into the deepest part of that person 3) What would that person like to say or express? 4) Now, how would you like to respond to them? Finally, we examined possible resistances to compassion, in particular that it might make us less likely to take action. The question was posed, "Are compassion and strong action incompatible?" We concluded that they were not.

Most of the session involved presentation/discussion of the "Challenging Situation" model. We reviewed the steps and discussed their relevance to patient care and medical education. D commented on how much easier it was to focus on other people's shortcomings than to acknowledge flaws and limitations in oneself. We discussed our tendencies to minimize, ignore, or rationalize, justify, and defend ourselves. The idea of a pause seemed to find favor with E, F and others. We talked about reactivity versus reasoned response. We also discussed the model as a means of maximizing "choice" so that whatever course is followed (i.e., along the acceptance-change continuum), it is important to get behind it rather than see oneself as a victim, helpless, or ineffective.

Two students, F and G, did a role-play modeling an effective, respectful feedback session for a student. We discussed as a group the various elements that made the feedback effective: sandwich technique, paying enough attention to know something about her charting, specificity, giving student time to improve. We also talked that, regardless of the manner in which it is delivered, negative feedback can be hard to hear, especially if we feel we need to be perfect. We explored the notion of learning to accept ourselves as imperfect, and to see constructive criticism as an opportunity to improve and grow. We revisited the concept of the most frustrating patients or thoughtless attendings being our best teachers, because they provide opportunities to work on difficult parts of ourselves that otherwise would not find expression. However, G noted that for her, the best teachers were the good ones.