SUMMARY NOTES ART OF DOCTORING GROUP 2/10/04

First part of the session was devoted to a discussion of how to select a positive physician role-model. One student A confessed that she could not think of a single positive role-model on the UCI faculty (!). We discussed that mentors (a relationship similar to a role-model) generally did not meet all the mentee's needs; rather, different mentors might be selected for different qualities (parallel to role-models). We also mentioned that role-models from outside the institution could also be invited. Further, we discussed the types of questions it would be useful to ask our guests. Specificity was emphasized, and it was suggested that students might present difficult situations, even situations we had previously discussed in class.

Then we discussed the self-change project. B used C as a model. C said he did not want to engage in "inner growth." B replied that that was not a requirement, but since this was an art of doctoring class, it should be something broadly relevant to the topics we've covered during the course. C mentioned "communication skills." We then further specified that C wanted to develop better skills in dealing with uncomfortable situations, such as seriously ill or terminal patients. This process of specifying the project involved many in the group, with suggestions coming from several students. We proceeded to the next step, trying to operationalize "improving" communication skills. We discussed how students might recognize whether they were succeeding in their project. In this case, we identified dimensions such as decreased anxiety and increased confidence in the student; decreased anxiety and increased comfort in the patient; actual expressions of appreciation from the patient. Finally, we discussed interventions to improve C's communication in these difficult situations. A suggested research, and mention was made of algorithms to communicate bad news. Other students mentioned role-models, and C stressed the effectiveness of "absorbing" effective approaches by "osmosis." He also provided several examples of how he had learned to be more comfortable, and make his patients more comfortable in death and dying situations, including a patient who had used humor to put his doctors at ease.

A decided the project she would like to do would be to be more "playful" with patients. This was especially important to her because when she'd seen an episode of "Scrubs" where a doctor gave a patient a wild wheelchair ride down a corridor, she'd made a promise to herself to do something like that in 3rd year, but now she was completing 4th year, and had never once been playful with patients. It was a goal that was also important to her because she wants to go into Peds. A then gave some examples of how she would recognize being "playful," such as "hanging out" with patients, playing a game, coloring.

D also mentioned a project she would like to do. She noted that as a third year, she felt she'd lost a lot of control in her life. In particular, she said she felt out of control in situations where she would like to challenge or question attendings on behalf of patients, but was intimidated or afraid. She further speculated that feeling so out of control in the educational process made her impatient and demanding in her life outside medicine, such as at a grocery check-out line or a bank. Therefore she hoped that by improving her

ability to speak up in educational settings, she could be more relaxed and accepting in other situations. Again other students helped D think about different ways of talking with attendings: E modeled a more confrontational approach, F and G suggested ways of being unthreatening, emphasizing the student's learning and using questions rather than statements.

The last part of the discussion was devoted to exploring the concept of a "buddy system." We recommended that students pair up in groups of 2 or 3 to support each other's efforts. B emphasized the importance of having a buddy because it legitimated asking help from others in an interpersonal area. We pointed out that much of medical education focuses on individual accomplishment and achievement, but that a cooperative model in which individuals collaborate for their mutual benefit and good is perhaps more appropriate.

By way of summary, several points were made: 1) The self-change project was simply one more example of "practicing" becoming a better person 2) The self-change project should be something the student cares deeply about, something that really means something 3) All aspects of the self-change project should be operationalized, including the goal; the intervention; and the outcome(s). B recommended that by the following week, students should have chosen a project, and chosen a buddy. The next step would be to "monitor" or observe the behavior for a week and then begin the intervention.

Overall, students seemed participatory and energized.