Programs in Whole Person Care

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INSIDE:

"When cure is no longer possible an opportunity for healing emerges."
Patricia L. Dobkin, Ph.D.
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Teaching Physicians the Healer Role: Relating to Team Members. First Do No Harm!

Dr. **Helen McNamara** M.D., M.Sc., McGill Programs in Whole Person Care, McGill Center for Medical Education

The teaching/learning of Physicianship has become a cornerstone in the development of our future physicians at McGill University. Physicianship is mainly concerned with "The Physician as Healer and Professional" and these roles are taught separately, but must be integrated in clinical practice. In fact, the Healer role is only possible when the rules and boundaries of Professionalism are respected, and when those rules are broken, the role of the Healer is jeopardized.

We know that relating to patients who are suffering on a daily basis may have a negative impact on physicians' wellbeing and we need to acknowledge that this may, in turn, contribute to negative relationships with other team members. This is especially true in the presence of a power differential, such as occurs between teacher and student. The unfortunate outcome of these negative relationships is the perceived harassment and intimidation of medical students, which has been shown to have a deleterious effect on their learning experience, self-confidence and ultimately, the quality of their patient care.

The issue of harassment and intimidation of medical students is sadly neither unique nor new – it happens in all medical schools to some degree and it has been happening for many years, as shown by the copious literature on the subject. However, at McGill University, the Undergraduate Dean, Dr. Joyce Pickering, has made it a priority to address this problem on multiple levels. In terms of direct communication with the students, she has worked closely with our team in the development of the module in our course on "The Physician as Healer – Relating to Team Members".

The fact that her preferred name for the session is "Dealing with Difficult People" has done nothing to hinder the excellent collaboration we have enjoyed with her in the development and delivery of this module. The other dedicated team members are Dr. Tom Hutchinson (McGill Whole Person Care), Dr. Mark LaPorta (Psychiatry), Linda Crelinsten (McGill Simulation Center) and Lisa Kagan (McGill Simulation Center).

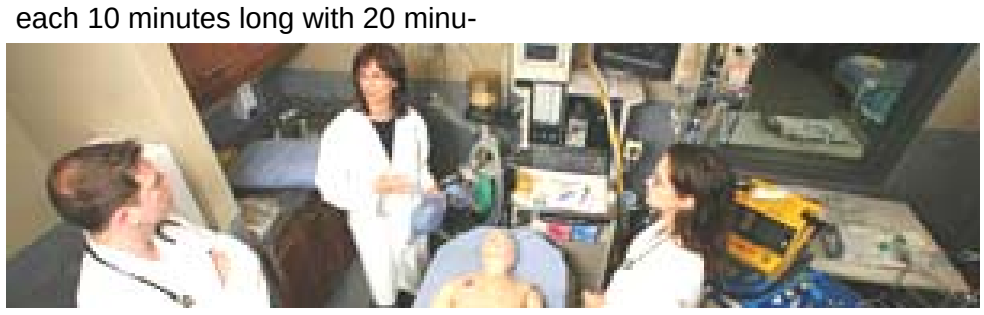
In order to sensitize our medical students to the issues of harassment and intimidation, we created the experience of these negative relationships within the safe environment of the McGill Simulation Center. The intention was to expose the medical students to simulated difficult situations in order to explore and improve their skills in dealing with interactions that may occur in stressful situations, in order to promote a successful healing environment. We also wished to clarify for the students the options available for addressing such situations both in the short-term and the long-term, so that the students themselves would be able to maintain a positive learning experience in the face of such unfortunate incidents. A good example of the simulated scenarios that we employ is a student whose evaluation is threatened because he is unwilling to do a rectal examination on a patient who has refused the procedure. This and the other scenarios we enact are based on reported real experiences at McGill.

The session was designed for third year medical students during their Psychiatry Clerkship and they came to the Simulation Center in groups of thirty students, which were then subdivided into ten rooms with three students working in each set-up.

We developed three team-relationship scenarios based on previous real-life student experiences addressing the issues of verbal abuse, threats / manipulation and unethical situations. We trained actors as "standardized physicians", "standardized nurses" and "standardized patients" as was required for each individual scenario. Each medical student had direct exposure to one scenario and indirect exposure as a peer reviewer to the other two. The scenarios were each 10 minutes long with 20 minutes each for debrief/teaching, involving the designated faculty mentor and all three students in each group.

In our experience, the use of "standardized physicians" in a safe environment is effective in helping medical students navigate the negative relationships that may occur in the clinical teaching setting, while enhancing "peer support" and enriching the faculty teaching/mentoring experience In expanding this program, we have included our current medical student's reflections on their experiences of patient care at its best and at its worst as part of our formal end of year assessment of student learning. This step has not only allowed our students to communicate their own positive and negative experiences directly to faculty in narrative form, but also, with the student's consent, the scenarios for the coming academic year at the McGill Simulation Center will be based on real experiences of students in the 2008 and 2009 cohorts. This is also an excellent, if indirect, example of peer to peer teaching.

As Malcolm Gladwell said "We learn by example and direct experience because there are real limits to the adequacy of verbal instruction". However, there are some lessons that might be best learned by "indirect experience" so that the positive learning experience itself and the resultant high quality of patient care might be preserved. First, do no harm – to the medical student!



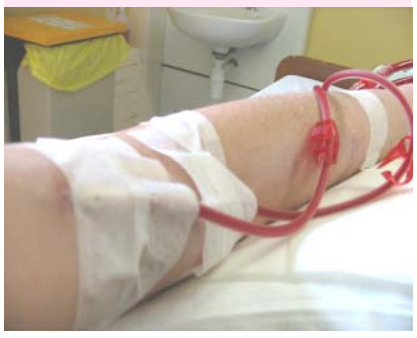
Living with Kidney Failure

Dawn Allen, Ph.D., **Tom Hutchinson**, M.B.

The foundation of kidney care.

We are very pleased to announce that we have received research funding of $100,000 from the Kidney Foundation of Canada (KFoC).

This new study builds directly on our previous KFoC-funded study which focused specifically on the quality of life for people living with end-stage kidney disease. In that study, dialysis patients' illness narratives were collected for purposes of educating a broad spectrum of health professionals (including administrators and students) about the facilitators of and barriers to living well with ESRD. From that study we produced a participatory video which has been used in informal and formal education sessions with health professionals, medical students, and the lay public. Our newly-funded study will deepen and broaden our understanding of patients' quality of life by including both family and health care providers in our examination of ESRD. This study will investigate (a) how relationships among patients, their family, and health professionals shape the many health-care decisions taken over the course of the disease, and (b) the impact of those relationships and decisions on patients' overall quality of life.



As a result, recommendations for changes to the delivery of health care will be achieved through direct collaboration with health professionals, patients, and their families. In this way, the study will offer a thorough understanding of how health-care decision-making shapes the quality of life of people with end-stage kidney disease, providing relevant educational outreach and recommendations for policy change.

We are also very pleased to announce the great strides we have made in the reproduction and distribution of our participatory video "Living with Kidney Failure". Directed by award-winning documentary film-maker Garry Beitel, the film is the product of a two-year action research project which involved researchers from McGill University and patient-collaborators from two university-affiliated hemodialysis units. Initially funded by the **Kidney Foundation of Canada** and the **Donner Canadian Foundation**, the study began as an exploration of dialysis patients' quality of life experiences and grew into a patient-centered documentary about living with CKD.

The film has been very well-received by a wide variety of audiences including medical students, nephrologists, nephrology nurses, dieticians, and social workers, health administrators and lay persons. In its many screenings, the film has consistently garnered high praise and we have been strongly encouraged to distribute it as widely as possible. With the additional financial support of organizations such as the **Canadian Association of Nephrology Social Workers** (CANSW) and the **McGill University Health Centre Dialysis and Organ Transplant Fund** (DialyTran) as well as the generous support of the film's translator, **Alain Kalfon**, we will soon (possibly by the end of the month) be distributing a bilingual version of the film to almost 250 Canadian organizations including schools of medicine, nursing and social work, as well as to dialysis units throughout Quebec.

We would like to thank Nancy Gair and Robin Cohen for their tremendous support in helping us with what could have been an unwieldy distribution process. We would also like to thank those of you who were able to attend our Whole Person Care screening last November and who so enthusiastically encouraged us to take this important step in increasing public awareness about living with kidney disease.

Fostering Healing Through Mindfulness in the Context of Medical Practice

Dobkin, P.L., Ph.D. Current Oncology 2009; 16(2):4-6.

When physicians think or say, "There is nothing left to do"; or worse, "I have nothing to offer you" they are mistaken. When cure is no longer possible an opportunity for healing emerges. A physician, of course, cannot heal a patient, but he/she can foster healing through his/her own conscious presence. Another term for his quality of presence is mindfulness. Herein I consider how a physician's mindfulness may facilitate healing in the context of medical practice. While healing occurs in people who live with handicaps and diseases in and outside of the medical system, I restrict my discourse to medical patients seeking treatment from physicians.

Patricia L. Dobkin, Ph.D.

You may find the article at: **http://www.mcgill.ca/wholepersoncare/publications/.**

James Joyce, Ulysses, and the Healing Agenda

Seminar given by Dr. Tom Hutchinson, on March 13, 2009, 12:30—2:00 p.m., Gerald Bronfman Centre

Essay by **Gordon Crelinsten**, M.D., Associate Professor, Faculty of Medicine, McGill University

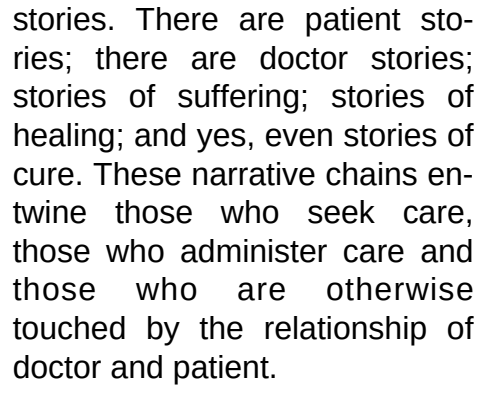
Clinical medicine is a series of stories. There are patient stories; there are doctor stories; stories of suffering; stories of healing; and yes, even stories of cure. These narrative chains entwine those who seek care, those who administer care and those who are otherwise touched by the relationship of doctor and patient.

The care and concern for the whole person demands attentiveness to these stories and requires the special skills of compassionate listening, empathetic sensitivity and sincere understanding of the search for life meaning. These skills and attitudes can be developed, strengthened and even taught, often by example, but also by study and inquiry.

Mindfulness training, formal appreciation of narrative, its form and expression, and thoughtful analysis of film are just some methods used to enhance these attributes required to recognize the importance of connection and the central place of stories and story telling.

Dr. Tom Hutchinson, an avowed Hibernophile and Director of the McGill Centre for Whole Person Care, led an overflowing seminar group in the discovery of the healing agenda in James Joyce's Ulysses. Ulysses is a serious challenge to the casual reader and may require the help of secondary sources to decipher the complexities of its form and substance.

Nevertheless, this secular bible filled with perceived parable that can be argued to generalizability and universal truth was the foundation for Dr. Hutchinson's



exploratory journey as he guided us through concepts of healing using striking examples from the text eloquently read by members of the audience.

We learned that there may not be an ultimate solution to life but rather a vitality in the ongoing struggle where meaning, and maybe peace, albeit momentary, may be found.

Hutchinson was able to invoke Michael Kearny and Balfour Mount in emphasizing that not all human suffering or distress can be understood by rationality and logic and that the patient's experience of illness and the patient's journey to healing may require accompaniment rather than intervention.

Since death is a major theme in the book, passages from Ulysses lead to a discussion of Terror Management Theory which examines the implicit emotional reaction that occurs when one is confronted with the reality of mortality. The theory popularized by Solomon and Greenberg describes how the cultural world view and resultant strong sense of self esteem can provide protection from the fear of death -- a problematic recourse that the cunning Joyce has denied his main protagonists.

Healing is a complex concept not easy to understand, not easy to bring about, but a concept vital to contemporary medicine. The process of healing, of reaching a new equilibrium, of becoming homeostatic, of finding and accepting a new level has been called "response shift". Examples in Joyce's Portrait of an Artist as a Young Man and Ulysses were used to demonstrate how we may change our values and internal scales of measurement dependent on our current state of being. We seem to value our current state more highly than would be expected.

The room was spell bound as audience members popped up and read with feeling, with authentic accent and with voice the words of Joyce. These interjections not only cleverly punctuated Hutchinson's scholarly analysis but also acted as anchors for the concepts Hutchinson was trying to teach.

There are stories, and there are stories: the simple poignant stories of patients with renal failure that Hutchinson has published* and the complex intertwining stories of Stephen Dedalus, Leopold Bloom, and Molly.

From these stories we learn, and embedded in these stories we see the process of healing in all its dimensions. This process is also complex and requires study and reflection, and as someone once taught me: " I turned my back and healing happened."

*Heroes: 100 stories of living with kidney failure. Grosvenor House Press, Montreal, 1998.

SEMINARS ON HEALING FALL 2009

All seminars take place at 546 Pine Avenue West, from 12:30—2:00 p.m.

Please RSVP to 514-398-2298 or wpc.oncology@mcgill.ca

Date	Title	Speaker
25 September	Communication in end of life care	Dr. Krista Lawlor Palliative Care, MUHC
23 October	When 'I' means 'we': family caregivers of the terminally ill	Dr. Robin Cohen Department of Medicine, McGill University
27 November	The medicalization of grief or normalization of bereavement	Dr. Mary Ellen MacDonald Faculty of Medicine, McGill University

Mindfulness-Based Medical Practice for Medical Students

Taught by Drs. Patricia Dobkin & Tom Hutchinson in the Winter, 2009

Professional training in medicine is particularly stressful given the challenges inherent in attempts to apply theoretical classroom learning to patient care, coupled with the desire 'to do the right thing.' Such difficulties are sometimes exacerbated by performance and evaluation anxiety as well as rigorous academic and clinical schedules.

In 1999, Epstein published a seminal article in JAMA entitled, 'Mindful Practice.' He defined mindfulness as a logical extension of the concept of reflective practice, consistent with being present to everyday experience such as feelings, thoughts, and deeds. In an early investigation of the merits of teaching mindfulness to premed and medical students, those who were randomly assigned to the Mindfulness-Based Stress Reduction (MBSR) program showed more improvements in anxiety levels, depressive symptoms, empathy, and spirituality than the wait-list control group after the program. (Shapiro et al., 1998).

Even during exam period, the wait-list control group of students had similar outcomes, once they completed the program. The students' listening skills were enhanced and they developed a compassionate perspective. More recently, in a RCT for health care professionals, Shapiro et al. (2005) found that after the MBSR program, participants reported reduced stress levels, increased quality of life, and more self-compassion. Rosenzweig et al. (2003) extended this work with a larger sample size of medical students (n=140 in the program while 162 students served as a parallel cohort control) and showed similar results.

This year, in a pilot project, we offered the Mindfulness-Based Medical Practice (a modified version of the MBSR program) to 15 4th year medical students for the first time in the Physicianship 4 (INDS 420) course. We were funded by the Mary H. Brown foundation to create online program evaluation, which all students competed before and after the program without difficulty. The Department of Medicine also contributed financially to enable us to prepare student materials. In the course evaluation the students indicated the following:

- 77% rated the content as excellent
- The overall rating of the course, on a scale of 0 to 5 was 4.8.

Individual comments were: "Excellent elective overall! Enjoyable experience. I would recommend integrating this course to the curriculum so that all medical students of the class get this experience. I learnt a lot from it." "This class should be offered in med-3 or earlier and should be offered to residents." "This seminar was one of the best courses in medical school. It helped me see the strength and resources that are within me and taught me about how to be a physician the way I wanted to in the context of a stressful work environment. Every medical student and physician would benefit from this course."

We are planning to offer this course to medical students next year.

Department of Oncology
Gerald Bronfman Centre
546 Pine Avenue West
Montreal, QC H2W 1S6

programs in whole person care
programmes de soins holistes de McGill

Phone: 514-398-2298
Fax: 514-398-5111
E-mail:
wpc.oncology@mcgill.ca

Tax deductible donations to McGill Programs in Whole Person Care may be arranged by contacting our office.

www.mcgill.ca/wholepersoncare

Films that Transform: In Dialogue with Others on the Journey

Films will be screened at 7:00 p.m. in Moyse Hall, Arts Building, 853 Sherbrooke West
Please RSVP to 514-398-2298 or wpc.oncology@mcgill.ca

Date	Title
6 October	**One Week (2008)** Ben Tyler (Joshua Jackson) has been diagnosed with cancer. With a grim chance of survival in the best case scenario even if he immediately begins treatment, he instead decides to take a motorcycle trip from Toronto through the Canadian prairies to British Columbia.
1 December	**The Necessities of Life (2008)** In 1952, an Inuit hunter named Tivii with tuberculosis leaves his northern home and family to go recuperate at a sanatorium in Quebec City. Uprooted, far from his loved ones, unable to speak French and faced with a completely alien world, he becomes despondent.
26 January	**The Doctor (1991)** Jack McKee is a doctor with it all: he's successful, he's rich, and he has no problems.... until he is diagnosed with throat cancer.
23 February	**Baraka (1992)** A movie with no conventional plot: merely a collection of expertly photographed
20 April	**The Dead (1987)** John Huston's last film is a labor of love at several levels: an adaptation of perhaps one of the greatest pieces of English-language literature by one of Huston's favorite authors, James Joyce; a love letter to the land of his ancestors and the country where his children grew up; and the chance to work with his screenwriter son Tony and his actress daughter Anjelica.