

# Healing Relationships in Health Care: Course Proposal by Post and Chandran

## 1. Describe your action idea: ( 250 words limit)

**Phase I:** We propose that during the third year, all students reassemble in their MCS2 small groups five times for two hour sessions, roughly every two months. During these sessions, students will discuss in small groups the examples they have seen in their clerkships of excellent and inadequate modeling of patient care with respect to compassion, respect, hope, attentive listening, and confidentiality.

Students keep a journal during their clerkships in which they note instances of exemplary or problematic interactions (using proper medical etiquette of anonymity with regard to patients and physicians). At each session, the student will have written up in a brief paragraph one ideal patient interaction as they observed it, and one interaction that fell short. They will present their cases to the small group for discussion. Each student will have about ten minutes for presentations and responsive discussion. The five sessions will concentrate on the topics of **compassion, respect, hope, listening, and confidentiality** sequentially over the course of the year. There will be no lectures.

**Phase II:** Involving the allied health care providers in this reflective exercise enables students to recognize and articulate how lessons from the “hidden curriculum” are experienced and learned by the other important members of the health care team.

**Outcomes:** The immediate outcome will be student satisfaction with the course, and their overall satisfaction with year three as measured in the Graduation Questionnaire. The expected outcome is compassionate care for all future patients that our graduates serve

## 2. Clarify alignment with SOM Mission Vision statements (100 words)

Tie in with vision: students who serve as exemplars of scientific excellence and **humanistic care** in the practice of medicine

Tie in with mission: They will develop a deep appreciation for the **healing dynamic of the physician patient relationship** in which compassionate care is manifested by attentive listening, empathy, respect and commitment.

## 3. Clarify how it fits with the conceptual model of optimal learning ( 100 words)

Aligns well with the conceptual model- ties into two of the domains, with the possibility of science of medicine added later

## 4. Clarify alignment with Educational Guiding Principles SOM (100 word limit)

Aligns with the following principles

- Flexibility to meet individual needs
- Learning as a self directed and life long process
- Team Work and Collaboration

## Healing Relationships in Health Care: Course Proposal by Post and Chandran

### 5. Describe how it ties in with Carnegie Foundation 2010 Recommendations ( 200 word limit)

*Standardization/Individualization:* the course format and requirements are standard, however the narratives are individual experiences

*Integration:* fits nicely with the following suggestions in the Carnegie Report

- Engage learners at all levels with a more comprehensive perspective on patients' experience of illness and care, including more longitudinal connections with patients
- Provide opportunities for learners to experience the broader professional roles of physicians
- Incorporate interprofessional education and teamwork in the curriculum

*Habits of Inquiry and Improvement:* Future possibility for developing research questions\

*Identity formation:*

Ties in well with the following suggestions

- Provide formal ethics instruction, storytelling, and symbols (honor codes, pledges, and white coat ceremonies)
- Address the underlying messages expressed in the hidden curriculum and strive to align the espoused and enacted values of the clinical environment
- Offer feedback, reflective opportunities, and assessment on professionalism, in the context of longitudinal mentoring and advising
- Promote relationships with faculty who simultaneously support learners and hold them to high standards
- Create collaborative learning environments committed to excellence and continuous improvement

### 6. Any additional thoughts/ suggestions/ comments ( 200 words limit)

University Hospital is initiating a collaborative multidisciplinary process in Compassionate Care Enhancement in the Cancer Center. This proposal aligns well with that initiative which has institutional buy in from all levels.

# Healing Relationships in Health Care: A third year course proposal

Course Directors: Stephen Post, Latha Chandran

## I. Background and Significance

In the third year clerkship setting, the character of the medical student is strongly influenced by clinical role models. This is especially significant as students begin to observe the quality of the modeling physician's interactions with patients. Are these interactions healing, indifferent, or even destructive? Obviously, students must learn the basic procedures and biology involved with treating patients optimally. But the art of healing also includes the patient receiving care that is compassionate, respectful, and sensitive to the dynamics of hope, attentive listening, and confidentiality.

The "care" in healthcare too often means only the application of medical technologies and treatments without attention to the patient as a whole human being experiencing an illness. If there is a single issue of greatest importance in medical ethics, it is the complaint of patients who feel over-objectified and dehumanized - "the kidney in room 3," or the "quad in bed 5." This reductionism is experienced widely. We at Stony Brook therefore take seriously the ethical imperative of training students in the emotional and relational skills that allow patients to feel cared for at the most basic human level. As Francis Peabody stated in his famous 1925 lecture to medical students at Harvard, "The secret to the care of the patient is in caring for the patient."

While most medical schools make an effort to teach students the importance of the physician-patient relationship as part of a healing dynamic, several studies measuring these qualities in students show a decline in the third year evident soon after students begin the clinical clerkships. Some attribute this decline to a so-called "hidden curriculum" in which compassionate care is inconsistently articulated, modeled, acknowledged or rewarded. The extent and causes of this decline can be debated, but it is always possible to model compassionate care better to impressionable students just when it is most important in their professional formation.

The diminution of care in the most basic sense constitutes a crisis. Physicians who connect compassionately with their patients have been shown to make more accurate diagnoses and encourage higher levels of patient adherence to treatment. They need no more time in patient interviews than their less compassionate colleagues. They are more successful in encouraging healthy and responsible patient behaviors, and are themselves more satisfied and happy as medical professionals. Recent studies show that caring physicians are in general less subject to cynicism, depression and burnout. Extensive biomarker research shows that patients who are treated with compassion are

## **Healing Relationships in Health Care: A third year course proposal**

less stressed, and therefore less subject to the physiologically damaging effects of the stress response. In addition, studies have shown that patients who feel cared for have better immune function, and somewhat enhanced wound healing. Patients who are not treated with care may even go to an alternative healer and miss out on the benefits of standard scientifically proven treatments.

Each generation of physicians must pass the torch of genuine care to the next as an essential element in the art of healing. Compassionate care can be explicitly emphasized as a key practice by all clerkship directors and in residency training across all clinical teaching sites. Routine patient reviews and rounding can include explicit discussion of the extent to which each patient is being treated with care. Grand rounds (“Schwartz Rounds”) can be focused on the quality of genuine care. Research projects on compassionate care and patient outcomes can be developed.

### **II. Year Three Intervention: A Proposal for Five Small Group Sessions**

There are two phases of this proposed third year course.

#### **Phase One:**

We propose that during the third year, all students reassemble in their MCS2 small groups five times for two hour sessions, roughly every two months. During these sessions, students will discuss in small groups the examples they have seen in their clerkships of excellent and inadequate modeling of patient care with respect to compassion, respect, hope, attentive listening, and confidentiality.

At a considerable number of medical schools across the country, these sessions have allowed students to reflect in a safe context on the deeper aspects of the physician-patient relationship as they observe it in practice. The emphasis is placed on the exemplary first, and then on those cases that have fallen short. Students keep a journal during their clerkships in which they note instances of exemplary or problematic interactions (using proper medical etiquette of anonymity with regard to patients and physicians). At each session, the student will have written up in a brief paragraph one ideal patient interaction as they observed it, and one interaction that fell short. They will present their cases to the small group for discussion. Each student will have about ten minutes for presentations and responsive discussion. The five sessions will concentrate on the topics of compassion, respect, hope, listening, and confidentiality sequentially over the course of the year. There will be no lectures, but rather a reliance on students

## **Healing Relationships in Health Care: A third year course proposal**

who are required to develop brief thoughtful interactional case descriptions from the depths of their experience at clerkship sites. There will be one carefully selected clinical background article per session as an assigned reading. Grading will be Pass/Fail, and students will be asked to hand in their session case write-ups in hard copy without identifying themselves.

After the students have graduated, these cases will be collated and made available for an annual faculty workshop on role modeling. Our goal here is continuous quality improvement for faculty teaching in the clerkships, and for residents in all fields.

### **Phase Two:**

Involving the allied health care providers in this reflective exercise enables students to recognize and articulate how lessons from the “hidden curriculum” are experienced and learned by the other important members of the health care team. This enables a deeper understanding of human emotions amongst team members facilitating better team work in patient care settings. We will work collaboratively with the School of Nursing and School of Social Work to create such collaborative learning communities to instill the values of reflection on what is and what should be, inspiring the transition from the troubling observation and unconscious convergence into “what is” to the informed determination of “what one will mindfully become” in the context of healing relationships with patients and their families.

### **III. Outcomes:**

The immediate outcome will be student satisfaction with the course, and their overall satisfaction with year three as measured in the Graduation Questionnaire. We will use narrative comments to further refine and improve the curricular elements of the course. For our students to leave Stony Brook University and medical school motivated by the benevolent capacities that bring meaning, well-being, and health to their lives and to the lives of others, we must model, teach, and investigate these professional qualities. Just as we investigate the force of gravity or the energy of the atom, we can concentrate the collaborative resources of science, humanities, and professionalism on the origins and impact of benevolence and care in the art of healing.