

Wrestling with the medical self – Highlighting key factors in medical education towards enablement in doctors' health.

Dr Margaret Kay

MBBS(Hons), PhD, FRACGP, DipRACOG

Medical Director



Ms Vicky Dawes

MBChB, MCouns

Education Officer

Queensland Doctors' Health Programme

*QDHP is an independent service supported through
funding from the Medical Board of Australia*

Outline

- ▶ Context
- ▶ Introducing Professional Identity Formation
- ▶ Hearing the narratives
- ▶ Reflect upon the narratives in context with the doctors' health literature
- ▶ Integrating our knowledge into medical education

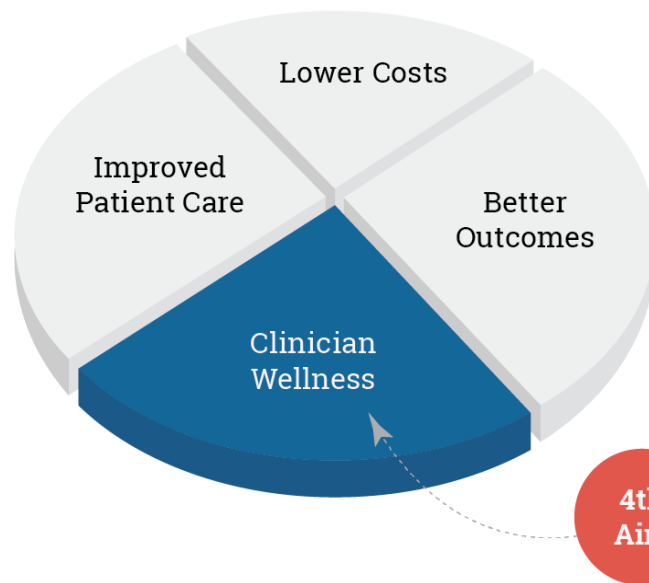
Physician Health – a key to quality care

▶ Optimising health system performance

- ▶ Patient experience
- ▶ Quality of care
- ▶ Reduced cost of health care

} Berwick's
Triple Aim

The Quadruple Aim



Wellness

← Bodenheimer and Sinsky, 2014

Role of medical education

- ▶ Clinical knowledge
- ▶ Clinical skills
- ▶ “Attitudes” = Professionalism

Professionalism

Transformation from Layperson to **Skilled physician**

- ▶ Knowledge and Skills
- ▶ Roles
- ▶ Responsibilities
- ▶ Values
- ▶ Ethical standards (boundaries)



Acculturative Process

Professional Identity Formation (PIF)

- ▶ Adaptive process (developmental)

Professional Identity Formation (PIF)

Transformation from Layperson to **Skilled physician**

- ▶ Psychological development - individual
- ▶ Socialisation in the community of practice - collective

Multiple transitions

- Student – medical student
- Preclinical – Clinical
- Medical Student – Intern
- Junior doctor – Registrar training
- Registrar - Specialist Fellow

Professional Identity Formation (PIF)



<https://www.digitaltrends.com/cars/biometric-sensors-security-scanners-in-vehicles/>



<https://www.growingtogetherpeds.com/kids-doctor.html>



<https://securityintelligence.com/the-growing-problem-of-medical-identity-theft/>

Professional Identity Formation (PIF)

Habits of

- Head
- Hand
- Heart



The 'complete healer'

“The Doctor”
by Luke Fildes

<https://commons.wikimedia.org/w/index.php?curid=9004645>

Narratives within the literature

- ▶ Over 300 narratives
 - ▶ Published
 - ▶ First person accounts
- ▶ 168 individual narratives
- ▶ Rest were studies of doctors with embedded stories
 - ▶ FG, SSI

Purposeful

- ▶ Often published with the express purpose of teaching

“This account is not intended as a litany of complaint but as a call to physicians to express the compassion they feel toward sick colleagues. It is meant to draw attention to our frequent inability as physicians to deal with members of our profession who no longer fit the mold of the compleat healer.”

Rabin et al, 1982.

Purposeful

“This account is not intended as a litany of complaint but as a call to physicians to express the compassion they feel toward sick colleagues. It is meant to draw attention to our frequent **inability as physicians to deal with members of our profession** who no longer fit the mold of the compleat healer.”

Rabin et al, 1982.

Purposeful



“the secret of the care of the patient
is in **caring** for the patient.”

Peabody, 1926.

Five Themes

- ▶ Self-Care
- ▶ Help-seeking
- ▶ Being a patient
- ▶ Perception of the treating-doctor
- ▶ The stigma

Self Care

- ▶ “I had this bizarre misconception that like as a doctor **you don’t get ill**”
- ▶ "I had never concerned myself with the possibility of developing mental or emotional disease. My internship was in a good teaching hospital, and I was doing acceptable work. Then into this picture of myself as a normal person **crept a shadow, first slowly and then swiftly**, the shadow of collapse, "the nervous breakdown" of the layman, and in a few weeks I was a crying and frightened child."

Self Care

I have lived most of my life with the certainty that a "big illness" was waiting for me. **Not an ordinary illness**, but something obscure. A medical education proved very helpful in giving substance to some of these ill-defined anxieties

Help-seeking

“I marveled at my seeming **immunity to all** the disease to which I was daily exposed”

Help-seeking

“I marveled at my seeming **immunity to all** the diseases to which I was daily exposed”

“If you see that **attitude towards patients** who have got those problems, it doesn't make you want to be particularly forthcoming about your own.”

Help-seeking

“if you **discuss something in the corridor** or after surgery or whatever it's not the same as actually going along to somebody specifically”

Being a patient – crossing the line

“a practitioner must cross that thin line, thereby joining the frightened half that screams “patient!”.

“But I quickly found that the view from the shore of the river is much different than it is when swimming in the swift-flowing current.”

“Crossing over to the other side”

“Changing hats”

Being a patient – crossing the line

“Then came the real psychological crunch as I had to put on hospital pajamas...I entered patient hood and **leaving behind my identity** as an invincible, hard-working, in-control physician.”

Being a patient – frightening

"It is truly frightening to suddenly become a patient: you tend to know the worst possible scenarios and want to know everything"

"I was unprepared for my role as a cancer patient and the new appreciation for **fragility** of life and sense of **helplessness**."

"it is a shock and an enormous displacement to **divest ourselves of the robes of superiority** we wear as physicians and don the patient robes"

Being a patient – The Care

“You never really appreciate what it’s like being a patient until you’re a patient.”

Being a patient – the experience

“Many of the things we do as health professionals that are mundane and thoroughly predictable to us can, to patients, be **truly bewildering**, if not **frightening**, even if the patient is a doctor who “should know” what is involved.”

“I just...wiped out the fact that I was a doctor during that time and just let other people look after me and that was my way of dealing with it.”

The perception of the treating-doctor

“All my physicians were caring and well-intentioned, yet their reluctance to say “I don’t know” shook my trust in them”

"I still seek to play an active role in the decision making process. Together with my doctor, we weigh up the evidence, to which I apply my own preferences and values."

“it’s not just [a] doctor-patient relationship...it is more awkward”

The stigma

"Although our medical profession communicates to patients that mental health should not be stigmatized, we are **guilty** of that very stigmatization"

"some doctors couldn't see past the fact that I **"used to be"** one of them"

"hard to accept that I had a mental illness. I felt weak and ashamed, and began to appreciate, too, the embarrassment and stigma my patients felt"

The stigma

“I found some psychiatrists so distant that they made me feel as if I were carrying some sort of contagious disease”

“everyone feels the same probably about it and by not talking about it we just perpetuate the inability to talk about it.”



The literature

- ▶ Reinforces the stereotypes
- ▶ Vagueness that all doctors need to find a GP



Knowledge and Skills

- ▶ Self-Care
- ▶ Help-seeking
- ▶ Being a patient
- ▶ Perception of the treating-doctor
- ▶ The stigma

Proactively counter
the Attitudes

Responses to:

- ▶ Observation
- ▶ Doing medicine
- ▶ Exposure to work climate
 - ▶ Poor Sleep/Thirst/Hunger

Responses to:

- ▶ Observation
- ▶ Doing medicine
- ▶ Exposure to work climate
 - ▶ Poor Sleep/Thirst/Hunger
- ▶ Emotional responses
 - ▶ Grief
 - ▶ Isolation
 - ▶ Embarrassment

Responses to:

- ▶ Observation
- ▶ Doing medicine
- ▶ Exposure to work climate
 - ▶ Poor Sleep/Thirst/Hunger



Being part of the team

<http://www.interpreterdevelopment.com/blog/interpreters-part-of-medical-team>

Knowledge and Skills

- ▶ **Self-Care**
- ▶ Help-seeking
- ▶ Being a patient
- ▶ Perception of the treating-doctor
- ▶ The stigma



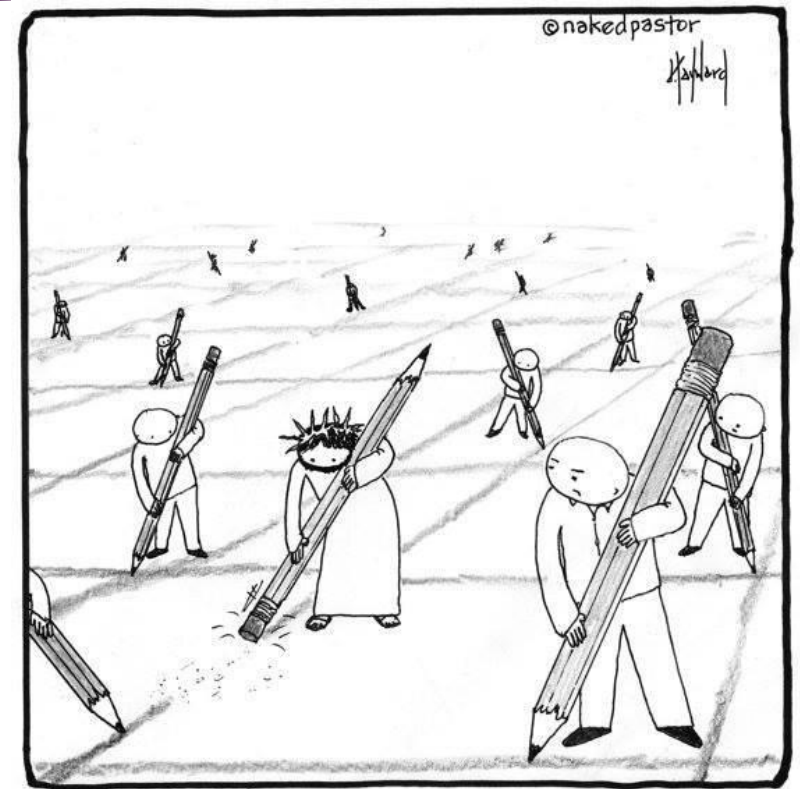
Knowledge and Skills

- ▶ Self-Care
- ▶ **Help-seeking**
- ▶ Being a patient
- ▶ Perception of the treating-doctor
- ▶ The stigma

Through medical education

- ▶ Clinical knowledge
- ▶ Clinical skills
- ▶ “Attitudes” = Professionalism

We learn to draw the line



<https://internetmonk.com/archive/where-to-draw-the-line>

Knowledge and Skills

- ▶ Self-Care
- ▶ Help-seeking
- ▶ **Being a patient**
- ▶ Perception of the treating-doctor
- ▶ The stigma

Knowledge and Skills

- ▶ Self-Care
- ▶ Help-seeking
- ▶ Being a patient
- ▶ **Perception of the treating-doctor**
- ▶ **The stigma**



Aequanimity -Osler

- ▶ Understood the power of narratives
- ▶ Well-known for his teaching of compassion at the bedside
- ▶ Encouraged everyone to have an “Avocation”



Being more than a physician

Hold the medical identity lightly

“It is hardly practical to require that every physician have a serious illness as part of the process of preparing to care for patients...It may prove helpful, however, to **listen carefully** to physicians who have been patients”



Thank you

Dr Margaret Kay

m.kay1@uq.edu.au

QDHP - www.qdhp.org.au

References

- ▶ Available On Request