

Recollection and Mindfulness in Medicine

Southern Illinois University School of Medicine Commencement

May 22, 2004

Thank you, Dean Dorsey, for your kind introduction. I feel quite privileged to join you, University leadership, and the SIU Faculty in congratulating your graduating class of 2004 and ushering them into the wonderful and challenging profession of medicine.

Dear new physician colleagues, to all of you I say: *welcome!* You are not just degree holders. Instead, you embody the future of medicine. We have all been waiting for you, and waiting eagerly.

In the next twenty minutes, I hope to do four things:

1. tell you what was on my mind, when I sat in your seat, at my own medical school graduation;
2. engage in a brief reflection exercise, one focused on your memories of special events, perhaps even tough challenges or problems you faced during your time at SIU;
3. put these remembrances of times past into a professional development context; and
4. leave you with a homework assignment.

OK, I can hear you thinking and perhaps even muttering — “*Oh no! Will assignments never end? Is problem-based learning inescapable? Will I be evaluated on the basis of this homework?*” Just to clear the air, and to respond honestly to these questions, to them all I say **Yes!** Welcome to a profession in which work never ends, problems usually don’t have any stock solutions, and in which you will be evaluated, especially by yourself, since the intense life you will lead demands self-examination and self-understanding. But I am getting ahead of my story.

Thirty-five years ago on a day much like today, but in a much less lovely place, I “sat in your seat”. It was a sunny day in Baltimore, Maryland, when I was awarded my green hood as a new physician at the Johns Hopkins University School of Medicine. I have vivid memories of that day. I remember that Nancy, now my wife of thirty-five years, was present, as were

my parents, and my sister Bliss. Dad wore a grey checked suit cut in the style of that day, a suit I later inherited and wore when he retired from his career in surgery years later and gave me all his business suits. I remember feeling both proud and grateful on that day. The pride was only modestly related to finally holding an MD in my hand. Instead, I was especially proud of the scholarly *continuity* that my graduation signaled. My mother, a farm girl from Stockton, Illinois, and my father, a Japanese American man whose family had been interned during World War II, had *both* been graduates of Johns Hopkins - in nursing and medicine respectively. Pulling my own educational thread through the fabric of Johns Hopkins history meant joining a family tradition and was the source of great pride.

My deep sense of gratitude that day had its roots in remembering and reflecting upon an “academic resurrection” that had materialized for me between the pre-clinical and clinical years in medical school. The truth is that I came close to failing much of my early course work in the first year of medical school. In spite of, or perhaps *because* of, being a decent undergraduate student in my major, I had come to medical school without a functional mindset for mastering basic sciences. As a philosophy major and religion minor, I had learned the importance of big ideas, large concepts, and dialogue. I was ill-prepared for reductionistic science and mass memorization. When presented with a question on my physiologic chemistry examination that asked me to calculate the PKA of a protein molecule, I wrote an *essay* that began “Each amino acid has a unique PKA. If I had memorized the PKA’s of all of these amino acids, I would proceed as follows: I would calculate the sum of all PKA’s for each amino acid, divide by the number of amino acids, etc...” I thought the response was a reasonable one, but the graduate assistant who graded my exam expected numbers, gave zero credit, and counseled me rather severely on my study habits. Academic resurrection and decent grades didn’t show up until I understood the task at hand better *and* also began to see how the information we were accumulating in our heads applied to patients, their illnesses, and the specific therapies we used to help them. My gratitude at graduation day flowed abundantly from the simple realization that the Hopkins faculty had tolerated my hard times in medical school during years one and two, recognized and fanned my little ‘spark’ in years three and four, recruited me into the internal medicine residency program,

and even conferred an award for clinical excellence on me at graduation. Phoenix-like, I had arisen from the ashes, and gratitude was in my heart.

On this same day, even during the graduation ceremony itself, there was lots going on in my head where various “to do lists” were running amok. Nancy and I were getting ready for a marriage ceremony in two weeks, a camping honeymoon that would follow, and setting up household in a rowhouse apartment in East Baltimore. My journal reprint files needed to be put in better order to be useful. I had not yet finished a review of the then-current recommendations for antibiotics in major infections, and my latest edition of the spiral-bound Barnes Manual was screaming to be read. I may be the only physician who actually read most of that book during his honeymoon.

***Finally, on graduation day my head and heart were also full of stories. Many of these stories are ones that I can still tell today. I have used them in the intervening years to counsel failing students, to illustrate reasonable professional responses to problematic situations, and to simply have fun at reunions. There were stories about mistakes, sleep deprivation, hunkering down and personal sacrifice, the generosity of many other people, true accounts of drug abuse among students and residents as well as by patients, stories of institutional and individual racism, quiet acts of dedication and heroism on the part of patients and physicians, and recollections of remarkable wisdom as well as narrow-mindedness. The people in the stories are faculty members, my peers in medical school, the patients and families whose lives we touched, the rowhouse neighbors in East Baltimore, the hospital’s laundry workers, telephone operators, nurses, cart stockers, and many others who together constituted the community of that school, its hospital and clinics, and the neighborhood in which it was embedded. Above all, the stories that stuck and somehow expressed powerfully what it meant to become a person in the profession of medicine in that place and time were about specific situations in which I had trouble keeping my balance in my life and work world. These were stories, for example, about when I hurt someone out of ignorance or misunderstanding, instead of helping them, about when I acted out of my shame or humiliation rather than admitting that I had made a mistake, or about when my arrogance, exhaustion or anger with a classmate, consultant, or nurse got in the way of good work.

We all have our own stories to tell and should hear them from each other more often, in order to grow in acquaintance with ourselves, our colleagues, and this field of endeavor we call the profession of medicine. This recounting the narrative of my graduation day itself is one such story, brought to this occasion by me not for the purposes of displaying my shining virtue (far from it!), but instead to trigger your reflections on this moment and on your other sentinel experiences at Southern Illinois University School of Medicine.

To make this explicit, I am going to use the next few minutes of my presentation for a reflection exercise. Please settle into a comfortable position and quiet your mind. New graduates - I ask you to recall a situation or event during your time at SIU that you found remarkable in some way and described to someone else. See if you can think of a story that you might still be telling ten years from now about your time here. Guests of the new graduates and the faculty can also participate. If you are a guest, think of a story you have heard your new graduate tell during their time here at medical school. If you are a faculty member, think now about a story you sometimes tell about your own time in medical school. Now, in quietness of this lovely space, tell yourself one of these stories. I'll be back in a minute with questions for you.

[pause for remembrance]

Here then are two questions about what you just recalled.

1. What does this story suggest or reveal about you?
2. What does it tell you about the situation you were in?

I'll give you a moment to think about your responses to these questions.

[pause for reflection]

Thank you for participating in this exercise. I wish there were time now to hear from many of you about your thoughts. Here's a guess. In my experience these "critical incidents" or

meaningful stories, often reveal something about the qualities of the good professional in our line of work and how these good qualities are challenged by the structure and culture of the organizations in which we do that work. We also learn how these challenges help us to learn and grow – and to anneal our deepest values in the crucible of our daily experience. As it happens, acquiring a capacity to reflect on your experience in this manner may be helpful to you not only in your long career, but also immediately helpful in the next stage of your training. You are entering your residency programs at a time in which all residencies, no matter what field they prepare you for, have been asked by the Accreditation Council for Graduate Medical Education (the ACGME) to develop stronger ways to facilitate the development among their trainees of what the Council sees as key attributes of a good professional in medicine, including such qualities as: respect, compassion, integrity; responsiveness to needs; altruism; accountability; commitment to excellence; sound ethics, and sensitivity to personal differences like culture, age, gender, and race. Many residency programs are facing these new requirements for the first time with some degree of bewilderment about how to foster learning. From my perspective, this is a situation in which the solution to a problem is “hiding in plain sight”. Under the right circumstances your stories of key experiences during your residency could serve as a rich substrate for teaching and learning professional values. Systematically gathered and discussed, residency narratives could serve as the “core curriculum” for professional development.

Here’s the beauty of this simple observation. While this kind of knowledge – of self, others, and organization – is and will be critical to you in your career, you don’t have to cram some facts into your head from a manual to access this information and grow. You already know how this could work. Let me provide you with an example from our current activities at Indiana University School of Medicine. During their junior year, we have been asking students on their medicine clerkships to record brief stories about events that taught them something about professionalism during their rotation. After recording the story on the clerkship website, they are presented with a list of ACGME-derived professional values and attributes and asked to check off those they think the story invokes. The stories vary substantially in length and often are written quite plainly. Here are two short ones:

“An obese patient had to have his groin examined. There was a very strong odor that made the resident and me almost sick to our stomachs. The resident told the patient how bad it smelled. I think I would have done my best to make it through the exam, but not say anything to make the patient feel any worse about the smell, because he knew about it, but could do nothing to make it better”.

And the student checked: respect, caring, compassion, communication, leadership.

Here’s another account:

“It was a busy day on the ward and I had a patient who was on a morphine drip to help her feel better while she struggled with congestive heart failure. Because she seemed to be having a lot of trouble breathing, another student and I contacted the family of the patient and, rather than waiting for them to arrive, went to the patient to tell her that her sister had asked us to tell her “She loves you”. The patient, catching her breath behind her oxygen mask, replied “I love her too”. At that point I realized our words were more beneficial than any of the dozens of medicines as her breathing instantly became calm and she was at peace.”

And the student checked: respect, caring, compassion, communication, integrity, honor.

What do these stories reveal about us and the situations we find ourselves in? In my few minutes I can’t pretend to do even these tiny accounts of ordinary events justice. Clearly we recognize the wide array of different people involved in the web of our work. Clearly also, we feel the power of our intentions and words to hurt or heal, our need for communication with colleagues as well as with patients and families, the pressure of our busy days, the limitations of our tolerance under pressure, and our yearning to do something helpful and meaningful through caring, even in the hour of our patient’s death.

We can use stories like these to understand our work in greater depth and to learn what it is to be a professional in medicine. You too may have to read your Barnes manual and put your reprint files or PDA in good order before your internship, but please don't forget what you know already — how your own stories, the meaningful accounts you will carry with you for the rest of your lives, or even the casual responses we make in response to questions like “How did it go today?” carry and *create* the deeper meaning and values that serve as a foundation for our work in medicine.

Now – here is the “homework assignment” I promised. *Become* more mindful of your own stories. *Acquire* the capacity to reflect upon these stories and decide what they mean - about you, the situations in which you work, and your relationships to others. *Learn* from your own accounts of your daily life. *Understand* that it is this kind of an account that tells other people who you are, what you hold dear, and what can be expected of you.

I personally expect great things! My thanks for the chance to join you on this special occasion.

Godspeed.

Thomas Inui