

**HUMANISTIC MEDICINE: THE PROFESSIONAL DEVELOPMENT OF THE
PHYSICIAN BUSM III (or ICM III)**

Horizontal and Vertical integration

Francis Weld Peabody 1881-1927

“One of the essential qualities of the clinician is interest in humanity, for the secret of the care of the patient is caring for the patient”

Rudolph Virchow 1821-1902

“ Only those who regard healing as the ultimate goal of their efforts can, therefore, be designated as physicians”

“Medicine is a social science in its very bone marrow...No physiologist or practitioner ought ever to forget that medicine unites in itself all knowledge of the laws which apply to the body and to the mind”

Harvey Cushing 1869-1939

“A physician is obligated to consider more than a diseased organ, even more than the whole man - he must view the man in his world”

Albert Schweitzer 1875-1965

“It is our duty to remember at all times anew that medicine is not a only a science, but also the art of letting our own individuality interact with the individuality of the patient”

I Horizontal Integration

Goals and Learning Objectives:

Goal: Through the process of interacting, in the third year, in small group seminars with experienced clinical faculty, the student will incorporate and integrate the human qualities of becoming an effective clinician by incorporating and expanding:

1. An ethical perspective and integration of ethics into the patient physician relationship
2. A cross cultural and integrative medicine perspective and integration of CCIM into the patient physician relationship.
3. A self-reflective capacity, enhancing one's professional competencies as a humanistic physician to improve one's sense of professionalism as a physician and to relate more fully in the patient-physician relationship.
4. The physician's understanding of his/her responsibility to society

Learning objectives: The student will:

1. Define the principles of ethics in the patient- physician relationship and demonstrate the competency to engage in ethical problem solving and appropriate management of ethical concerns that arise in that relationship.
2. Discuss the professional responsibilities of the physician in interaction with the health care system, the local community, society at large and professional organizations.
3. Integrate Cross Cultural and Integrative Medicine into all patient- physician relationships
4. Discuss the social, cultural, spiritual/religious, psychological and political issues of personal and institutional racism, sexism, power, and bias as they affect the physician-patient-family relationships.
5. Incorporate the skills of reflective practice: the use critical incidents and narrative medicine to explore one's personal, cognitive and affective perspective on the practice of medicine.

Structure of the seminars:

1. Groups of third year students (8 each) with **one or two** clinical faculty, meeting 9 times throughout the year for 2-2.5 hours in small group settings Ideally, the clinical faculty will be members of the Academy of Advisors and the specific group advisors if possible.
2. The use of cases, readings, discussion and reflection
3. 9 seminars; timed as to not interfere with clerkship exams: 1 seminar for each of the 9 clerkships/electives will include:

- a. One hour to address ethics and cultural issues in cases developed by the committee in consultation with the clerkship directors
 - b. One hour devoted to sharing and reflective discussions of critical incidents. All students will be expected to write 3 “critical incident report” during the year. These reports will be reviewed by the faculty who suggest sections of the readings required to be included in the discussion
 - c. Discussion of selected readings
 - d. A syllabus or readings that incorporate the learning objectives of the course (e.g. Ann Fadiman: The Spirit Catches You, You Fall Down, Anatolia Broyard: Intoxicated by My Illness. Atul Gawande: Complications, Jerome Groopman: How Doctors Think. and others)
 - e. Opportunities to practice specific cultural or ethical skills (for example: using standardized patients to learn how to give bad news)
 - f. Adherence by all participants to the principles of professionalism and confidentiality in all discussions
4. Grading will be pass/fail with comments on professionalism and attendance will be required. This will be a separate course not connected to the clerkships.
- Administration
- a. The course will be administered through the OME
 - b. The MEC will appoint a course manager upon recommendation by the CCS.
 - c. Faculty development and rewards will be designed.
 - d. A course evaluation and criteria for evaluation of students will be designed
 - e. An educational research agenda should be developed.

Costs

- 1. Course Manager 5% time
- 2. Reimbursement to faculty \$1000.00 to include faculty development and meeting with each student at the end of the seminar for feedback and evaluation
- 3. Faculty development workshop dinners or half day workshops with lunch
- 4. Development costs of the syllabus and further discussions with the CCS (possible support from the Gold or Schwartz Foundations. Probability \$5000 over one year).
- 5. Administrative support

II. Vertical integration

Goals and Learning Objectives

1. Using a longitudinal relationship with the patient/family the student will be able to:
 - a. Discuss the significance and importance of a longitudinal relationship between patient/ family and professional in the provision of humanistic health care.
 - b. Describe the medial psychosocial, cultural and ethical aspects of the experience of patients/families as patients
 - c. Consult with physician supervisors to review their clinical observations
 - d. In the third year, discuss and integrate the medical and psychosocial aspects of the patient/ family experience.

Structure 2 possible alternative models

1. Newborn, patient with a disability, a patient with early Alzheimer disease or a well geriatric patient assigned to be followed (home visits, clinic or office visits if possible) over a three year period with supervision (students will be assigned to a faculty mentor to review possible: Academy of Advisors member)
2. During ICM I second semester: Students and preceptors choose one patient /family that student has met and student will follow over the next two years. (ICM I preceptor could supervise over two plus years)

Students will visit the patient / family

1. Once during the first year
2. 4 times in the second year (twice each semester)
3. 4 times in the third year
4. Maintain telephone contact and try to be with patient/family during clinic visits.

Costs

1. Course manager 2.5%
2. Administrative costs
3. Payment to faculty supervisor \$250-500 per student
4. Honorarium to patient of family member \$100-200