

Johanna Kelley '17 shadows nurses on their rounds and interacts with patients at The University of Vermont Medical Center as a part of her Professionalism, Communication, and Reflection course.

# INSIGHT & INSPIRATION

by Erin Post

The Professionalism, Communication & Reflection course leads students to a more effective understanding of themselves, leading to better communication with patients throughout their careers.

There are moments during the four years of medical school when a student must acknowledge the unanswerable questions that sometimes come with being a physician — brought on by the times when modern medicine falls short, when a patient can't be cured — or ignore those feelings of frustration and sorrow, leaving them untouched to possibly resurface later.

Setting foot in the anatomy lab can be one of those moments. The donated cadavers there are beyond the help of medicine — indeed, they are the ones who are now doing the helping.

“Seeing the face of our donor for the first time was a memorable and sensitive moment,” says Kenyon “KC” Bolton '18, who worked with a group of his peers to dissect a cadaver during Human Structure and Function, a sweeping 12-week course that is considered one of the toughest, and most formative, for a medical student. “Our donor's body is like having a patient,” Bolton says. “There's a level of respect that's due.”

Like medical students across the country, UVM College of Medicine students learn about the myriad systems that make up a human body through

dissection. They study terminology and facts, but through cutting into flesh, sawing through bone, holding a heart, they learn viscerally the weight of a human life.

Instead of shrugging off the innumerable feelings this dissection may call up — of inadequacy, fear, sadness, even horror — first year students at the College of Medicine take the time to examine these emotions too, and find insights into their deeper meaning in a course called Professionalism, Communication and Reflection (PCR).

“[Anatomy lab] is a crossroads where a student can develop a habit of



compartmentalizing,” says UVM Assistant Professor of Psychiatry Lee Rosen, Ph.D., who directs the ten-month long PCR course within the Vermont Integrated Curriculum. One of the goals of PCR is to “create a space where the conversation is open,” Rosen says.

The course revolves around the boundaries of what medical students learn from lectures, textbooks, and exams. Issues like death and dying, doctors and substance abuse, and gender and sexuality, take center stage. And the education happens between students, in the course of discussion, without tests or grades. Small group discussions, written reflections, guest speakers, shadowing sessions and the occasional field trip, all seek to create in future physicians a habit of handling emotion with grace, and integrating it instead of shunting it aside.

“We are fighting a history of physicians developing coping skills that have now outlived their usefulness,” says Rosen. “What students are learning in PCR is that nothing terrible happens because they had a feeling. Nor do they lose their competency. In fact, having these feeling contributes to their ability to be fully present for patients.”

For first-year student KC Bolton — who spent time prior to med school working in the fields of epidemiology and geography in addition to five years in the U.S. Coast Guard — PCR was an opportunity to step back from

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— Alison Frizell '15



Assistant Professor of Psychiatry Lee Rosen, Ph.D., at left, leads a group of medical students in a weekly PCR discussion. Rosen is the PCR course director.

memorization and connect what he was learning in anatomy lab to larger issues. He also forged bonds with fellow students who may have been experiencing wildly different emotions, but still had something to teach each other about how to cope.

“We all, as a group, benefit from talking about what makes us uncomfortable,” he says.

Rosen works with a team of 16 preceptors for the first year class’s small group discussions. The preceptors group includes College of Medicine faculty who are practicing physicians, as well as a chaplain, a psychologist, and a pediatrician now retired from clinical work to focus on research. The small groups of students each meet weekly to talk about assigned readings, usually sharing snacks and wide-ranging conversation. Students get to know and trust each other, and they form long-term relationships with a faculty member. The goal is for them to start their careers as physicians with a capacity to self-reflect, and an ability to embrace without being overwhelmed by the contradictions inherent in their work.

“You can’t facilitate reflectivity and professionalism by just visiting these topics two or three or even ten times,” Rosen says, pointing out that key to PCR’s effectiveness is the length of the course. Nearly every week for the first year of med school, students come together for small group discussions. Discussions also happen in tandem with coursework. Students learn about professionalism in connection with

the White Coat Ceremony; they interact with a standardized patient to try to elicit behavior change during a course on nutrition and metabolism; and the course ends in May with PCR groups beginning to plan for their public health projects, which they complete working with a regional non-profit or public health agency.

“Our course is unique compared to other med schools to the extent that there is an interpersonal and psychological focus,” Rosen says.

And the skills students learn in PCR are in high demand. In opinion studies, patients increasingly point to empathy and self-awareness as traits they value in their physicians. A 2013 survey from the Association of American Medical Colleges asked respondents from across the country the open-ended question: What advice would you give for training good doctors? Answers revolved around communication: They wanted future doctors to “listen to patients’ questions and concerns,” as well as work effectively “as a team with other doctors, nurses and hospital staff.” In a different question, respondents ranked doctors who are able to understand and treat “the whole person” in the top five for most important characteristics of a doctor.

The small groups, the subject matter explored, and the emphasis on reflection and sharing all help medical students approach their work in ways that encourage this thoughtfulness, and humility.

“PCR exposes students to alternative narratives of health and well-being,” Rosen says, “and it fosters in them an ability to listen deeply to people’s stories.”

## MENTORSHIP & FRIENDSHIP

“We definitely disagreed on some things,” says Alison Frizell ’15 with a chuckle, regarding her PCR group. “We were such a random group of personalities and interests, but somehow it really worked.”

One discussion of the White Coat — the iconic symbol of the doctor — led to questions of its relevance in modern medicine. Was it outdated? Or necessary? As students shared their opinions, and reflected on wearing their white coat for the first time, they also shared the anxiety of embarking on a career in medicine.

During her clerkship year — when Frizell completed rotations in Burlington and in Maine, getting to know and treat many patients in the process — those discussions about fear, trust and responsibility became even more relevant.

“That’s the year you see the realities of the system you’re working in a little bit more,” she says, adding that even

during rotations at far-flung hospitals, her experience in PCR allowed her to come back and draw on the skills learned during the small group discussions.

“PCR is about balance and self-care,” she says. “Medicine is a life choice you have to make. It’s a marathon, not a sprint, and the goal is to have a good life inside and outside the profession.”

Zoe Agoos ’15 appreciated PCR for helping her and her classmates acknowledge that “what we’re doing is really emotionally taxing.” As an anthropology major who came to the College of Medicine with experience working in global health, she was no stranger to thinking about complex issues without easy answers, like many of the topics addressed in PCR. But when she struggled with the emotional impact of one course during the first year of medical school, her PCR group helped her through it, as did her faculty preceptor, Jerry Larrabee, M.D., professor of pediatrics.

“Right away, I felt like I had someone to go to,” Agoos says. Larrabee made a point to follow up with her at a particularly difficult time, and the meetings with her PCR group provided

a respite, allowing her to “not lose touch with larger goals when it would have been easy to.”

Other students’ experiences in PCR speak to the value of hearing different perspectives. In December, several physicians and health care providers who identify as LGBT visit PCR classes for a session on diversity and gender identity. For Justin Genziano ’17 and his group, this led to a discussion about how the role of advocate and identification as a minority can become intertwined. Another session with medical interpreters from the local refugee community led to a discussion about how to support patients who speak little to no English, while a visit from nursing students helped to lay the groundwork for future collaboration. This breadth of topics — through both the conversation and written reflections — helped to “suss out very complicated thoughts,” Genziano says, leading to a deeper understanding of how medicine intersects with culture and identity.

Physicians’ developing their capacity for empathy is important both for patients and for fellow healthcare team members, says Hillary Anderson ’17. PCR helps by creating a safe space “where people can be more vulnerable.”

“We’re not trying to solve someone’s problems but we’re learning how to listen,” she says.

The question of death and dying is a difficult one, especially for medical students who are training to treat and cure. To explore the issue, students shadow either a member of the spiritual care team at The University of Vermont Medical Center, or a group of volunteers called the Noyana Singers, who visit the Vermont Respite House most weekends to sing to patients and their families.

“It was really moving and emotional,” Genziano says of his time with the Singers. A hospice volunteer prior to medical school, he had some experience witnessing patients at the end of life. But the singers’ interactions with patients, and families, showed him how a compassionate presence — and music — can make a difficult situation better.



Professor of Pediatrics and PCR preceptor Jerry Larrabee, M.D., [at left] invites the medical students from his PCR group to his house for an informal dinner and discussion.





When applicants to the College, like the group above meeting with Justin Genziano '17, come to "Closer Look Day," they preview the type of learning that is involved in the first-year Professionalism, Communication, and Reflection course.

## REFLECTION AND ATTRACTION

When Hillary Anderson '17 made the rounds to different medical schools as an applicant, she saw in the Professionalism, Communication, and Reflection (PCR) course at the College of Medicine an opportunity to bring all of her experiences — and those of her classmates — to the table as they go through the work of becoming physicians.

"It's a part of the curriculum I really valued," she says. "It drew me to UVM."

A Brown University graduate, she earned a master's of public health and worked in Boston at the National Institute for Children's Health Quality before deciding to pursue medical school. She came to the process with an understanding of how important communication, collaboration, and cultural competency are when working in the medical field. And PCR — with its emphasis on self-reflection and relationship-building — was a welcomed way for her to continue to develop those skills, and learn from her peers.

The College of Medicine increasingly seeks applicants who display this sense of curiosity and capacity for reflection, says PCR Course Director Lee Rosen, Ph.D. Even if students don't have the professional experience Anderson brought with her, the College looks for a willingness to engage in the discussion and exploration that PCR asks of first-year students.

"We have a clearer vision of the kind of students that we want here," Rosen says. For Closer Look Day, an annual event hosted by the Office of Admissions, accepted students attend events, take tours, and meet current medical students. Rosen hosts an experiential introduction to PCR session for one of the seminars offered during the day, allowing accepted students to ask questions and get a sense of how the small group discussions work.

Associate Dean for Admissions Jan Gallant, M.D., herself a PCR preceptor, says this PCR "preview" informs the admissions process as it gives students an understanding of what role reflection and thoughtful inquiry will play in their medical education.

"It aided in the dialogue and was an example of the type of environment we're hoping to create here," she says.

And when students begin the PCR course in August, they are already prepared to ask big questions of themselves and their peers.

"PCR helps our students learn who they are, what they value, and understand how they're changing," Gallant says. "And they have a whole group of people to support them in this work."



Associate Dean for Admissions  
Jan Gallant, M.D.

John McLaren '17 also came to the shadowing with experience — in his case, in the realm of music. He plays the piano and as an undergraduate conducted research related to rhythm, memory, and the brain. His time with the singers opened his eyes to how spirituality may enter into life in many forms.

"There is a faith that music has the ability to heal," he says, noting that his PCR experience will in turn impact his approach to patient care, especially at the end of life.

For Rosen, this speaks to PCR's value as a teaching tool when it comes to difficult, sometimes unanswerable questions.

"Students learn something extremely valuable about the needs of patients in their final hours," he says. "We're helping them come to terms with the limits of their profession."

### "ENERGY AND ENTHUSIASM:" FACULTY PRECEPTORS

Although PCR is now widely acknowledged to be critical for students' success, in the early days of PCR, which launched with the Vermont Integrated Curriculum in 2002, PCR founders Dana Walrath, Ph.D., a medical anthropologist and assistant professor of family medicine, and Yvette Pigeon, Ed.D., a clinical assistant professor of family medicine, faced a much different landscape. Students, and in some cases faculty, were not primed to understand the purpose of time spent in conversation, or contemplating tough questions that are by their nature unsolvable, when their goal was to treat patients. Students craved mentorship, but were left to navigate the medical hierarchy on their own.

This system "allowed the Hidden Curriculum to dominate," Rosen says, referring to the culture of medicine's influence on education, and the effect that this informal learning has on the training of physicians. Studies on professional burn-out, a growing problem in the medical field, have shown that shifting the Hidden Curriculum's emphasis — from

competition and emotional distance to collaboration and empathy — helps to keep physicians both in practice and at their best for patients.

PCR is one way the College of Medicine puts the Hidden Curriculum "in the light," Rosen says, making it less powerful. And it works both for the first-year medical students and the faculty who mentor them.

College of Medicine Associate Dean for Admissions Jan Gallant, M.D., says the groups she has mentored over the years give her an energy that permeates her professional life. She sees in students a capacity for deep understanding.

"There's a sparkle in the air," Gallant says. "Even if they aren't talking, they're actively listening."

UVM Professor of Pediatrics Richard "Mort" Wasserman, M.D., has witnessed students coming to the aid of fellow students who need to talk through complicated questions about their patients, or peers, or their own development as a doctor. In this way he learns alongside the students.

"The title of the course is actually what it promotes in faculty," he says. "It has that impact."

And the relationships formed are long-lasting. UVM Associate Professor of Surgery Mario Trabulsy, M.D., was one of the first preceptors for the course, and she has seen students keep in touch as their lives unfold.

"Every year at graduation I have several students who are asking to hug me," she says. "I've been invited to weddings; these really are long-term relationships."

The expectation that preceptors will read and comment on students' written reflections adds another dimension to the relationship, says Nathalie Feldman, M.D., assistant professor of obstetrics, gynecology, and reproductive sciences and director of the OB/Gyn residency




At top, Isobel Santos '17 as a part of her PCR class, shadows nurse Caysie Lord, R.N., at the University of Vermont Medical Center. Above, John McLaren '17, second from left, joins the Noyana Singers at Vermont Respite House.

program, who has been a preceptor since 2007. She's seen students explore complex issues in medicine and come out on the other side with a changed view of the world — and a more nuanced understanding of their place in it — that will serve them well as doctors.

For Zoe Agoos '15, who will begin her residency as an M.D. within the year, PCR has helped to lay the foundation for a lifetime of thoughtful engagement with patients, as well as an ability to step

into someone else's shoes, be it a fellow doctor, or nurse, or family member. And she points out that students who start their careers already understanding the value of cultural competency, empathy, and effective communication have an impact: When 115 or so students graduate from the UVM College of Medicine every May and go on to residencies across the country, and eventually practice far and wide, they stand to influence their colleagues and the medical students they will teach.

"Good communication skills, conscientiousness, trust, empathy, a sense of curiosity: This is what helps patients have a trusting relationship with a physician," Feldman says. "It's the crux of effective patient care." 

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— Richard "Mort" Wasserman, M.D., UVM Professor of Pediatrics