

MCS Selective

Physician-Patient Dialogues to Effect Change: The relevance of the doctor-patient relationship in an age of technology

Introduction:

The patient-doctor relationship is a major conduit for information flow. It is through a strong, empathic, relationship that physicians gain access to a source for understanding illness and suffering that can make them more effective healers. As in any relationship, misunderstanding may arise, resulting in impasse, impeding the flow of information between patient and doctor, thwarting relationship's purpose to alleviate suffering.

Students will be introduced to a problem-solving model (The Circle of Change) for when that relationship gets "stuck" in impasse. This model is a guide for exploration of the patient's story... their illness narrative... Within the patient's narrative lies a key to their illness experience and the meanings they attribute to it. These meanings may offer hints towards resolution of a patient's impasse to lifestyle change, conflictual behavior, or other seemingly inexplicable act, conduct or demeanor.

Through patient stories that I've journaled over 44 years of primary care practice, we will discuss the art and science of crafting physician-patient dialogues to facilitate patient change and healing. We will explore how to develop proficiency in harvesting the patient's story for its hidden fears, past illness experiences, attribution models, and other explanatory models that can reveal the patient's perceptions. We will also see what happens when we fail to do so.

Through stories students can observe how understanding perceptions may explain and humanize patient behavior and suffering. Furthermore, it will become apparent that perceptual revelations may trigger physician feelings of compassion that reopen dialogue and change a conversation's tone, permitting new opportunities for impasse resolution, change and healing.

Who is this course for:

This selective is open to students in the discipline of Medicine. The course is designed and predicated on the belief that to "Know Thyself" is a fundamental part of doctoring, and that the key that accesses the door to understanding the suffering and difficulties of others is the ability to understand the suffering and difficulties of ourselves.

Instructor:



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Educational Objectives:

At the conclusion of this selective you will have the ability to:

- 1 Understand and discuss the need for problem-solving approaches in primary care that may differ from those accustomed to within the tertiary care setting (but are not mutually exclusive!).
- 2 Express your self-reflective perceptions regarding the role of the physician, the purpose of medicine, and the significance of the patient-doctor relationship.
- 3 Understand and discuss the significance of uncovering and understanding the patient's "story" in patient care diagnosis and management.
- 4 Become familiar with a problem-solving technique that provides a structured format for problem-delineation and problem-solving impasse in primary care, that facilitates lifestyle change, and explains what may otherwise appear to be inexplicable patient behaviors.
- 5 Appreciate that self-understanding is essential to the understanding of others and, therefore, to good doctoring.
- 6 Become an *appreciator* of suffering (our own and that of others) and to learn from it all.

Requirements and Outline:

To complete the selective, a student must:

- Attend and participate in four, two-hour, interactive seminar sessions.
- The four session weeks outline:
 - Session week I: The Case of Ms. Forevermore: An introduction to Impasse and First and Second-Order Change
 - Session week II: The significance of the patient's story; what we can learn from it and the possible repercussions when we don't
 - Session week III: Problem-delineation through understanding problem-formulation; the importance of understanding how impasse may occur in facilitation of lifestyle changes and the importance of dialogue in uncovering it
 - Session week IV: Problem-resolution through the application of systemic hypothesis, and second-order problem-solving techniques utilizing a medical problem-solving model, The Circle of Change.
- Suggested reading: Trilling, Jeffrey. *Beyond technology's reach- **the Circle of Change***-A primary care guide to skillful conversations for impasse resolution and lifestyle change will be distributed to the student gratis by the author.

Class Size

Minimum 6 Maximum 10