The Phronesis Project

USING APPRECIATIVE AND MINDFUL PRACTICES TO FOSTER WISDOM IN MEDICAL STUDENTS

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Practical wisdom

Doing the right thing
at the right time
in the right way
for the right reason.

-- Barry Schwartz and Ken Sharpe

Why wisdom?

- Wise people

  - see things from multiple perspectives;
  - can see the bigger picture;
  - can cope with complexity & ambiguity;
  - have a capacity for self-reflection & self-awareness;
  - have a deep capacity for compassion (for themselves & others); and
  - know that they don't know it all.

ARDELT's 3-D wisdom Model

Reflective	Cognitive	Compassionate
Can see things from multiple perspectives Requires self-examination, self-awareness & self-insight	Applies knowledge & skill to right action Understands deeper meaning of things Knows what you don't know Awareness of life's unpredictability, ambiguity & uncertainty	Compassion Wants to foster the well-being of all Transcends self-centeredness

Why wise doctors?

- Provide high-value care
  - Highly knowledgeable and technically skilled
  - compassionate
  - Relationship- centered
  - Team based
  - Humble, aware of vulnerability to mistakes
  - Trustworthy and honest
  - Big picture (population or individual)
  - Balance conflicting values

  ....Focused on the greater good

How do we get wise?

- One way is through making mistakes
- The Wisdom in Medicine[1-3] project studied how physicians cope with medical error and if what they learn and the way they changed resembles wisdom
- Answer: yes
- Increased humility, compassion, ability to see things from many perspectives, to see the deeper meaning in things, less black and white thinking, better team players, more forgiving and more realistic understanding of doctoring("the imperfect but good doctor"), more tolerant of ambiguity and complexity, more aware of the things they don't know

[1]PLEWS-OGAN ET AL PATIENT EDUCATION AND COUNSELING 2012
[2]MAY ET AL PEC 2012
[3]PLEWS-OGAN ET AL ACADEMIC MEDICINE 2016

Can you teach wisdom?

Reflective capacity	Use mindful practices for wellness & patient care Engage in reflective writing Experience health system from patient perspective Learn self-awareness, identity formation Error disclosure & peer support
Cognitive capacity	Understand patient's story Explore meaning & purpose in medicine See the patient's "bigger picture" Understand limits of knowledge & capability Grasp systems of care – high value locations Use data to improve care Practice safely Awareness of complexity in clinical decision making
Capacity for compassion	Experience of illness; trajectory of illness Patients as people

Learning theory[1] -- Self-determination theory[2]

- Students' natural motivation to learn is driven by fulfilling three innate psychological needs:

  - A sense of relatedness

  - A sense of autonomy

  - A sense of competence

[1]Schumacher DJ, Englander R, Carraccio C. Developing the master learner: applying learning theory to the learner, the teacher, and the learning environment. Acad Med 2013;88:1635-45.

[2]Ryan RM, Deci EL. Self-determination theory and the facilitation of intrinsic motivation, social development, and well-being. Am Psychol. 2000;55:68-78.

Sense of relatedness

- An individual feeling like a member of a community & a profession

  - Teachers treat trainee as colleagues

  - Learning fosters intra- and interprofessional relationships

  - Engage students in decisions about their patients' care

Sense of relatedness

- Phronesis activities:

  - One-on-one, longitudinal mentoring relationships

  - Student as vital part of patient's care team

  - Developmentally appropriate roles in patient care

  - Peer and mentor clinical seminars

Part of a community, a profession

Sense of autonomy

- An individual feeling as if they are acting of their own volition.

  - *Not* working independently without supervision
  - Learners seek help from others on health care team & take action of their own volition
  - Acknowledges interconnectedness
  - Teachers allow learners to plan, with clear, supported rationales.
  - Allow learners to choose their own schedules & electives

Sense of autonomy

- Phronesis activities:

  - Students structure their interactions with patients

  - Students seek regular consult with PCP and team

  - Longitudinal relationships (peer, patient, mentor) foster sense of interconnectedness

Sense of competence

- Individuals feeling they know something or are able to do something

  - Arises from experience
  - Align learners' responsibilities with their abilities
  - Present frequent, affirmative feedback
    - Targets what student has done well
    - Compares performance with more advanced learners – sets a roadmap for future learning
  - When appropriate, teachers empathically share their own struggles

Sense of competence

- Phronesis activities:

  ○ Developmentally appropriate patient care

  ○ Longitudinal mentoring relationships

  ○ Peer and mentor clinical seminars

Phronesis curriculum

- Mentored longitudinal relationship with patients
  - Home visits
  - Clinic & hospital visits
  - Narrative interview
  - Partners in behavior change
  - Weekly contact (by phone or in person)
  - Advocacy for healthcare & other upstream issues
- Monthly workshops & CPD threads
  - Mindfulness
  - Justice & advocacy
  - Population-based care & upstream health issues

Curriculum (cont'd)

- ## Monthly workshops & CPD threads
  - Motivational interviewing
  - Narrative medicine & reflective writing
  - Clinical seminars
  - Expanded SDL topics, focus on social issues

- ## Clinical Years
  - "Launch" to clinical year seminar/dinner
  - Monthly drop-in sessions
  - Bi-monthly workshops
  - Continue to see longitudinal patients

Why longitudinal relationships with patients?

- Relationship skills
- Trajectory of illness
- See patients as people
- Ethic of service
- Meaning
- Professionalism & accountability

Developmental Roles with Patients

- Role with patient progresses as student gains more skill and knowledge

  - Narrative interview
  - Accompanying patients through health system encounter
    - System redesign, patient centered care
  - Advocacy & upstream health issues
    - Identifying social & economic challenges to health
  - Goal setting using motivational interviewing
    - Trusting relationships, stages of change, doctor-patient communication

Attention

- Attention
  - Training to focus the attention (for example on the breath)
- Meta-attention
  - Training to "notice" the wandering of our attention,
  - in a non-judgmental way
  - In the present moment
  - and then to re-focus
  - To do this one must be able to "let go" of a thought

Awareness

- Thought awareness
  - Mindfulness training in noticing thoughts in a non-judgmental present moment way
- Interpersonal impact awareness
  - Interpersonal mindfulness training on impact of self on others and visa versa
- Emotion awareness
  - Training in noticing and naming emotions, giving the person the opportunity to interrupt the emotion→thought→behavior cascade and make a different choice
- Body awareness
  - Training in noticing body sensations which are early clues to emotions that can unconsciously drive behaviors
- Implicit bias training
  - Training in how implicit bias drives thoughts and behaviors and how making these biases explicit can enable us to make different choices
- Human factors training
  - Training in human perception and cognition, and how these can lead to predictable human error

Self-regulation/Self Mastery

- STOP
  - **S**top
  - **T**ake a breath
  - **O**bserve: what am I feeling? Thinking? What are my goals?
  - **P**roceed with the end goal in mind
- End goal decision-making
- Letting go
- Choice expansion
- Changing the frame
- Self-compassion

Appreciative Practices / Habits

- Assume positive intent
- Compassion/empathy training
- Foster gratitude
- Practice forgiveness
- Appreciative gossip
- Foster curiosity
- Change judgment → inquiry (first, ask a question)
- Use story
- Get proximate
- Change the narrative

Expected Outputs

- 12-18 students / year enroll in Phronesis Project
- Develop the Phronesis curriculum
  - Learner-centered, ongoing process evaluation = responsive curriculum
  - Phronesis web site & student handbook
- Faculty development manual, podcasts, and online materials
- Scholarly publications:
  - Implementation process
  - Outcome results
  - Lessons learned

Expected outcomes

- Annual UVA Medical Student Resilience Survey

  ↑ Wisdom

  ↓ Burnout

  ↑ Resilience

  ↑ Well being (PERMA)

  ↑ Quality of Life

  ↓ Anxiety

  ↓ Depression

  ↑ Perceived support

Expected outcomes

- Improved competencies

  ↑ LCME scores

  ↑ Learner satisfaction

  ↑ Communication skills

  ↑ Relationship with patient skills

  ↑ Behavior change and motivational interviewing skills

  ↑ Population health management

Impact

- Wise physicians
- Improved patient outcomes
- Hidden curriculum congruent with the taught curriculum
- Institutional wisdom
- Higher quality of care
- More efficient care
- More cost-effective care
- Improved physician, staff & patient satisfaction

Student Interviews

- Students learn **humility**, or *"accepting that I do not know all the answers."*
- **Relating well with patients**, for example taking the time *"to hold patients' hands, sitting at eye level with them, listening to their stories even if their stories seem to go in circles."*
- **Respect for patients**. *"Patients give physicians special access to the most intimate details of their lives, so it is important to treat such an intimate relationship with care and reverence."*
- **Learning to fail.** Students indicated that they learned the most from when things went wrong (their motivational interviewing for example) and they had to figure out what to do next

Student Perspective: Phronesis Highlights

- Their **student-patient relationship** *"reminds me why I wanted to become a doctor"* or *"why I left a job to come to medical school."*

- **Integrating science with their patient experience.** Students appreciated that *"all the things we learned in class – cardio, pulmonary, and renal – all came together in one patient. I just hate studying, but **having patients is motivating me to learn**."*

- **Phronesis workshops** & being together with other Phronesians.

- **Clinical seminars.** Students *"loved sharing, courage & trust that we experiences. We're not generally encouraged to talk about our failures."*

- **Combined seminars and dinners** with SMD 2018 and SMD 2019 together.

Question to first year students:
"What does a wise physician look like?"

Theme	Examples/Language
Reflective	Humble - *"accept they don't know all answers"* Able to contextualize situations Acknowledge that they could've acted differently *"Realize that their voice is not the most important one in the room."* *"Mentally switch perspectives with each patient."*
Cognitive	Others seek them out for advice Lifelong learner, continual improvement Know their own limits and act accordingly Good judgment
Compassionate	Advocate for their patients Courage to be honest with patients *"A wise physician stands for justice."* *"Knows when to speak and when to listen.* Shows compassion, especially to "difficult patients".

Question to second year Phronesis students: *"How will you know that you are gaining wisdom in the next year?"*

- The voice was highly personal
- Related to their lived experience thus far (rather than just projecting into the future)
- Did **not** focus on content (*"I will know it when I am compassionate with my patient."*)
- **Did** focus on **process** and **context**
- Process had to do with how wisdom functions for them (they used metaphors to describe this) and what they are using to develop wisdom
- Context was about in what kinds of experiences they see wisdom developing (so, not about the wisdom itself but the situations in which it likely manifests)
- As though they will know they are gaining wisdom if they see the tracks of their path in the snow..

Question to second year Phronesis students:
"How will you know that you are gaining wisdom?"

PROCESS: How wisdom functions for them	PROCESS: What they are using to develop wisdom
• Lens • Anchor • Thread already there • Gift to give away	• Letting go • Mindfulness • Reframing failure • Keeping hope • Takes practice

Two main elements: process and context

- Process (1) How wisdom functions for them
  - Lens
  - Anchor
  - Thread
  - Gift to give away
- Process (2) What they are using to develop wisdom
  - Letting go
  - Mindfulness
  - Keep hope
  - Reframe
  - Takes practice
- Context: In what context they see wisdom develop
  - Change
  - Challenge
  - Cope with failure and vulnerability
  - Bias
  - Break the rules

In what context do they see wisdom developing ?(2nd year)

- Change
- Challenge
- Coping with mistakes, vulnerability
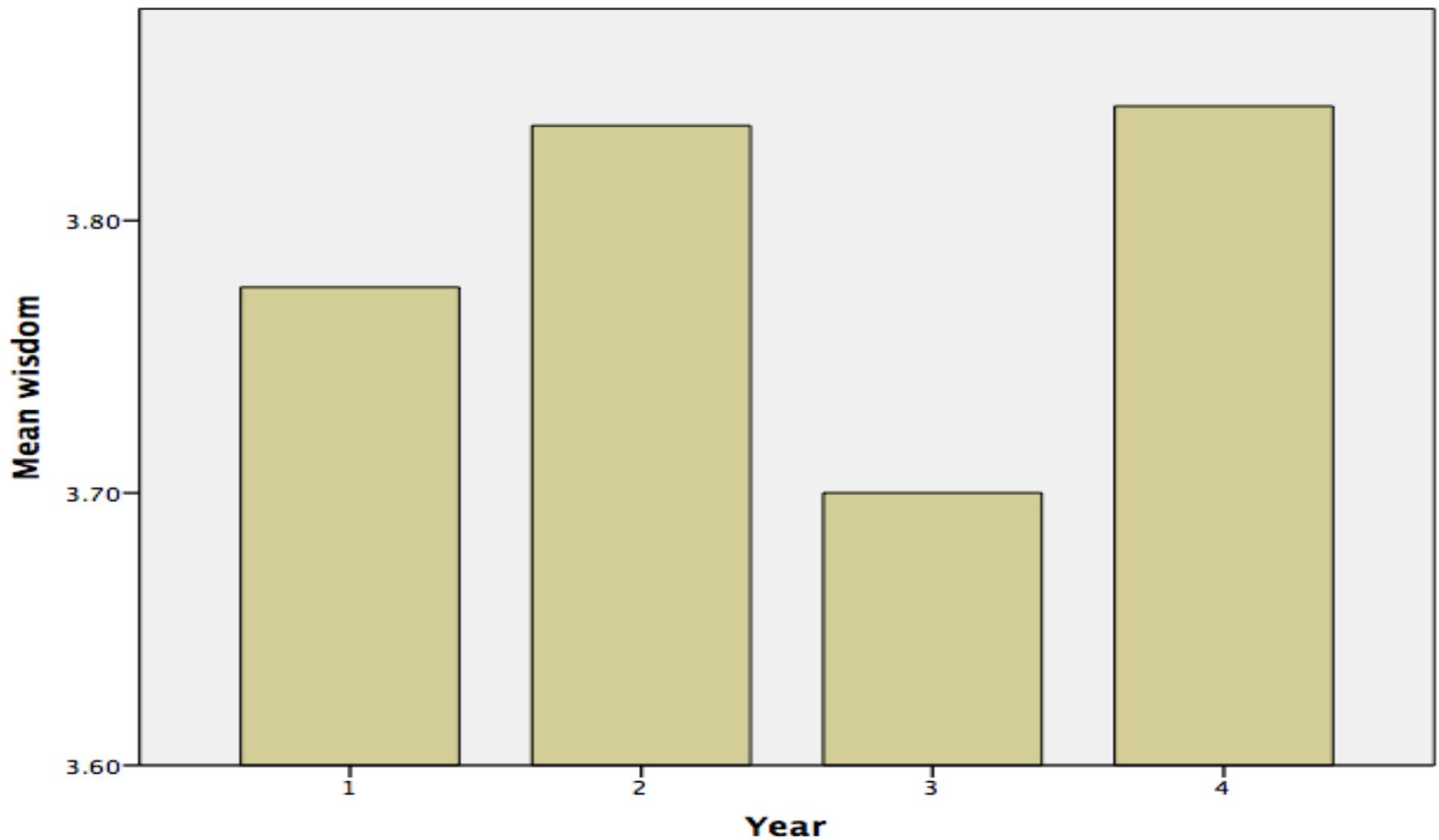- Bias
- Breaking the rules

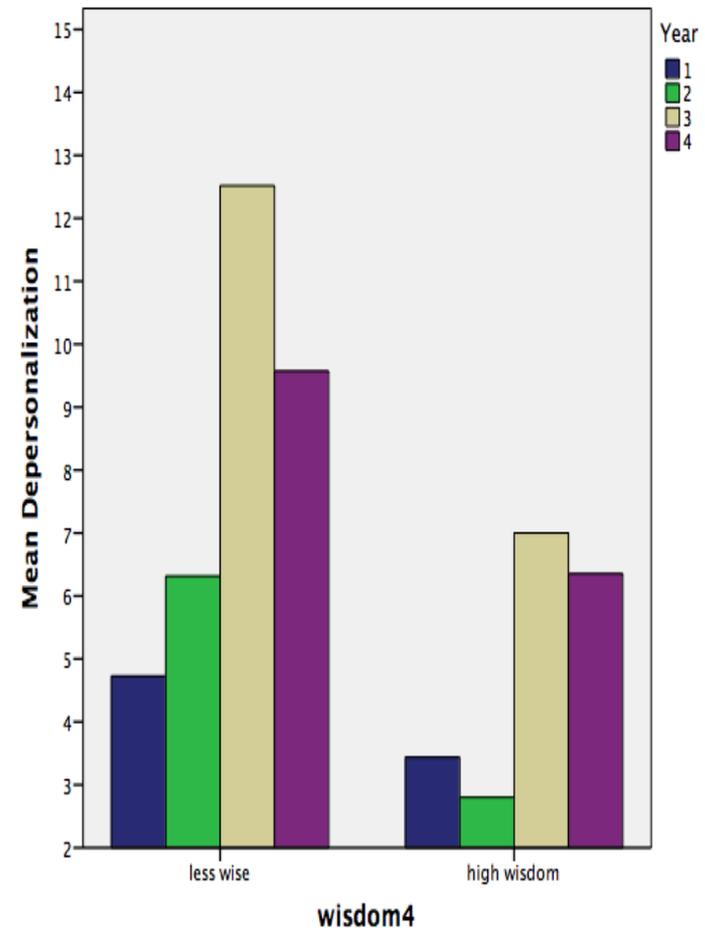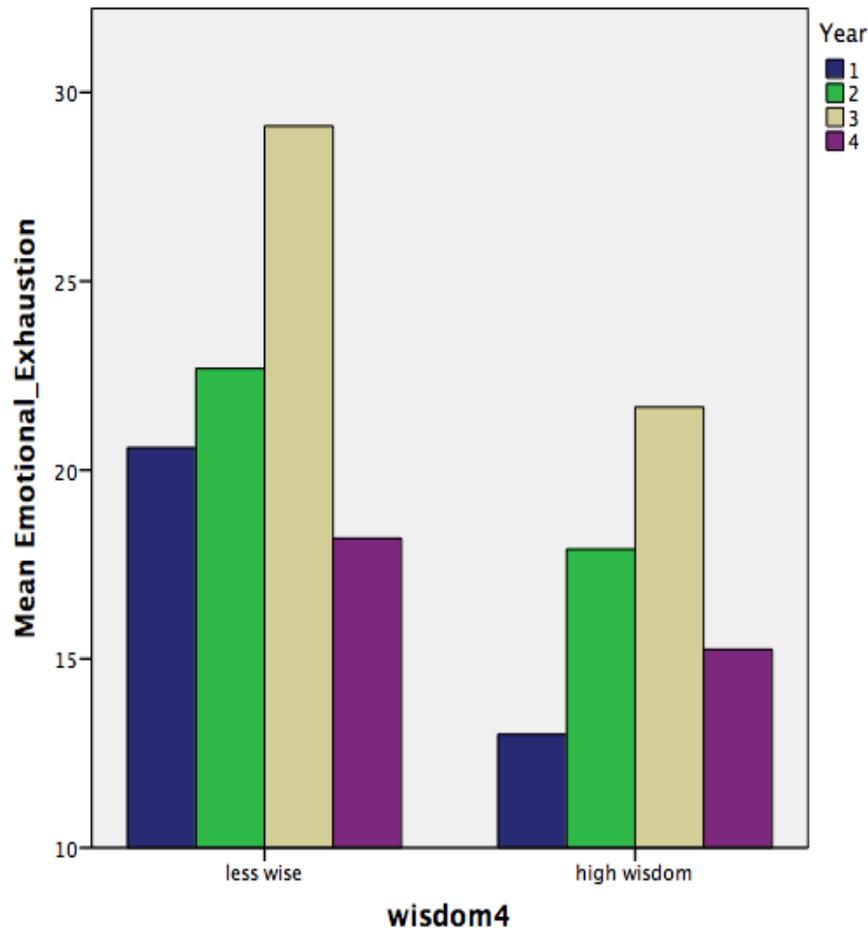# Quantitative evaluation: cross-sectional and longitudinal

- 3-D Wisdom Scale (Ardelt)
- Resilience (Connor-Davidson)
- Burnout (Maslasch)
- Wellbeing (PERMA)
- Perceived support
- Depression
- Anxiety
- Quality of life

Wisdom in medical students cross-sectional 4 years

Quantitative Evaluation: Wisdom and Burnout in Medical Students

High wisdom students (n=69) vs less wisdom students (n=206) scored 17 vs 23 on EE (p<0.01), and 5 vs 8 on DP (p<0.01) and 39 vs 36 on personal accomplishment (p<0.01)

Next Steps

- Continue longitudinal data collection
- Participatory action research next step
- Student interviews at end of third year
- Third cohort (18 students) in August 2016
- Fourth-year students handoff patients to first year students: 6 month overlap, mentoring
- Expansion as part of the Longitudinal Patient Experience at UVA

Wisdom is what we should be striving for in our development as clinicians. Seeking wisdom should be embedded in our culture."

-- *William Branch*

TEACHING WISDOM

Medical students are generally focused on accumulating knowledge, particularly in their first few years. A new project at UVA's School of Medicine gives them an early introduction to patients in the hope of developing something else: wisdom.

Dialogue

- There is a lot of talk about resilience in medicine. Does teaching students about wisdom give them the capacity to move *beyond* resilience?

- How do we help students measure their own progress toward wisdom? There is no "finish line," so how do we encourage growth without creating rigid, even arbitrary, measures of success?

- What is the most effective way to connect wisdom with improved patient outcomes?