



Program shows
medical students
*the
human side
of
surgery*

*by Karen M. Sandrick,
Chicago, IL*

The typical medical school experience does not expose students to clinical medicine, especially not to clinical surgery, until their third-year clerkship rotations. So medical students often are first introduced to direct patient care through residents who are hard-pressed to finish their own surgical cases and research projects, let alone guide medical students in the development of the physician-patient relationship, school students in the delivery of compassionate care, or help fledgling physicians to confront anxieties about the day-to-day practice of surgery.

The human element

But medical students at Washington University, St. Louis, MO, have the opportunity to be thrust into patient care situations in their first year. Sandwiched between their anatomy and physiology sessions, first-year students may hear a woman explain how she reacted to the news that she had advanced breast cancer and wrestled with each of her treatment options. The students may listen to an African-American senior surgeon describe what it has been like not only to treat minority patients but to be a minority surgeon within an academic medical system. The first-years may learn from clergymen about patients who agonize that their illnesses are punishments from God.

In the process, students not only get a respite from the basic science that dominates their medical school days, they also get an idea of what to expect when they one day will step onto the wards. “You start thinking how you should go about interacting with patients and their families, dealing with issues such as death and dying and recognizing how people’s perspectives change as they grow older and their perceptions that the quality of life matters more than the length that is left,” medical student Rob Ridenour said.

Students also are learning to recognize the importance of making emotional connections with patients. “You have so much you can do for patients. You can give hope to patients you could never give hope to before. But even with all this technology, sometimes there is nothing you can do for a patient,” Mr. Ridenour said. “You have to be able to relate to that person on a different level, to try to help them emotionally with their disease rather than physically.”

Further, the students are building a sense of self. “A lot of us are wondering, ‘Am I going to be a good doctor? Am I going to be able to do this well?’ and all that goes into that, especially with the decision making that doctors inevitably have to do in the face of uncertainty. We are realizing that our first job is to know who we are and where we stand on issues before we can help our patients,” another student, Virginia Pierce, said.

Unique course work

Mr. Ridenour and Ms. Pierce are two of 20 medical students who this year participated in the Topics in Medicine elective course, *Dealing with Sick*

Folks and Their Families, at Washington University—which, somewhat surprisingly, is directed by a surgeon, Ira J. Kodner, MD, FACS, professor of surgery. As Dr. Kodner explains, medical school courses that explore relationships with patients, compassionate care, diversity, medical teamwork, religious and spiritual values, and clinical decision making usually are controlled by internists or other primary care physicians.

This situation is not rooted in surgeons being remote from patient care issues. On the contrary. Surgeons—particularly those like Dr. Kodner, a colorectal cancer surgeon—must, on a daily basis, deliver bad news, address ethical and religious concerns, decide what is best and most cost-effective for a patient, and clearly explain treatment options and alternative choices. “No one except surgeons takes on the responsibility of meeting someone, getting to know them and their families within a short period of time, cutting them open, and doing some threatening thing to their bodies. Dealing with life-and-death cancer surgery or issues of body image or the risk of complications from surgery is part of our lives,” Dr. Kodner said.

Surgeons nevertheless are not generally involved in Topics in Medicine-type courses early in a medical student education because of the present-day realities of academic surgery. For one thing, there is little time for surgeons to spend with medical students. Teaching also is costly because it takes surgeons out of the operating suite, Dr. Kodner said.

That means, however, that medical students do not see surgeons in action until they move onto harried surgical services, where they see patients at most the night before the operation or see surgeons only in the operating suite. “In the OR, they see us cut people open and hold retractors, hear us answer a few questions about the specific disease and operation, and that’s usually it,” he said.

But, as Dr. Kodner stresses, “No one but a surgeon goes to bed at night knowing they have to wake up the next morning and do something that’s potentially threatening to another being. We don’t take that responsibility lightly, but we haven’t taken the time to put it into words and especially to disseminate it to medical students. Medical students don’t get to see us in that phase of our function as compassionate role models.”

Dr. Kodner decided to try to change the perception of surgeons 10 years ago by developing the

Dealing with Sick Folks course with the help of Mary Gilley, RN, an operating room nurse who manages and coordinates the care of patients in the colorectal surgery service. "Because of the nature of the educational process, students just haven't had the chance to watch someone through role-model situations deal effectively with patients and their families and manage the stress that goes along with illness and surgery and the interruption of life," Ms. Gilley said.

Keeping it real

Dealing with Sick Folks has become a popular elective, attracting about a fifth of all first-year medical students. Over the course of six sessions, Dr. Kodner and Ms. Gilley introduce students to the basic principles of becoming a compassionate physician. Frank Richards, MD, clinical instructor in the department of surgery at the university's school of medicine, explores dealing with individual sensitivities associated with different cultures, ethnicities, and races as well as certain types of patients, such as the obese. Virginia Hermann, MD, FACS, professor of surgery in the university's department of general surgery and clinical director of the breast surgery service, discusses telling the truth and breaking bad news to patients. A group of health care professionals address the complexities of working as a clinical team. Rabbi Mark Shook and Chaplain Janet Crane examine religious and spiritual aspects of medical care. A cancer survivor and Ms. Gilley talk about decision making from the patient's perspective.

Dr. Kodner and Ms. Gilley gather background material from their individual practice experience, including journal papers from the nursing, social services, and medical literature as well as articles in the popular press and videotapes of motion pictures and television series. Then they leave the actual classroom work to the students, who lead group analysis of the literature, direct discussion of issues raised by guest speakers, quiz classmates, raise ethical situations, and participate in role-playing.

The dynamic produces some memorable experiences. Dr. Kodner recalls the time that an elderly man who was dying of lung cancer and his wife told each other things they had never spoken of before when interviewed by a senior internist in front of the students. As Dr. Kodner was walking the couple to their car after the class, the man

told him, "You know, I thought I was going to die, but I'm not. I'm going to live on in these doctors."

For the students, the Dealing with Sick Folks course offers a glimpse into the process of actually taking care of patients, not just the science behind it. "The course is not the glycolysis pathway or the anatomy of the pelvis; it makes medicine more real for us," Ms. Pierce said.

The course also provides a mechanism for students to start assessing their own emotional capabilities. "The issue of drawing the line so students can protect their own emotional integrity and still be compassionate physicians is one of the more complex things we deal with in every single class, to the point of tears, because some students are stressed by how much of themselves they will be giving to each of their patients," Dr. Kodner said.

Ms. Pierce feels the course is opening the door to further personal exploration. "In large part, because we're kept so busy with all the other studying we need to do for exams, we felt we didn't have a forum or the time or we are in some way apprehensive to discuss some of these issues with each other. But now we feel we can continue to talk with one another as we progress through our education and not let some of these issues fly by as we're trying to become technically proficient or fill our brains with biochemical pathways," she said.

The course also has increased students' awareness of the roles that surgeons play. "The surgeon sees patients during a time that is in many cases very emotionally charged and in some cases life-changing. Surgeons help patients make major decisions and get patients through critical time periods. Surgeons also maintain ongoing relationships with patients. Although surgeons may not know patients very well before they are referred for surgery, their relationship can become very strong in the acute period and continue over time. You would expect a family physician or internal medicine doctor to be dealing with patients and their families, but the surgeon lends a unique and valuable perspective," Ms. Pierce said. □

Additional information regarding the course, Dealing with Sick Folks and Their Families, may be obtained by contacting Ira J. Kodner, MD, FACS, tel. 314/454-7204; e-mail IJKodner@aol.com.

Ms. Sandrick is a medical writer in Chicago, IL.