



The third thing in medical education

Elizabeth Gauferg and Maren Batalden
Harvard Medical School, USA

Part of a moon was falling down the west,
Dragging the whole sky with it to the hills.
Its light poured softly in her lap. She saw
And spread her apron to it. She put out her hand
Among the harp-like morning-glory strings,
Taut with the dew from garden bed to eaves,
As if she played unheard the tenderness
That wrought on him beside her in the night.
'Warren,' she said, 'he has come home to die:
You needn't be afraid he'll leave you this time.'

'Home,' he mocked gently.

'Yes, what else but home?

It all depends on what you mean by home.
Of course he's nothing to us, any more
Than was the hound that came a stranger to us
Out of the woods, worn out upon the trail.'

'Home is the place where, when you have to go there,
They have to take you in.'

'I should have called it
Something you somehow haven't to deserve.'

Robert Frost, excerpt from *Death of the Hired Man*.
Published in *North of Boston*, 1915, by Henry Holt
and Company.

The intern's voice broke and he paused to collect himself before continuing to read. He had chosen the poem after visiting patients at a neighbourhood nursing home, one of the few that consistently accepts our minimally insured public hospital patients in transfer. The group of us – myself (an attending physician), three other interns, two residents, and a medical student – sat in silence on the grass outside the hospital in the middle of a busy work day, feeling the poignancy of our colleague's experience. We sat together quietly for a while. My own heart opened into the silence and I briefly let go of my role as a teacher crafting a reflective experience for my students. My thoughts carried me out beyond the jagged edge of 'no place to go', where too many of our patients live. The words of the poem, and the fact of the intern reading them aloud, lured me

back into the human experience of suffering that I have so quickly learnt to dismiss as a disposition problem and so readily refer to the hospital's care co-ordinator. When the intern finally spoke, he said: 'I think it was the smell in that place that really got to me. It just sticks with you.' We spoke about what it means to bear witness to so much pain, the vulnerability wrought by the combined insults of poverty, old age and illness; our responsibility for 'taking people in' and the limits to that responsibility; what, if anything, a person 'worn out on the trail' might deserve; and the consequences of closing ourselves off from the suffering we see.

In a creative trigger exercise at The Cambridge Hospital, we invite medical students and residents to select an object or work of literary or visual art that communicates something true about their experience in medical training –

some aspect of the doctor–patient relationship, a challenge of personal–professional balance, some part of the self at risk of being lost or forgotten. As part of a weekly psychosocial seminar for third-year medical students, we dedicate 30 minutes for each student to present a trigger and facilitate a group discussion on issues that emerge. Three or four reflections are shared in each session. We facilitate an abbreviated version of the exercise with medical residents at the end of an in-patient ward rotation during the designated hour for attending rounds.

We are inspired in this exercise by the work of the educator Parker Palmer, who wrote:

*'In Western culture, we often seek truth through confrontation. But our headstrong ways of charging at truth scare the shy soul away. If soul truth is to be spoken and heard, it must be approached 'on the slant' ... We achieve indirection by exploring that topic metaphorically, via a poem, a story, a piece of music, or a work of art that embodies it. I call these embodiments 'third things' because they represent neither the voice of the facilitator nor the voice of a participant. They have voices of their own, voices that tell the truth about a topic but, in the manner of metaphors, tell it on the slant. Mediated by a third thing, truth can emerge from, and return to, our awareness at whatever pace and depth we are able to handle – sometimes inwardly in silence, sometimes aloud in community – giving the shy soul the protective cover it needs.'*¹

We spoke about what it means to bear witness to so much pain

We dedicate 30 minutes for each student to present a trigger



'Our headstrong ways of charging at truth scare the shy soul away...'



A scene from the film *My Life Without Me*, in which a doctor awkwardly tells a young mother of her impending death from ovarian cancer, led us to reflect on the crucial importance of the right words (as well as silence) at such critical junctures in patients' lives.

An intern passed around an hour-glass timer. The timer, she said, was a gift from her mother who had worked all her life as a nurse. She reflected on the press of time in the hospital, the ways in which pressure manifests as interpersonal conflict, our interdependence with our non-physician colleagues. A resident shared a box of crayons and mused on the many colours of every busy day on the wards – the black frustration of a cancelled procedure; the green cheer of something new understood; the red heat of an argument with an angry patient; the soothing blue of an encounter in which one is able to provide comfort.

Participants have offered a wide diversity of 'third things', which have opened up the exploration of a rich variety of topics. One student read aloud Richard Seltzer's autobiographical reflection *Brute*, in which the author recalls with raw regret one exhausting night during his internship year in which he behaved sadistically toward a patient. We talked about power dynamics and racism in medical culture, and considered the contexts in which good people find themselves doing terrible things. Another student brought an artfully arranged vase of wild flowers picked from her garden. She spoke of the sterility of the hospital environment, and her hunger for

colour and warmth. We wondered together about the necessity for that sterility and possibilities for healing through the arts.

Two students read aloud from Margaret Edson's Pulitzer-prize-winning play *Wit*, which depicts English professor Vivian Bearing's diagnosis of cancer, her experience of treatment in a clinical trial, and her ultimate death in hospital. In the drama, Bearing loses her self-assured academic persona but finds, with her new vulnerability, the capacity for real human connection. As a group, we explored the role of defence mechanisms in the face of illness, and strategies for recognizing and meeting the emotional needs of our patients.

We marvel at the intimacy the use of the 'third thing' permits, and the safety learners feel in raising deeply personal and difficult topics. During one session, a male student placed a sculpture in the centre of the table which on closer inspection proved to be a homemade model of a human vagina. He shared with the group that since

Box 1. Planning a 'third thing' session

This exercise is infinitely adaptable to a variety of settings.

We recommend an ideal group size of 6–8 participants.

The theme can be very broad and left open to definition by participants (for example, personal–professional balance or professional identity) or more specific (for example, death and dying, difficult patients, interdisciplinary relationships).

Several formats are possible – for example:

Option 1: Ten minutes per participant in an hour-long session (for example, ward rounds)

Option 2: Half an hour per participant in a series of two-hour sessions (for example, seminars)

Sample instructions to participants:

Please bring in some reflective trigger (that is, a 'third thing') to stimulate group discussion about the doctor–patient relationship, the medical training experience, maintaining personal–professional balance, or any related topic. The trigger may be (but is not limited to) an object, poem, essay, play, musical selection, photo or work of art. Your 'third thing' need not represent a deep philosophical statement or the totality of your experience, but it should be something that resonates for you in a meaningful, interesting or perspective-enhancing way. You will be allotted approximately ___ minutes to share the trigger and facilitate a group discussion.

We wondered together about possibilities for healing through the arts

adolescence this organ had evoked strong feelings and had great meaning for him. It was a struggle for him to conceive of the vagina as just another body part with a range of potential pathologies. The students passed the sculpture around and turned it over in their hands one by one. The sculpture became an impromptu 'talking stick' inviting the holder to speak. We spoke about how medical education requires us to transgress traditional social norms. Students recalled their first radically intimate experience with a cadaver. They described the awkwardness of asking intensely personal questions of strangers, and of having to remain composed when probing fingers or instruments into private places. There was good humour, just enough laughter, and a fundamental respect for one another's experiences.

The exercise enables trainees to ponder ways of maintaining proper boundaries between themselves and their new patients, the pitfalls of cynicism and defensiveness, and the challenge of nurturing one's own soul. Having students and residents generate their own triggers and facilitate the discussion that follows increases their investment in the exercise as well as ensuring the exercise's relevance. Presented in turn, the reflective triggers themselves inevitably relate to one another, and create unique patterns that lead the group into new domains of understanding. Requiring participation in the exercise enforces the value and importance

we place on reflective practice as a professional skill.

In order to evaluate the impact of this exercise on participants, we solicited Likert scale responses to a set of statements that reflected our learning objectives. We asked participants to consider whether the reflective trigger exercise was successful in accomplishing the following:

- providing a useful opportunity for professional reflection
- fostering empathy for patients and peers
- facilitating the development of relationships among colleagues
- modelling the importance of reflection as a professional skill
- renewing a sense of meaning in clinical practice and training

We asked participants for their opinion on whether reflective exercises like this should be incorporated more regularly into training. Overwhelmingly, respondents indicated strong agreement that the exercise accomplishes our stated goals; in every group of learners, each statement earned a mean score of greater than 4.5 on a 5-point scale.

In narrative comments on the evaluation form, many respondents expressed general appreciation for the provision of structured time for reflection: 'We're on a roller coaster [in medical training] and it is good to stop

the ride long enough to see the highs and lows more clearly!' Respondents liked the method: 'It was an interesting way to learn about colleagues ... The more excerpts from [art and] literature the better ... These are the things that help bring us into medicine but we seem to forget [that]!' One participant noted the unique value of being encouraged to lead a reflective conversation with peers: 'We are often asked to come to the table to facilitate a discussion of a clinical paper – much [rarer] is ... the opportunity to use [these skills] in the medical humanities.' Several commented on the power of the exercise in deepening their understanding of one another: 'More than anything,' wrote one student, 'this exercise afforded us a chance to see what another values ... to focus on one another as people with diverse interests and experiences.'

At the end of one academic year, the student who requested to 'go last' pulled a large athletic bag from under the table. In the bag were toys – Frisbees, beach balls, volley balls. 'Maybe this is a reflection on personal-professional balance,' he said, 'or maybe it's just about the fact that we need to play more. Let's go outside!' And so we did.

REFERENCE

1. Palmer Parker J. *A hidden wholeness: the journey toward an undivided life*. San Francisco: Jossey Bass, 2004. pp. 92–93.

Many respondents appreciated the provision of structured time for reflection