Overview

Sacred Vocation for Professionals
Creating an Inspirational Organization

Help your employees fall back in love with what they do

Acknowledgement

The Sacred Vocation Program was conceptualized and developed by Rabbi Samuel Karff, Drs. Benjamin C. Amick III and Jessica Tullar for health care workers. It has been revised for a professional audience by Sylvia Villarreal, Rebecca Lunstroth, and Drs. Thomas Cole and Kelli Cohen Fein. The Sacred Vocation Program for Professionals (SVPP) has also been shaped by the spiritual and substantive contributions of the many medical residents who allowed us to learn from them. We thank all the health care professionals who taught us what it means to live a meaningful life and do nurturing work. We dedicate the field guide to them and to the idea that

Nobody can take away a person’s power to heal.
What is engaged and meaningful work?

A job is something you do to make a living. A job is made up of a series of tasks and activities that an employee is required to do throughout the day or week. However, there are moments when some people feel that their work is more than a job. These lucky people look forward to going to work for more than just the money. The good news is everyone can find opportunities to experience something rewarding, meaningful and nurturing every day.

Fall back in love with what you do

Many health care professionals enter health care to help others. The engagement of helping others inspires them. Unfortunately, over time, the daily grind and job stress sometimes causes individuals to lose sight of what matters about the work. It is validating when the work that you do is meaningful. Being engaged in your work provides many opportunities to fall back in love with what you do.

Every encounter is an opportunity for meaning

In every encounter we have with another human being there is an opportunity: we have the power to heal as well as harm with our actions, both physically and emotionally. The Scared Vocation Program helps health care professionals rediscover the meaning in their work and make the most out of every encounter.
Unique and universal aspects of health care work

**Why should health care work be meaningful?**

People do not come to a hospital for vacation; they come because they're sick or hurt and the hospital is where they need to be to get better. Upon entering the hospital, people have to change out of their clothes into the thin hospital gown and are even told when and what they can and can't eat. They give up their privacy, schedule and even a sense of self.

Where do people want to go for care? They want to go somewhere that first has excellent clinical care, where they know that smart people will be trying to figure out the best way to help them. Patients also want to go someplace where they will receive compassion, a second important component to care. Patients trust that they will receive not just physical healing, but emotional healing as well. As one employee put it:

> “You want to be able to say that the hospital you work at is the most trusted place to come to bring your families and yourselves.”

### About the Field Guide

The field guide first describes an overview of the Sacred Vocation for Professionals program and explains each session. Each session is broken down into Goals, Materials, Instructions, Wrap-up and Facilitator Homework. Icons are placed throughout the manual to let you know when to refer to the flip chart or complete a writing exercise. Icons may also indicate an important reminder.

We recommend that you create an outline or a series of note cards based on the field guide to use when facilitating the program. We do NOT recommend that you try to read from the field guide while facilitating. Using an outline or note cards will allow you to be present for important group dynamics. Throughout this training manual we often place excerpts from quoted phrases in our own words and our own style. We encourage you to do the same as well.

### Further Support

The McGovern Center for Humanities and Ethics faculty and staff at the University of Texas Heath Science Center at Houston (UTHealth) are available to train facilitators in person and offer individual organizational consulting.
The Sacred Vocation Program for Professionals© Overview

The following overview of the SVPP will help orient you to the program. You will receive explicit directions for developing the program for your organization and succeed in achieving the program’s goals.

Prerequisites for a Successful Program

The following three conditions are essential for ensuring program success:

1. Hold meetings in a mutually convenient location away from participants' job demands, with refreshments provided. These acts signal that the project and more importantly, the employees, are important to the organization.
2. Conduct the program during work hours.
3. Ensure that the program sessions foster candid self-expression from participants through ensuring confidentiality and the Facilitator’s leadership.

Recognizing Work As a Sacred Vocation

The purpose of the Sacred Vocation Program for Professionals is to enable participants to reconnect with their work and find meaning in their vocation. This involves five 60-minute sessions with specific goals.

- **Session I:** Discovering What Gives Meaning to Our Lives
- **Session II:** Discovering the Capacity to Heal
- **Session III:** Discovering the Capacity to Harm
- **Session IV:** Coping with Barriers
- **Session V:** Embracing Our Vocation

Key products of the sessions are the Coping Tips and a group Consensus Statement about the core ideals which will guide how participants practice health care.
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Welcome to the Sacred Vocation Program for Professionals (SVPP). You can help facilitate meaningful change in two ways: first, by changing the way people view their work in the context of their lives, and second, by changing the work environment. The purpose of this program is to:

- Nurture the healer.
- Provide an undisturbed and safe venue for sharing and discussing.
- Focus on the non-medical aspects of healing.
- Identify factors that can lead to frustration and burnout.
- Refresh and renew participants’ commitment to the profession of health care.

The training manual will help guide you as you facilitate a series of exercises intended to reconnect participants to their work and to each other. Remember that this is a living manual. You may decide to replace some of the examples given with your own unique experiences.

The SVPP is designed to increase participants’ knowledge of work as a vocation and to establish a connectedness between work and the essence of each person. The SVPP brings the participants together to discuss work and assists group members in seeing the time they spend in the workplace as meaningful. The SVPP consists of five 60-minute sessions:

- **Session I:** Discovering What Gives Meaning to Our Lives
- **Session II:** Discovering the Capacity to Heal
- **Session III:** Discovering the Capacity to Harm
- **Session IV:** Coping with Barriers
- **Session V:** Embracing Our Vocation
Preparing for the Program

This section covers the facilitator’s and co-facilitator’s role and responsibilities in forming the team, getting ready for the sessions, facilitating the sessions and preparing the materials needed to conduct the sessions.

Role of the Facilitator

The role of the SVPP facilitator is to guide participants in recognizing work as a vocation. The facilitator is a teacher, guiding the participants as they explore the meaning in their work. This is best accomplished by:

- Building trust between participants and between the participants and the facilitator (see tips for developing trust in the list of facilitator skills below).
- Maintaining group cohesion and empowering all participants to contribute to discussions (see tips for encouraging group participation in the list of facilitator skills below).
- Helping participants continue to make the connection between work and meaning in life.
- Modeling program principles in interactions with participants.

Keep in mind that at the outset, participants may voice their skepticism about the SVPP. Respect participant’s reluctance, but encourage them to participate. As a facilitator, it is easy to get overwhelmed at this point. Remind yourself that this is part of the process! Allow participants to vent just a little bit and validate their concerns while ensuring them there will be a time and place for discussing these issues.
A good facilitator possesses the following skills:

- **The ability to validate participants without judgment**
  
  Do this by indicating to participants that you hear what they are saying. To listen effectively, you must temporarily suspend the things you say to yourself. Let the participant's message sink in without making decisions about what they are saying. Remember that some are uncomfortable in group settings. To establish an atmosphere of trust, be sure to validate others when they speak. Participants will see this and recognize that this is a safe place.

- **The ability to be empathic and connect with participants**
  
  Do not be afraid to show emotion and reveal the human in you. Others will respond to your authenticity. Sharing personal anecdotes from your life will build trust and communicate a sense of sincerity and genuineness.

- **The ability to create an environment that encourages participants to speak openly and candidly**
  
  Encourage participation by restating ground rules: Nothing spoken or written inside the meeting room will be shared without permission; what we say here stays here. Use verbal and nonverbal encouragement to promote participation. Your body language is important! If necessary, you can draw out silent participants by asking "on a scale of 1 to 10" questions. For example, "Alice, on a scale of 1 to 10, how important is it that your coworkers think positively of you?"

- **The ability to respect both religious and non-religious viewpoints.**
  
  Be mindful of the words “religion” and “spirituality” and the many different meanings and connotations they carry. You can use language that describes having a sense that we are here to fulfill certain goals or to live a certain kind of life. These do not have to be directly linked to God or religion.
The ability to listen and allow participants to do the majority of the talking in the sessions

A good rule of thumb is that the more you allow participants to talk and the less you talk, the better. This doesn’t mean that what you have to say is not important. Remember, you want participants to be able to take ownership of the products the group produces; the Coping Tips and the Consensus Statement. Your job is to lead participants to look in the right places and to stimulate them into discovery.

The ability to evoke a sense of community

As the group progresses, people should get a sense of common purpose. A natural bonding will occur and deep appreciation of one another will unfold.

The ability to feel a sense of responsibility to live your own career and be a healer for others

Modeling by making reference to your own life is particularly effective. You may want to tell the group that for you, facilitating this group is not just fulfilling a work obligation. Rather, that you feel this is what you are supposed to be doing in this time, in this place. Remember to model respect, openness and appreciation. Good preparation and planning on your part is also important to ensure the sessions will be valuable and accomplish goals.

Co-facilitator

The facilitator should not be taking notes or writing on flip charts during the sessions. Therefore, we recommend having a co-facilitator assist the facilitator. The co-facilitator is responsible for collecting the needed materials for each session, preparing flip charts before sessions and preparing meeting notes after each session to document what occurred. Notes from the sessions will be helpful in preparing for subsequent sessions. The co-facilitator also helps with timekeeping and group management. Including a co-facilitator is also a good way to train new facilitators.

Facilitator Training

McGovern Center faculty and staff are available to train your facilitators in person at your facility or on our campus. Please contact us for additional information.
Forming the Team

Participant selection should be discussed with institutional leadership in advance of the sessions. It is imperative that participants are available to attend the weekly sessions. We suggest groups comprised of 9-12 individuals. This may require forming multiple groups that meet at different times to avoid groups larger than 12.

Preparing for the sessions

- Sessions should be held in a respected meeting place away from participants' normal department or unit (e.g., an executive boardroom), with refreshments provided. The meeting place should emphasize the program's importance and each participant's value to the organization.
- The program should be conducted on the employer's time and employees should be compensated for their participation.
- The program sessions should foster candid self-expression by participants through an assurance of confidentiality and the facilitator's leadership style.
- Finally, the overall goal of each session is to encourage participants to examine what gives meaning in their lives, how work creates meaning and how to connect their work with what gives meaning in their lives. The session exercises are structured to help you accomplish this goal. By inserting examples from your workplace, you help participants experience the program as personally relevant.

Materials required for SVPP sessions

- Large flip chart.
- Large markers.
- Pre-printed name tents.
- Pens and pencils.
- Light refreshments such as cookies and beverages (or lunch, if conducted during the noon hour).
Flip chart preparation and workbook inserts

Each session in the manual begins with a list of flip chart pages needed for that session. The manual concludes some of the sessions with a list of items to prepare for the next session under the heading “Facilitator Homework.”

Tips for Facilitators

Facilitators may find the following tips helpful when preparing for sessions:

- The program works! Each session is designed with specific goals and exercises to accomplish the goals. Deviating from the recommended structure may affect your success.
- Be a patient listener and engage participants in an open dialogue.
- Don’t wait: start and end sessions promptly on time. Establish respect for the group’s time from the beginning.
- It is the facilitator’s responsibility to make sure that the session topics are conveyed in a way that encourages participant learning.
- Groups work best together when participants respect each other. Everyone is encouraged to participate equally with no one dominating the conversation. Only one person speaks at a time to ensure everyone is heard and not interrupted, and everyone listens.

Preparation Checklist

- Familiarize yourself with all the sessions in advance.
- Select examples and/or readings for the exercises.
- Schedule a meeting place for SVPP sessions.
- Schedule meeting times for SVPP sessions.
- Notify participants of session times and location.
- Ask participants to arrive prepared to give a 3- to 5-minute introduction about themselves and how they chose their career.
- Purchase materials including flip-charts, markers, name tents and pens.
Session I: Discovering What Gives Meaning to Our Lives

**Goals:**

1. Understand the SVPP goals and objectives.
2. Explore how health care is a “calling.”
3. Reconnect with why participants pursued this career.
4. Help participants explore how work gives meaning to their lives.

**Materials:**

1. Typed name tents (include name tents for yourself and all other facilitators).
2. Flip chart:
   - Page 1 should already have SVPP goals written out.
   - Page 2 will be used for writing participants answers to detailed questions.
3. Copies of the Dr. Stroh eulogy to hand out (see Appendix A).
4. Eulogy exercise worksheet (see Appendix B).
5. Welcome folders, which should contain:
   - Facilitator contact information in case any questions or concerns arise.
   - Copies of informed consent forms (if conducting research).
## Instructions

### Step 1: Administrative Tasks

1. Distribute the welcome folder.

2. Distribute name tents and ask all participants to introduce themselves by providing the following information (for residents):
   - Name.
   - Where they are from.
   - Information about their family.
   - Medical education to date.
   - Where they are in their training.

3. Request participants' phone numbers and email addresses so they can be advised of any changes to the session schedule. Discuss the best way to contact participants in case of schedule changes.

4. Remind the group of the facilitator’s responsibility to ensure confidentiality. If you are conducting research, remember to guide participants through the consent process. If you are using a survey tool, have participants complete any pre-test before discussions begin.

> “Everything that is said in the sessions will remain confidential and is not communicated to anyone outside of this group.”
**Step 2: Make introductions and discuss purpose**

- Step 2 should take approximately 2 minutes.

The facilitator and co-facilitator should introduce themselves and share how they became involved in the SVPP.

Share the purpose of the SVPP with the participants:

1. To nurture the healer. In the health professions, you are expected to take care of people: patients who need your expertise. To be an effective healer, your needs must also be addressed.
2. To provide a safe environment for sharing and discussing some of the non-biomedical aspects of health care and difficult situations that you face as health care providers.
3. To focus on the non-biomedical aspects of healing.
4. To identify some of the issues that can lead to frustration and burnout.
5. To refresh and renew your commitment to the profession of health care.

"Your vocation happens where your deep gladness meets the world’s deep need.”
-Frederic Buechner

**Step 3: Share ground rules**

- Step 3 should take approximately 2 minutes.

Share the following ground rules with the participants:

- **Confidentiality is essential.**
- **Please try to be on time.**
- **Be an active listener.**
- **Participate: SVPP is most effective when each participant contributes.**
- **Silence your pagers and respond only to urgent calls.**
Step 4: Explore the idea of health care as a vocation or calling

Step 4 should take approximately 6 minutes.

One of the primary objectives of the SVPP is to give participants an opportunity for deep reflection on the nature of health care and to re-connect them with what brought them to this profession. In this short segment, participants will think about the nature of their profession as more than a job.

Explore the origins of the term “vocation” with participants and differentiate between a job and a calling. Participants should briefly discuss what it means to be “called” to their work.

Step 5: Discuss professionalism

Step 5 should take approximately 10 minutes.

In recent years, a certain amount of tension has grown between the fiduciary responsibilities of health care providers and the economic climate in which they operate. In some cases, this tension has resulted in an erosion of professionalism. This exercise is meant to bring this to the attention of participants in hopes that they can change this tide.

Ask participants what it means to be a professional and lead a discussion as to why the public may think that professionalism is waning. This is also an opportunity for you to explore your own institutional guidelines or standards of professionalism.

The Latin term ‘vocare’ means “to call” – or being called to this work.

The Merriam-Webster Dictionary definition of ‘sacred’ includes “entitled to reverence and respect” and “highly valued and important.”

The term “professional” is derived from the 16th century Latin word “profiteri,” which means to acknowledge or declare publicly that one possesses certain expertise and the skill to engage in a learned profession.
**Step 6: Verbal exercise: How did you get here?**

Step 6 should take approximately 20 minutes.

*This exercise may also be assigned in advance of the first meeting via an e-mail from the facilitator welcoming participants to the program. Participants should be prepared to talk for 3 minutes about how they got to this place in their medical career.

“Tell a brief story about a person or event in your life that is intimately linked to your decision to become a health care professional. It may be an illness that affected you, someone in your family, an experience you had as a volunteer or someone you encountered who modeled qualities and skills that resonated with you and pulled you towards health care. Be as specific as you can, understanding that this is a personal narrative that reflects your own values and experience and does not need to conform to any set of expectations.”

Invite all participants to share their stories. Encourage the following:

- Non-judgmental listening.
- Listening for themes (co-facilitator may take notes).
- Discussion around common themes after all have shared.

Themes to explore after all have shared include the following:

- Health care as a calling, as suggested by the Latin word “vocare.”
- Differences between a job and work as vocation.
- What might be called “sacred” about the practice of health care?

**Step 7: Complete the Dr. Stroh and personal eulogy**

Step 7 should take approximately 20 minutes.

An important note to facilitators: this exercise can be emotional for some people. You may want to acknowledge this possibility by saying:

“Some of you may have had life experiences that could make this next exercise difficult for you. I encourage you to challenge yourself to

**Note:**
Be mindful that this exercise can be emotional for some people.
A eulogy is one way a person's life is evaluated when it ends. In this example, a pastor gives a eulogy for a person who died. The goal is to help participants consider the parts of their lives that are meaningful and to realize that they can choose to act in a way that gives meaning to their lives.

“Imagine a person named Anthony Stroh has died. You are part of Anthony’s family. The pastor visits the family to comfort them and to learn more about Anthony so he can give an appropriate eulogy. During the conversation with the pastor, the family members mention the following things about Anthony’s life.”

Put Dr. Anthony Stroh’s life summary on an easel for participants to see as an example of points commonly included in a eulogy. Pass out copies of the eulogy (see Appendix A). Briefly discuss what parts of Dr. Stroh’s life that you think were relevant and/or meaningful.

The eulogy exercise emphasizes our mortality as humans and stresses that each of our lives will be evaluated by those who care about and love us. The exercise encourages participants to think about what they would like to accomplish with their lives and how they would like to be remembered.

Give the following instructions to the participants:

- Pass out the worksheet (see Appendix B) or have participants take out a blank sheet of paper.
- Give participants approximately 5-7 minutes to write their eulogies. Be sure to emphasize that the eulogy will happen a long, long time from now. Tell them that you will ask for volunteers to read their eulogies or have another participant read it for them if they are not comfortable.
- Give explicit instructions to write in the third person and provide an example of what that means (e.g., "Kim lived a good life"). Ask that they record thoughts in bullet statements, rather than paragraph format. Encourage participants to add accomplishments they hope to achieve later in life, such as marriage, children and personal goals.
SESSION I

- Warn participants when they have approximately 1 minute left to wrap up. While participants record their eulogy, the facilitator and co-facilitator are encouraged to jot down their own eulogies or refer to the eulogy they created during training.
- After participants complete their eulogies ask: “Would anyone like to share what you wrote with the group?” If participants are reluctant, ask: “Can someone tell me the two most important things from their eulogy that they would want emphasized?”

Be sure to validate the reader. If participants are hesitant to contribute, assure them that they are in friendly territory and that their participation will add to the success of this session. Do not force anyone and remember to pause, allowing time for participants to choose to share. If necessary, take the lead in sharing your own eulogy that you developed during facilitator training as an example and to encourage others to follow. Even if participants volunteer to share their own eulogies, it is still important for the facilitator to share his or her eulogy at some point in the exercise. This is an equalizer; it reveals the person in you and lessens the barrier between you and the group.

Close the session by asking for a show of hands: “How many mentioned work in your eulogy and how many did not? A big chunk of your life is spent at work; 60 hours a week adds up. If meaning ends when you enter work and begins when you leave, a large percentage of your life is without meaning. What relationship does work have to the meaning in your life? Think about it: Is work part of what gives your life meaning? We’ll explore that next time.”

Step 8: Wrap-up

- Thank participants for their willingness to share and remind them to keep each other’s stories confidential.
- Remind participants that SVPP is based on active participation from everyone.
- Tell participants that the next session examines the difference between healing and curing.
- Ask participants to think about instances when they have been healers of the body, mind and/or spirit.
- Collect name tents.
- Make sure everyone knows the date, time and place of the next session.
Facilitator Homework

Familiarize yourself with next week’s session.
Session II: Discovering the Capacity to Heal

**Goals:**

1. Help participants remember that their work is an integral part of what can give meaning to their life.
2. Remind participants that even though they cannot always cure disease, they have the capacity to heal.
3. Help participants to connect the concept of being a “healer” with doing their work as a vocation.

**Materials:**

1. Writing exercise worksheet (see Appendix C).

**Instructions**

**Step 1: Review Session I and introduce purpose of Session II**

Step 1 should take approximately 10 minutes.

Offer a short summary of the Dr. Stroh exercise and outcomes from last week:

“Last week we talked about Dr. Stroh’s life and the things that made his life meaningful. We discussed which parts of his life should be remembered in his eulogy. These things seemed to include work qualities (e.g., caring for his patients) and qualities of his life outside his work (e.g., his family and love of baseball). You also wrote your own eulogies and realized that some of the things you mentioned were more meaningful than others.”
Review the purpose of this session:

"At the last session, we asked you to share how you reached this point in your life. Many of you included work in your eulogy. This week, we are going to explore what it means to be a healer. “For where there is love of man, there is also love of the art [of medicine]…Some patients…recover their health simply through their contentment with the goodness of the physician.” -Hippocrates

**Question 1:**

Ask:

“How many of you still believe this to be true? Why, or why not?”

After a brief discussion, conclude with the following:

“Despite the amazing ascent of biotechnology, the healer’s role is still very powerful.”

**Step 2: Discuss healing vs. curing**

📍 Step 2 should take approximately 10 minutes.

The overall goal of this exercise is to encourage participants to differentiate between healing and curing. To accomplish this goal, first distinguish between an illness and a disease. Use the following passages to emphasize the point, choosing the one that best fits the group.
“Patients suffer “illnesses”; physicians diagnose and treat “diseases”... illnesses are experiences of disvalued changes in states of being and in social functions; diseases, in the scientific paradigm of modern medicine, are abnormalities in the structure and function of body organs and systems... The very limitations of their technology kept indigenous healers more responsive to the extra-biological aspects of illness, for it was chiefly those aspects which they could manipulate. Our success in dealing with certain disease problems breeds then ideological error that a technical fix is the potential solution to all. It would be absurd to suggest that we should forgo the power of Western medicine in deference to shamanism. It is essential to enquire how we can expand our horizons to incorporate an understanding of illness as a psychological event. Indeed, our worship of restricted and incomplete disease models can be viewed as a kind of ritual or magic practice in itself.”


“A key axiom in medical anthropology is the dichotomy between two aspects of sickness: disease and illness. Disease refers to a malfunctioning of biological and/or psychological processes, while the term illness refers to the psychosocial experience and meaning of perceived disease. Illness includes secondary personal and social responses to the primary malfunctioning (disease) in the individual’s physiological or psychological status (or both) ... Viewed from this perspective, illness is the shaping of disease into behaviors and experience. It is created by personal, social and cultural reactions to disease.”

-Arthur Kleinman, Patients and Healers in the Context of Culture: An Exploration of the Borderland Between Anthropology. Medicine, and Psychiatry, in the series Comparative Studies of Health Systems and Medical Care (Berkeley: Univ. of California Press), 1980, p. 72
Give some examples of how these concepts apply in actual clinical encounters:

Example: A physician treating a patient with the diagnosis of asthma faces totally different scenarios when seeing the patient for a routine check-up vs. when the patient is having an asthmatic episode.

Can you think of ways that you could be healers of body, mind and spirit when facing a patient who is having difficulty breathing?

**Body:** Do the obvious – prescribe and administer the appropriate medicine!

**Mind:** “I know you are feeling frightened right now, and these medicines will ease your breathing. The more you can relax and trust that, the more quickly they can get into your system and take effect.”

**Spirit:** Focus on the quality of your voice, calmness of your demeanor and making eye contact with the patient. Perhaps a light touch on the shoulder or hand at the bedside communicates to patients that you are engaged and doing your best to care for them.

The biomedical model of curing is not adequate for a satisfying and effective doctor-patient relationship. In a study of diabetic patients, Dr. George Engel demonstrated that a good relationship with their physicians predicted more stable blood sugars and less overall insulin use among these patients. (Engel, G.L., “The need for a new medical model: a challenge for biomedicine.” Science 196(4286) 129-36, 1977.

Even professional “healers” need other professionals when they (or a family member) face a grave situation. Read aloud the excerpt from Atul Gawande’s COMPLICATIONS about his baby’s illness (Gawande, A. Complications. New York: Picador. 2002 pp. 220-222) or another narrative in which a health care professional reflects on the need for expert advice.

- Can you imagine yourself in Dr. Gawande’s situation?
- What might you want from doctors at a time like this?
Non-verbal communication

"Studies indicate that about 60% of the information physicians communicate to their patients involves non-verbal aspects of communication."
-Dr. Robert Buckman, M.D., Ph.D. (1948 – 2011), MD Anderson Cancer Center

Dr. Buckman cites the activity of “mirror neurons” that help patients interpret a new caregiver’s intentions. These neurons are active in patients’ brains as they form a first impression of a physician. The window to establish trust and rapport, the cornerstones of effective relationships with patients, is small. Tone, posture, the distance you sit from a patient, a smile and a handshake are all factors.

Narrative medicine

“Stories – that’s how people make sense of what’s happening to them when they get sick. Our ability as doctors to treat and heal is bound up in our ability to accurately perceive a patient’s story. If you can’t do that, you are working with one hand tied behind your back.”
-Dr. Howard Brody, Director, Institute for Medical Humanities, UTMB

Dr. Rita Charon, a Professor at Columbia Medical School launched the narrative medicine movement in 2001. It calls for a holistic approach to medical care:
“A scientifically competent medicine alone cannot help a patient grapple with a loss of health or find meaning in suffering. Along with scientific ability, physicians need the ability to listen to the narratives of patients, grasp and honor their meanings, and be moved to act on the patient’s behalf.”

**Step 3: Sharing healing experiences (writing exercise)**

Step 3 should take approximately 30 minutes.

The purpose of this exercise is to give participants an opportunity to document and share their own healing experiences in a supportive and safe environment and help participants recognize opportunities to be healers even in the most dire medical circumstances.
You can share your own example or construct one.

Distribute the writing exercise worksheet (Appendix C). Introduce exercise by stating:

"You each have the opportunity to be healers in your daily interactions, even when you cannot cure the patient. Please write a short story about a time when you were a healer of the body and/or mind. Try to remember a time when you could not cure the patient but were able to heal the patient. This may even involve a situation when a patient has died, but healing occurred on some level for the patient, family, and providers."

After the group is finished, ask participants to read their stories out loud. Ask the group the following questions:

1. How was the participant a healer in his/her story?
2. What impact did this act have on the patient and on the participant?
3. What were the healing behaviors when cure was not possible?

**Step 4: Wrap up**

Remind participants that we have the power to heal the body and the spirit. When we act in a way that is healing, our work gives meaning to our life. Say:

“Next week we are going to deal with a very serious issue: if we have the power to heal then we also have the power to harm. We are going to talk about ways that we might be harmers instead of healers at work.”

- Thank participants.
- Remind participants that nobody can take away their power to heal.
- Collect name tents.
- Make sure everyone knows the date, time and place of the next session.

**Facilitator Homework**

Familiarize yourself with next session.
Session III: Discovering the Capacity to Harm

Goals:

1. Help participants remember that just as they have the power to heal, they also have the power to harm.
2. Help participants explore ways to transform a harming act into a healing act.

Materials:

1. Session III worksheet (see Appendix D).

Due to the sensitive nature of this session, we do not advise recording any of the comments on a flip chart. The co-facilitator may take notes that will be used to summarize the session.

Instructions

Step 1: Review Session II and introduce Session III

Step 1 should take approximately 20 minutes.

Offer a short summary of the previous session:

"Last session, we explored and shared the various ways we are healers."

Briefly review a couple of the stories. If you do not feel that participants had enough time to speak about healing and being healers, ask if anybody wants to share any other stories.
Reiterate that each of the participants has the capacity to heal the body, mind and/or spirit.

"The ability to be a healer is one of the privileges of practicing medicine and gives deep meaning to our work as a sacred vocation. However, because health care is practiced by human beings, it is only fair that we understand and accept that we are not always going to be at our best and mistakes will happen. The formal process for handling these errors happens with doctors in M&M conferences. Although it is never pleasant for doctors to explore these cases, it is critical to learning what might have gone wrong and how to do things better in the future. Some doctors express a sort of relief after having been through this process. Even the very best health care professionals can make serious errors and like all of us, they need to be able to own them, learn from them and then forgive themselves and move on."

Tell participants:

"The focus of today’s session is not on the technical aspects of medical errors, but rather on those times when we know in our own hearts and minds that we offered the patient less than our best efforts. Even the most dedicated doctors have these experiences and it can be a real gift to reflect on them and think about what was going on inside and outside of us that undermined the healing experience."

Ask participants if they can think of reasons why they would not always be at their best. Ask participants why we make errors. Some examples include:

- Being sleep-deprived and not thinking clearly.
- Being distracted by personal issues.
- Not feeling well ourselves.
- Having negative feelings toward the patient.

The facilitator should specify different ways that we can harm:

- What we say.
- What we don’t say.
- Our tone of voice or body language.
“When we become ill and seek medical care and take on the role of ‘patient’ we are usually in a particularly vulnerable state. …we are also in a position of substantial ignorance and little authority, so we may be unusually sensitive to the messages we get from our doctors (verbal and non-verbal). These messages can either augment the healing process or subvert it altogether if our doctor is insensitive to his or her own behaviors and the effects they have on their patient.”

-from Full Catastrophe Living by John Kabat Zinn, Ph.D.

**Step 2: Medical errors: How, what and why**

Step 2 should take approximately 10 minutes.

Read or hand out the excerpt from *How Doctors Think* by Jerome Groopman, MD (see Appendix G) and/or an excerpt from *Full Catastrophe Living* by Jon Kabat Zinn (see Appendix H) that chronicle two very different instances of medical error due to mistakes in thinking.

Ask participants their reaction to these examples.

As Dr. Groopman points out: “…a growing body of research shows that technical errors account for only a small portion of incorrect diagnoses and treatments. Most errors are mistakes in thinking. And part of what causes these cognitive errors is our inner feelings, feelings we do not readily admit to and often, don’t even recognize.”

Ask participants the following questions and discuss:

- Have you observed inadvertent harm being done to a patient by a caregiver’s attitude or language?
- In your own training, how have medical errors been addressed?
- In general terms, what are some of the “less-than-healing” behaviors you have witnessed in your training? How were the behaviors handled?
Step 3: Identify harming acts (writing exercise)

Step 3 should take approximately 25 minutes.

The purpose of the exercise is to allow participants to connect with their own humanity by sharing a time when they were not at their best and a patient was adversely affected. Owning and sharing these moments can encourage forgiveness and healing. This is also an opportunity to turn negative situations into learning opportunities for the entire group.

Distribute the Session III worksheet (Appendix D) and introduce the exercise by informing participants that they will be moving to a more personal level.

“All of you have encountered situations with patients where things did not go well for any number of reasons. Please try to recall a time when you knew you were not at your best and write about how you might have missed the opportunity to be a healer in that situation. We are not focused on a medical error here. Focus instead on what you may have said or not said or something you may have overlooked or skipped if you were in a hurry or exhausted. After you have identified and written about it, tell us what you learned from that experience.”

After participants finish writing, encourage them to share their stories with the group. Remind participants that the stories will not be critiqued. The stories allow the group to share and express the human side of being a health care professional. Reiterate that respectful listening and confidentiality is essential.

Ask the following questions:

- What did you learn from this experience?
- Looking back, how could you have turned this experience into a healing one?

Step 4: Wrap up

Step 4 should take approximately 5 minutes.

- Reiterate that the capacity to heal and harm represents the privileges and risks of being a health care professional and healer.
• Thank participants for sharing their stories and tell them that it takes enormous courage to be open and honest.
• Convey that self-forgiveness is crucial and that we learn important lessons from accepting our own human errors.
• Challenge the group to turn every encounter into a healing one, which will deepen the satisfaction of all parties.
• Collect name tents.
• Make sure everyone knows the date, time and place of the next session.
• Announce the next session:
  "Even if we are functioning optimally, there are still barriers to doing our work as a vocation. In the next session we will talk about some of those things that interfere and ways to get past them."

Facilitator Homework

None.
Session IV: How to Cope with Workplace Barriers

Goals:

1. Build participants' skills to deal with work situations that may challenge performing work as a vocation.
2. Identify strategies that preserve participants' power to heal even in difficult situations.
3. Develop a written list of the strategies and identify them as Coping Tips.

Materials:

1. Large flip-chart with one page labeled “Barriers to Healing.”
2. Session IV worksheet (Appendix E).

Step 1: Review past sessions and introduce purpose of Session IV

Step 1 should take approximately 5 minutes.

Summarize the previous sessions:

"We discovered in previous weeks that each of you has the incredible capacity to heal, and a healing act is one in which you lessen someone’s pain. If you leave someone feeling better in body or spirit, you have performed a healing act. However, if you have the power to heal then you also have the capacity to contribute to the physical and spiritual harm of patients. The key to healing instead of harming is considering what would have made a harming situation a healing one instead."

If you do not feel that participants had enough time to share and discuss harming stories, ask if anybody wants to continue discussing or sharing their stories.
**Step 2: Explore the workplace**

Step 2 should take approximately 10 minutes.

"Even if we are at our best and functioning optimally, there are always obstacles and issues to confront in trying to do our work at the highest level. Sometimes things happen in a way that just feels right and satisfactory for doctor and patient. Here is an experience in which it appears that the physician is able to spend time with a patient and quickly get to the heart of the patient’s concerns, which allows the patient to make a critical decision."

Read or hand out the *Advance Directive* from David Watts (Appendix I) about experiences dealing with difficult workplace situations. Replace this with other writings from health care professionals that address the workplace if desired.

Ask participants the following questions for discussion:

- What went right in this encounter?
- What aspects of Dr. Watts’ bedside manner appealed to the patient?
- Which of you have experienced a similar situation? How did it turn out?
- Try to imagine this situation with a distraught relative standing at the bedside insisting that you “do everything” for the patient against the patient’s wishes. How might this change what happened in the story?

**Step 3: Identify barriers and generate Coping Tips**

Step 3 should take approximately 30 minutes.

Distribute the Session IV worksheet (Appendix E) and reiterate that each work environment has its own unique challenges in enabling providers to give the best possible health care. Ask participants to identify issues that interfere with providing good care. Record participant answers on the flip-chart and categorize by the following parties if possible:

1. Patients.
2. Families.
3. Staff.
5. Facilities.

“Pay mind to your own inner life, your own health and wholeness. A bleeding heart is of no help to anyone if it bleeds to death.” -Frederic Buechner
After identifying a fairly complete list, ask participants how best to address these barriers. For instance, if one of the barriers is an angry patient, the solution may be to acknowledge his/her hostility and say "you appear to be having a difficult time, tell me about it."

Develop a list of Coping Tips based on the participants' suggestions. Write the list on the flip-chart. You will transcribe the list to distribute to all participants at the next session (see Appendix J for examples).

**Step 4: Discuss the importance of self-care**

Step 4 should take approximately 10 minutes.

Introduce this segment by acknowledging the demands placed on participants' time and energy and the necessity of taking care of themselves, especially if they want to successfully take care of others. Encourage an open dialogue, including suggestions about nutrition, relaxation, adequate health and exercise, pursuit of hobbies, recreational time, building rapport and getting to know colleagues.

**Discussion Question:**

What do you do to take care of and re-energize yourself when you need it?

List suggestions on the flip-chart and incorporate them into the overall Coping Tips.
Step 5: Wrap up

Step 5 should take approximately 5 minutes.
- Thank participants and let them know that their work today will be synthesized into Coping Tips that will be distributed at the next session.
- Collect name tents.
- Make sure everyone knows the date, time and place of the next session.
- Tell participants that their last session will wrap the previous sessions together.

Facilitator Homework

Create Coping Tips: compile a complete list of coping responses from the flip charts.
Session V: Embracing Our Vocation

Goals:

1. Finalize list of Coping Tips.
2. Facilitate the development of a set of 5-6 statements that articulate the group’s core principles for practicing health care as a vocation.

Materials:

1. Coping Tips.
2. Flip-chart with condensed Hippocratic oath (see below).
4. Sample statements (Appendix K).

Instructions

Step 1: Review past sessions and introduce purpose of Session V

Step 1 should take approximately 5 minutes.

Summarize the previous sessions:

How we got here

"In our first meeting we shared our individual stories about how and why we came to health care and reflected on some of the people and events in our lives that brought us to where we are today. We also talked about what gives meaning to our lives and the place work holds in our life experiences. We explored the idea of the eulogy as summing up the way a life has been lived and how for all
of us, the opportunity to be a healer and interact in profound and life-changing ways with our patients and colleagues is one of the cornerstones of our lives.

"Our second session together was an opportunity to explore what being a healer means and the differences between curing and healing. Each of you shared a personal story of a time when you experienced the deep satisfaction of connecting with patients and being able to be healers of body, mind and spirit -- sometimes, all three simultaneously. The power to be a healer exists in even the direst situations, and the choice is always yours to make."

"In our third meeting we confronted our own humanity and all the factors that can affect our ability to be at our best. Fatigue, difficult patients and co-workers, inexperience, personal problems and too many demands can distract us and cause us to deliver less-than-optimal care, sometimes with serious consequences. Your honesty and courage in sharing these stories with one another is a testimony to your own desire to be the best possible healer. We acknowledged that the best among us make mistakes and we need to learn what we can and can not correct and then forgive ourselves and move on."

"The last time we were together, we talked about ways to cope with some of these issues that can trigger mistakes and disconnect us from our healing selves. We discussed ways to approach difficult patients and deal with worried and sometimes demanding families, while also attending to our own human emotions and needs. We talked about the importance of having support and healthy outlets for the pain and suffering that you witness on a daily basis. We hope this list of Coping Tips that you devised will be a reminder of this constant balancing act of caring for patients and caring for yourself."

**Step 2: Distribute Coping Tips**

📅 Step 2 should take approximately 2 minutes.

Distribute the Coping Tips. You should have edited the list so this should not be a lengthy discussion. Instead, the group is finalizing the list. Remind participants that this list is not just useful here at their organization, but is also helpful for dealing with difficult situations in the rest of their lives.
Step 3: Make the group statement

Step 3 should take approximately 45 minutes.

Today, we are going to draft a group statement of 5-6 lines that distills and summarizes the way you consciously choose to practice health care. This statement will reflect some of the intimate and important moments you have shared here and can serve as a way of renewing and clarifying your choice of health care not only as a career, but also your choice to be a healer.

“Remember Hippocrates? He was the ancient physician who taught that patients who trust and believe in the healing power of the doctor have an increased chance of getting better. Hippocrates also composed an oath for physicians known as the Hippocratic Oath. Modified revisions of the Oath are still taken today.”

Use the Hippocratic Oath, school- or institution-specific guidelines or the Nightingale Oath as a starting point and write a bulleted copy on the flip-chart as follows:

Hippocratic Oath:

- I will only give treatments that can heal.
- I must avoid any actions that are likely to do harm.
- I will not gossip about what patients tell me.
- I will honor patients’ trust and consider all information confidential.

For some groups it may be more appropriate to use school-specific or organization-specific guidelines or oaths for this exercise.

If appropriate, you can use the example of the Nightingale Oath developed in 1893 by Mrs. Lystra E. Gretter. It was named the Florence Nightingale Pledge in honor of the esteemed founder of nursing.
Nightigale Oath:

- I solemnly pledge myself before God and in the presence of this assembly, to pass my life in purity and practice my profession faithfully.
- I will abstain from whatever is deleterious and mischievous and will not take or knowingly administer any harmful drug.
- I will do all in my power to maintain and elevate the standard of my profession and will hold in confidence all personal matters committed to my keeping and all family affairs coming to my knowledge in the practice of my calling.
- With loyalty will I endeavor to aid the physician in his work and devote myself to the welfare of those committed to my care.

Ask the group to translate the concepts from the oath or guidelines into specific statements about how they wish to practice health care (see Appendix K for some examples). You or the co-facilitator can record the answers on the flip-chart.

Allow members of the group to revise, add or delete until the statements are acceptable to all participants. Put the statements in a coherent and readable form.

Tell the group that you will reproduce this on a small laminated card that will be distributed to them by their supervisors. They may choose to wear it along with their ID badge.

Step 4: Celebration and Feedback

Step 4 should take approximately 5 minutes.

You and the co-facilitator should acknowledge your role and privilege in working with the group. Thank all members and commend them on their insights and generosity in sharing their lives as health care professionals, as well as the support they offered to each other.

Allow the members to express what this experience has meant for them. Encourage participants to follow up with one another and carry forth the spirit
of reflection, sharing their stories and support they experienced throughout the SVPP.

If you are evaluating the program, disseminate the tool and ask for honest and direct feedback.
Appendix A for Session I

Dr. Anthony Stroh’s Eulogy

- He was an only child and his father died when he was 11.
- He worked after high school classes to help his mother make ends meet.
- He had great respect and love for his mother and appreciated her faith in his future.
- He began smoking in his mid-teens, was a heavy smoker in his 20s and didn’t give up the habit until he was middle-aged.
- He got a partial scholarship to college and attended medical school with loans and by working after class.
- He had a bad temper that sometimes led to difficulty with fellow students and teachers.
- His medical training led to a residency in pediatrics and a career as a pediatrician. He loved to treat children and his patients became so devoted to him they found it difficult to transition to another kind of physician, even when they were of an age to do so.
- He found it pleasant to go to baseball games, where after a few beers he would enjoy screaming at the umpire and some of the players of the opposing teams.
- In his early 30s he married Lisa, who would be his lifelong companion. He and Lisa had three daughters who adored their father.
- Dr. Stroh volunteered hours of his time to see patients in a clinic that served the uninsured.
- He loved to take vacations in Las Vegas where he gambled extensively, only occasionally betting more than he could afford to lose.
- He was very supportive of anxious parents who brought their children to see him. He greeted the family as a second patient with empathy and concern.
- He died of lung cancer at age 67.
Appendix B for Session I

Session One: Discovering What Gives Meaning to Our Lives

“Vocation happens where your deep gladness meets the world’s deep need.”

-Frederic Buechner

Telling our stories: “How did you get here?”

**Eulogy Exercise:** How do you want to be remembered? Please write in the third person and include all you hope to achieve in terms of family, career and other goals and dreams.

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Appendix C for Session II - The Capacity to Heal

“A scientifically competent medicine alone cannot help a patient grapple with a loss of health or find meaning in suffering. Along with scientific ability, physicians need the ability to listen to the narratives of patients, grasp and honor their meanings, and be moved to act on the patient’s behalf.”

-Rita Charon, M.D.

"Studies indicate that about 60% of the information communicated to their patients involves non-verbal communication."
-Dr. Robert Buckman of MD Anderson cites the activity of “mirror neurons” that help patients interpret a new caregiver’s intentions.

These neurons are most active as patients form their first impression of a health care professional. The window of opportunity to establish trust and rapport, the cornerstone of effective doctor/patient relationships, is small.

Writing Exercise: You each have opportunities to be healers in your daily interactions, even when you cannot cure what ails the patient. Please tell us about a time when you were a healer of body, mind and/or spirit.

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SESSION II

SACRED VOCATION PROGRAM for Professionals
Appendix D for Session III - The Capacity to Harm

Reasons we may not be at our best:
__________________________________________

Writing Exercise: Tell a brief story about an encounter with a patient when you were not at your best and what type of harm resulted. It may have been something that you said (or failed to say) or something that you did (or failed to do). We are not as interested in medical mistakes as the idea of missing an opportunity to be a healer.

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SACRED VOCATION PROGRAM for Professionals
Health care is practiced in the real world by human beings with all their attendant strengths, weaknesses and distractions.

What are some of the barriers to doing work as sacred vocation?
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In addition, we interact with colleagues, patients and their families, who each react in turn to their own circumstances. What might be some of the challenges in dealing with each of these groups?

Colleagues
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Patients
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Patients' families
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What are some strategies to cope with some of these situations more effectively?

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SACRED VOCATION PROGRAM for Professionals
Appendix F for Session V - Embracing Our Sacred Vocation

Making our statement

After reflecting on all that we have shared over the past sessions, we are going to distill the highlights of our discussions into a group consensus of 5-6 statements about the ways we want to practice health care/medicine.

Beginning with a phrase like **In my daily practice of medicine, I will…** write two or three statements about how you aspire to be the most effective healer you can be.

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We will come to consensus on a group statement, which will be laminated and distributed to all as a reminder of our work together.
Appendix G (use in Session III - The Capacity to Harm)

Revised excerpt from *How Doctors Think* by Jerome Groopman, M.D. (Houghton Mifflin Co.: New York, 2007)

The patient, Charles Carver was in his seventies, retired from the merchant marines and living by himself in a small apartment. Over the past months, he had felt fatigued and his belly had begun to swell. When Carver came to the ER, the intern noticed alcohol on his breath, and Carver readily told the intern that he enjoyed a glass of rum each evening. His legs and feet, as well as his abdomen were swollen. Carver was unshaven; his clothes were old and frayed. The intern wondered to himself how many days it had been since he bathed.

The initial presentation to the attending on rounds was terse. “Charles Carver, a seventy-three year-old retired merchant marine, with a long history of alcohol ingestion, presents with increasing fatigue and fluid retention.” The intern palpated Carver’s liver and told the attending that it was enlarged, hard, and nodular. The attending began to quiz the intern about Carver’s problem. It soon became apparent that the trainee had in mind one and only one possible diagnosis: alcoholic cirrhosis. The attending asked the medical team to offer other explanations for Carver’s problems. He could see in their eyes that they felt burdened, that he was wasting precious time on rounds when they could be discussing much more interesting cases than that of an old, foul-smelling, rum-swilling sailor. The intern planned to have the boozer sleep it off, give him some mild diuretics, and send him home as quickly as possible.

The attending pushed his interns and residents to come up with some alternative hypotheses for Carver’s liver disease and to everyone’s surprise, Charles Carver had Wilson’s disease.
Appendix H (use in Session III - The Capacity to Harm)


Dr. L was widely hailed as an excellent physician and consummate clinician, whose patients venerated his every word. Dr.L was seeing Mrs. S, a middle aged librarian, who had narrowing of the tricuspid valve and was in low grade congestive heart failure, but was able to maintain her job and household with digitalis and diuretics. After greeting Mrs’.S warmly, Dr. L announced to the entourage of rounding physicians “this woman has TS” and abruptly left the room.

No sooner did he leave than Mrs. S’s demeanor changed abruptly and she appeared anxious and frightened and was clearly hyperventilating. She was diaphoretic and her pulse shot to 150. When the resident reexamined her, her lungs, which had been clear just minutes earlier now had moist crackles at the bases. When he questioned Mrs. S about why she was so upset, she said that Dr. L has stated she had “TS” which she knew stood for Terminal Situation. The attending was initially amused at this misinterpretation of the abbreviation for tricuspid stenosis, but quickly grew more concerned as his reassurances failed to arrest Mrs. S’s congestion. It worsened rapidly and she quickly progressed to massive pulmonary edema. Despite heroic measures, the congestion was not reversed and attempts to locate Dr. L were unsuccessful. Later that day, she died of intractable heart failure.
Appendix I (use in Session IV - Coping with Barriers to Work as Sacred Vocation)


*Advance Directive*

I’d like to be somewhere the last word of every sentence is not… Okay?

I laugh.

They’re always in a hurry to finish this, and be on to that, she says.

I change the subject. You’re in pretty good shape for the shape you’re in, I say.

By this time I have tracked her down from the ICU to the Step-Down-Unit, then to the third-floor Radiology Suite. I can feel the pull of the highway that wanted to take me home thirty minutes ago. I am in no mood for delicate conversation. I am speaking to an eighty-five-year-old woman, lying on the X-ray table, her face still swollen with infection and antibiotics.

It is her turn to laugh. You have strange tastes in women, she says

I like feisty ones, I say.

And I know the issue: She’s just off the operating table for a perforated gastric ulcer. She had a big infection at the surgical site and has been refusing the central IV catheter that would give her nourishment, saying she just wanted to be left alone. Meanwhile, the prospect of another surgery looms.

At the ethics meeting yesterday they worried she wasn’t competent to make the heavy decisions of life and death.

I’m disappointed, she says.

Why?

Don’t you have a copy of my advance directives?

Yea, but you didn’t die. Your directives say that if your heart stops or you quit breathing we do nothing. But you didn’t do that.
Too bad, she says.

And it brought us up square against the same old puzzle we struggle and struggle with but never solve. How can we? Here’s an old lady with a quirky, offbeat sense of humor who chides the medical system for being so impertinent as to cross the street before checking the traffic light. What appears to be confusion might just be the outspoken ranting of her seasoned personality.

It reminds me of my mother’s Winnie-the-Pooh form of understated intelligence, and how it disguised her competency in later years.

Are you competent I ask?

Hell, yes.

Sounds good to me, I say.

What do you think I should do? She says. What if I need surgery again?

Well, you’re pretty healthy, I say. Just a little crabby.

She frowns.

But I take that as a good sign.

So you think I should do it?

She is pinning me down, the old goat. Well, here we go.

There are three possible outcomes, I say. Two of them are good.

Which two?

The first is easy: getting better. The others, staying the same or dying… well….for this I have to go back to what she’s thinking.

The house staff said you were about ready to give up and check out, I say.

Maybe I was.

Time to push her a little. Well if that’s so, not making it through surgery is a good outcome.

Possibly. But what do you think?

I can’t answer that. All I can say is that if it were me lying on this table knowing what I know about my life, I’d have to go for it.
I expect a pause, a pondering, a rebuttal that says my life is not her life. But she bounces right back.

I’ll do it, she says.

Let’s be sure about this, I say. It seems we got to home plate a little fast. Does that mean they can start an IV?

Yeah.

Put in a feeding line?

Yeah.

Do surgery if it is required?

If it is required.

The orderlies come to wheel her back to the floor. She compliments them on how deftly they shift her to the gurney. Something has passed between us that feels like a clean base hit.

I turn to write the note in the chart that will signal her change of heart, and I wonder what the ethics committee would say.

Yes, I know all about competency testing. But that only tell us about the brain. The brain informs, but it’s the heart that makes decisions.

And her heart? Medically it’s great. After all, it has survived this ordeal. But spiritually?

I don’t know if the decision we’ve made is right. But for her, and for me, and for the moment if which it was made, it was perfect.
Appendix J - Sample Coping Tips for Session IV

**Difficult patient**
- Convey that the patient and his/her concerns are important to you. Be cognizant of your non-verbal communication and verbal communication, so that you don’t appear rushed in your interaction.
- Explain to the patient that her/his experience is important to the teaching aspect of the institution.
- Apologize to the patient for having to wait so long to convey appreciation that his/her time is as important as yours.
- Apologize in advance to the patient for having to answer the same questions over and over.

**Difficult family**
- Use every opportunity to educate the family on how to care for the patient to make them more comfortable doing things that are not a normal part of their routine. These educational opportunities also will help reassure the family of your competence.
- Give the family credit for their concerns and questions as evidence of how much they care for their loved one.
- Ask their permission to speak honestly with the patient, which also recognizes their legitimate concerns.

**Difficult staff (nurses, patient care assistants, lab techs, case managers)**
- Saying the staff members’ names demonstrates that you recognize and respect them.
- Whenever you ask staff to do something, explain why you are requesting it and its level of urgency rather than just giving an order. This shows they are doing something important and you recognize their ability to appreciate its importance.
- Show that you recognize their role on the team by referring to the patient as “our patient.”
- Thank the staff member for doing an important task.
Appendix K - Sample Statements for Session V

Residents Sacred Vocation Oath

- I will take care of myself so that I can care for my patients.
- I will respect the dignity of my patients and my peers.
- I will listen and be empathetic.
- I will strive to be honest.
- I will be mindful of my patients’ privacy.
- I will be an advocate for my patients.
- Above all, I will do no harm.

True to my own beliefs, I will:
- Work in the best interest of my patients.
- Look into the eyes of each patient with compassion, acceptance and empathy.
- Seek to heal and relieve suffering.
- Respect myself and take pride in my art.
- Honor my patients’ trust.
- Work to build trust with my teachers, students and colleagues.
- Seek to find the humor and joy wherever possible.
- Appreciate the humanity of my patients and myself.
In being true to my beliefs:

- I will strive to be an advocate for my patient.
- I will strive to stay present without judgment.
- I will strive to be aware of my patient’s emotional and spiritual health.
- I will strive to keep myself in balance mentally, physically and spiritually.
- I will strive to care for my patient as I would like myself and my family to be cared for.
- I will strive to achieve success in my personal and professional life.