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Teaching Whole Person Care: Elephants in the Room

This supplement issue is devoted entirely to the 5th International Congress on Whole Person Care (19-22 October, 2023) and includes all accepted abstracts for oral presentations and posters that were presented at this conference.

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USING THE SERIOUS ILLNESS CONVERSATION GUIDE TO IMPROVE THE QUALITY OF LIFE OF HEMATOLOGY-ONCOLOGY PATIENTS: A PILOT STUDY

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Keywords: Hematology-Oncology patients, Serious Illness Conversation Tool

INTRODUCTION

Hematology-oncology patients are more likely to receive high intensity care (HIC), including ICU admission and active cancer treatment, than solid cancer patients near end of life (EOL). This prevents patients and their families from realistically planning for the future and diminishes quality of life (QOL). We previously conducted a retrospective study to understand factors influencing HIC outcomes at EOL in hematology patients at McGill-affiliated hospitals. While non-curative goals, early level of intervention (LOI) discussions and palliative care (PC) involvement lowered the likelihood of HIC at EOL, the median time of LOI discussion and PC involvement to death was 22 and 9 days respectively. We hypothesize that a timely discussion aligning patient perspectives and goals with their treating team could improve QOL at EOL.

METHODS

We are conducting a pilot study looking at the impact of using the Serious Illness Conversation Guide (SICG), a validated conversation tool in the general oncology population, on the QOL of hematology patients. Participants are identified by their treating doctor or nurse practitioner to be at risk of dying in the next year. The primary aim is to decrease death in acute care. Secondary aims include reporting other HIC outcomes, time from LOI discussion and PC consult to death, and the short term benefit to QOL. In addition, qualitative analysis will explore participant perspectives on benefits of the SICG and areas to improve and explore EOL QOL topics relevant to hematology patients. We have currently enrolled 2 patients. Interim analysis is projected for September 2023. ■

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PSILOCYBIN-ASSISTED PSYCHOTHERAPY FOR CANCER PATIENTS

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Keywords: Psilocybin, Cancer patients

Despite significant advances in symptom management for patients affected by serious illness, physicians lack effective legal treatments for individuals suffering from demoralization, death anxiety, and existential distress. Psilocybin-assisted psychotherapy employs psilocybin-containing mushrooms or synthetic psilocybin grounded in indigenous traditions and within the context of a therapeutic mindset and environment ("set and setting") to achieve altered states of consciousness that promote healing and psychospiritual growth while reducing suffering. Current research evidence suggests that this form of therapy could serve as a safe and effective therapeutic tool for such patients.

This presentation will describe a case series of patients with advanced cancer who received physician-supervised home-based psilocybin-assisted psychotherapy in Montreal, Canada. Our experience postulates the safety and efficacy of this laborious treatment process. By executing this clinical practice in the public healthcare system of Quebec for the first time, we have made an attempt to provide equitable access to these clinical therapies. Having performed these treatments outside the context of clinical trials, we have been able to tailor the therapeutic frame and treatment approach to a more patient-centric and culturally-informed manner. That being said, given the existing societal discrimination and stigma against this form of therapy, including by healthcare professionals, there remain further barriers to overcome in the equitable provision of care, especially to certain segments of the population. The authors will discuss these and potential solutions to addressing them. ■

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CONSIDERING LIFE THROUGH DEATH - INTRODUCTION TO LESSONS OF LIFE

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Keywords: Palliative care, Death

I am a palliative care physician for 30 years. And I have been teaching " Lessons of Life " to medical students and elementary, junior high, and high school students for 30 years. Based on the words left behind by the deceased patient, these are classes to think about life through death. I would like to introduce some of the lectures at this conference.

When I took care of a 23-year-old female terminal cancer patient, her pain of bone metastasis, which could not be removed, was relieved by a wedding ceremony. I was taught that pain is relieved not by drugs but by supporting the hopes and dreams of patients. A 21-year-old woman with cancer, who had not been told of her prognosis, realized that she was dying and left a letter for her mother. She wrote, "I am glad I was born as your daughter" with gratitude. A 17-year-old high school male student, who had a brain tumor, left a diary. In the diary, he wrote, "If I were to die tomorrow, what would I do today? All I can do now is to live my life to death as I am." An 18-year-old woman, battling rhabdomyosarcoma, said, “Walking, talking, seeing, hearing, laughing, crying, and living. You may think it’s normal as someone who always takes it for granted, but that’s not the case.” Through the words and actions left behind by my patients, I learn that we are living a day that is irreplaceable. ■

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A NEW COMMUNICATION MODEL FOR PROCEDURE-ORIENTED HEALTH CARE PROFESSIONALS

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Keywords: Dentistry, Communication model

Many health care communication models have been proposed, yet previous models have focused on the consultation and omit the communication needs of patients during procedures. Consider the challenges of communicating during a dental procedure, for example, in which the patient cannot talk or is experiencing anxiety or pain. How does the health care provider convey care and respect during such encounters?

A new communication model, ISLEEP, fosters patient-centered interactions for consults and procedures. There are six categories of actionable, observable behaviors in ISLEEP: introduce/interconnect, solicit, listen, empathize, explain, and affirm the power of the patient. Here, we discuss the basics of each ISLEEP skill as well as the applications of these skills for each phase of care, including consultations, immediately before procedures, during procedures, after procedures, and health counseling. Several included videos demonstrate the ISLEEP skills during live patient encounters. ■

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SIMULATING A SITUATION OF HOMELESSNESS: NURSING STUDENTS' PERCEPTIONS OF LEARNING THROUGH VIRTUAL EMBODIMENT

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Keywords: Homelessness, Virtual reality experience, Nursing student

Individuals experiencing homelessness encounter unique challenges in accessing and receiving care in our health systems.[1,2,3,4] Preparing emerging health professionals to respond to their complex health needs will require innovative educational approaches that promote person-centered care, and stimulate critical reflection and action towards the personal, interpersonal and structural factors that shape health care delivery.[5,6,7]

This presentation reports on preliminary findings of phase 1 of a critical qualitative case study of nursing student’s perceptions of learning about the experience of homelessness, through a virtual reality educational experience. The study design was informed by critical transformative learning theories and theories of embodiment. Twenty nursing students were engaged in a virtual reality experience of 12 minutes, followed by a 1:1 debrief interview. The debrief interview used an adapted version of the Promoting Excellence and Reflective Learning in Simulation (PEARLS) framework to elicit students’ reflections on the experience. The interviews were audio recorded and transcribed verbatim.

Data analysis involved a process of reading all of the transcripts for a sense of the whole, mind mapping each of the transcripts, identifying themes that permeated the data set, and coding data in Quirkos software. Six preliminary themes include: a) seeing the person through story, b) destabilizing assumptions and questioning stereotypes, c) embodied emotional awareness, d) challenges to care, e) recognizing vulnerability of people experiencing homelessness, and f) quality of the immersive experience in learning.

The findings contribute to our knowledge about virtual reality simulation as an innovative approach to fostering learning about homelessness in health professions education. ■

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FACING OUR OWN DYING: EXPLORING CONFLICTS BETWEEN OUR INDIVIDUAL PROFESSIONAL STANCE AND OUR OWN PERSONAL VIEWS ON MAID

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Keywords: Medical Aid in Dying, End of life care

Physician-administered euthanasia (Medical-Aid-in-Dying or MAiD) has been legally available in Canada since 2016, with ever-widening indications. Most palliative care physicians in Canada do not provide MAiD themselves but will refer to colleagues who provide this procedure. The author was involved in a qualitative research project on MAiD, looking at the views of Montreal-based palliative care physicians regarding their role. One interesting finding from that project is that our own individual personal views (i.e., what I would want for myself when I will inevitably face my own death) versus my professional views as a palliative care physician (i.e., the kind of end-of-life care that I am ready to provide, or what I think patients should receive) may radically differ.

We teach our trainees (and the community beyond) that dying can have meaning up to the end of one's natural life. Patients facing terminal illness commonly express a fear of becoming a burden to others. Yet we teach that this sentiment is often not well-founded, based on the expressed views of the patient's loved ones. And yet dying can be difficult, even when patients receive the best available palliative care. Our professional view of what constitutes a dignified end-of-life and what patients and families (and I, eventually) will experience may be different.

This presentation will spark reflection regarding this dichotomy. What feelings might this inner split provoke, when our professional and personal views conflict with each other? Am I being a dishonest physician? And yet… ■

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THE ART AND SKILLS OF COMPASSION IN PRACTICE

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Keywords: Compassion, Compassion skills for physicians

Empathy, or the ability to "feel" another person's experience, evokes strong emotions and activates the neural pathways in the pain region of the brain. Compassion is empathy combined with purposeful action to relieve suffering and impacts the brain's reward centres.

What are the outward impacts of compassion? Compassion is human connection, reciprocity, feeling cared for and caring for another. It reduces stress and cortisol for the receiver and giver. It reduces suffering and impacts all areas of the Quadruple Aim. Yet nearly half of the population of America and 63% of providers believe that the health system is not compassionate.

How do you build "compassion skills"? Being a compassionate clinician is not about knowledge, but the quality of communication and relational interactions. Many hold the belief that this ability is naturally acquired or inherent in medical practice, but this ability is technical, rooted in capabilities, intentional, and requires continuous practice and refinement. Healthcare practitioners are at a disadvantage: the rigorous clinical learning and the perceived time pressures of practice take precedent, limiting the opportunity for refinement and practice of these interpersonal communication skills.

Looking to bridge the gap on continuous professional development and learning from other sectors, the Royal College of Physicians and Surgeons of Canada has been considering approaches for practice improvement in compassion. To make compassion skills tangible, the presenters offered a “coaching skills” program for physicians. Early evidence is pointing towards the positive impacts of this type of communication skills training on the therapeutic alliance. ■

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THE EMPATHY IMPERATIVE IN WHOLE PERSON CARE - FOR PATIENTS AND PHYSICIANS

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Keywords: Clinical empathy, Self-empathy

Clinical empathy is associated with improved patient satisfaction, treatment compliance, and better health. At the same time, empirical evidence shows that strong empathic connections between physicians and patients increase job satisfaction and decrease malpractice complaints. Plus, doctors with higher levels of empathy also experience less stress, cynicism, and burnout. Empathy in healthcare should be the norm. Unfortunately, that's not the case.

Physicians encounter emotionally taxing situations—illness, trauma, suffering, and dying—on a frequent or ongoing basis. Which might explain why they may miss or dismiss signs of patient distress. But there's a growing body of evidence that points to overwork and a lack of self-care as a major problem. In fact, relative to the general population, doctors suffer from higher rates of compassion fatigue, burnout, depression, and suicide.

The long hours, administrative workload, and financial imperatives of today's medical practice means that many physicians struggle to prioritize self-care, including a lack of sleep, exercise, and healthy eating habits. All of this was further exacerbated by the pressure of the recent COVID pandemic. Yet physicians are not permitted to appear vulnerable or weak because doing so is inconsistent with the culture of medicine.

This session will explore why empathy and self-empathy are both imperative to whole person care - for physicians and their patients. And will suggest several strategies and practices to combat empathy fatigue.■

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INVITATIONS TO THINK AND FEEL IN FORENSIC NURSING; THE ROLE OF CLINICAL SUPERVISION AND REFLECTIVE PRACTICE

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Keywords: Forensic nursing, Reflective practice

Providing nursing care to people who have experienced child sexual abuse, assault and rape is a highly specialised and psychologically demanding task. Necessarily much focus is on the technical aspects of the task of providing care to patients. The specialist administrative and nursing team in the Sexual Assault and Treatment Units (SATUs) in Ireland provide complex treatment to a particularly vulnerable group of people from various backgrounds in Irish Society. The service is open to all genders and gender identities, aged 14 and over. The care is free and it is a recognised safe place to go to if you have been raped or sexually assaulted. In the Department of Health's Policy Review of the SATUs in Ireland they recognised the challenging nature of the work and recommended the provision of high quality emotional supports for all staff (core and on-call).

This paper considers the provision of reflective practice to members of the SATU team, with a particular emphasis on their emotional and psychological experience at work. The introduction of reflective practice into a nursing setting will be discussed including opportunities and challenges that emerged, and how the service gained momentum over a year. The paper will reflect on one case example in the form of a supervisee/supervisor relationship in an effort to deepen and broaden our understanding of the need for professional spaces in which to consider ones experience at work.■

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"HE TOLD ME MY PAIN WAS IN MY HEAD": TESTIMONIAL INJUSTICE IN PATIENT-PHYSICIAN RELATIONSHIPS

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Keywords: Women living with chronic pain, Gender-gap in care, Peer support groups, Scoliosis

Women living with chronic pain are more likely than men to experience pain dismissal, receive nonspecific diagnostics, receive fewer follow-ups, have their condition undertreated, and be told that it results from a psychological condition. This is particularly concerning for adolescent girls living with scoliosis, who, given the progressive nature of their condition, require timely diagnosis to allow for less invasive treatment options to be explored. This population is also significantly more likely to have their condition progress to a curve angle where treatment such as bracing or spinal fusion surgery is required, both of which are associated with chronic pain. However, timely diagnosis depends on clinicians taking patients' testimony regarding their health concerns seriously and investigating their claims.

This presentation will dive into the gender gap in care for adolescent girls living with chronic pain caused by scoliosis, focusing on their experiences of pain dismissal and its negative short and long-term effects. Leveraging the concept of intersectionality, the authors argue that adolescent girls may suffer a testimonial injustice when their pain is dismissed by clinicians.

This presentation will also explore gender-specific peer support groups as a possible mitigating factor to testimonial injustice and other negative outcomes from chronic pain and pain dismissal. The researchers interviewed members from scoliosis peer support group Curvy Girls using open-ended questions, gathering narrative data about their experiences that was subsequently analyzed using an applied philosophical hermeneutics approach, along with intersectionality and testimonial injustice as part of their framework. ■

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INTO THE LOOKING GLASS ON CULTURAL AND RELIGIOUS COMPETENT CARE: OPTIMIZING HEALTHCARE FOR HAREDI INDIVIDUALS WITH MENTAL ILLNESS

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Keywords: Haredi communities, Mental health

Previous research has shown that minority groups tend to underuse healthcare services. One community whose experiences remain particularly under-researched in the Western world is Haredi Jews - a diverse group of individuals committed to traditional Talmudic and Halakhah teachings and observances.

This presentation aims to enhance participants' understanding of mental health-seeking behaviours and challenges faced by Haredi individuals. We conducted a qualitative study that involved in-depth interviews with 24 adults who identified as Haredi and used mental health services, as well as informal consultations with local rabbis and community leaders. Interviews were transcribed and analyzed using thematic analysis techniques. Analysis revealed several important themes, including:

(1) Strength of religious practices, community, and relationship with God as a factor determining mental well-being.

(2) Implications of devotion to religion within the patient-physician encounter.

(3) Stigma and acknowledged lack of awareness surrounding mental health in Haredi communities.

These themes will be explored in the presentation, which will aim to bring light to participants' lived experiences. We hope to address the proverbial "elephant in the room" often ignored or overlooked, as encountered by Haredi community members and their interactions with the healthcare system. We will present the unique strengths and challenges related to mental health encountered by Haredi Jews in our study, while discussing potential measures that can produce better health outcomes and culturally sensitive care for Haredi individuals. ■

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MINDFULNESS AND THERAPEUTIC RELATIONSHIPS: INSIGHTS FROM A PHENOMENOLOGICAL STUDY OF OCCUPATIONAL THERAPISTS' PRACTICES

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Keywords: Therapeutic relationship, Mindfulness, Occupational therapy

BACKGROUND

A well-established body of literature highlights the importance of the therapeutic relationship when working with children and youth. A growing body of literature points to the potential of mindfulness to enhance the quality of relationships, including the therapeutic relationship. To date, little attention has been paid to this topic within the profession of occupational therapy.

Mindfulness and therapeutic relationships: insights from a phenomenological study of occupational therapists' practices

Kirsten Smith, Elizabeth Anne Kinsella, Sheila Moodie, Lisa McCorquodale, Gail Teachman

AIM

The aim of this study was to inquire into paediatric occupational therapists' experiences of mindfulness in the therapeutic relationship with children and youth.

METHODS

Heideggerian-informed hermeneutic phenomenology was employed as the methodological approach. Two key Heideggerian concepts of being-with and care served as theoretical underpinnings of the study. Semi-structured interviews were completed with eight North American occupational therapists to elicit their first-hand accounts of mindfulness in the therapeutic relationship with their paediatric clients. Inter views were transcribed verbatim and analyzed using a phenomenological approach.

RESULTS

Four key themes were identified and include: fostering a safe space, enhancing presence, being authentic, and cultivating acceptance.

CONCLUSIONS

The findings offer insights regarding the potential affordances of mindfulness to support clinicians as they form of therapeutic relationships with children and youth. This study highlights research priorities for future inquiry.■

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ANATOMY OF THE ELEPHANT IN QUEBEC FAMILY PRACTICE

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Keywords: Whole person care, Family medicine, Quebec

BACKGROUND

Whole person care has been a foundation of the modern practice of family medicine, and therefore one might expect that such an approach by family practitioners would evolve and mature over time. Some of these clinicians, however, currently question their ability to provide such holistic care because of external factors they perceive as negative, and over which they have little or no control.

OBJECTIVES

This presentation will explore perceived inhibiting factors affecting family doctors' ability to provide whole person care within the publicly-funded health care system of the Canadian province of Quebec.

METHOD

The presenter, an academic and clinician scientist with forty-four years of experience practicing family medicine, will present personal perspectives, along with those gathered informally from a broad cadre of colleagues working in different settings. Using the idiom of "elephant in the room" to identify problems or obstacles that may not be voiced, this talk will start with consideration of elephant anatomy as being comprised of thirteen distinct anatomical parts that contribute to a functional whole. An analogy will be developed in which thirteen distinct factors are presented as likely impeding or discouraging whole person care by family physicians.

CONCLUSION

Some agendas and policies of health care planners and administrators, either alone or collectively, and intentionally or unintentionally, may decrease opportunity or ability of family physicians to provide whole person care.■

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"I GET TO KNOW THEM AS A WHOLE PERSON": FAMILY PHYSICIAN STORIES OF PROXIMITY TO PATIENTS EXPERIENCING SOCIAL INEQUITY

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Keywords: Family medicine, Social inequities, Proximity

Canadians' health outcomes are inextricably tied to social inequities. While family medicine is aptly situated to provide care that addresses social factors through longitudinal knowledge of patients and their contexts, family physicians have come under increased pressure to do more for their patients with less time and resources due to financial and resource demands within primary care.

Nursing scholar Ruth Malone has argued that remaining proximal, or close to patients, is a form of resistance to these demands. Using a critical narrative methodology, we conducted 36 interviews with 20 family physicians working with persons experiencing health needs related to social inequity in Ontario, Canada, whose stories expressed and expanded upon Malone's proximity. Notions of proximity were invoked through descriptions of the role of family physicians in: i) generating physical proximity based on the patients' needs for more time, space, and care; ii) developing narrative proximity through storytelling over time, both between colleagues and patient communities; and iii) engaging in moral proximity, or recognizing the vulnerabilities of their patients, by going "above and beyond" in their care and advocacy roles inspired by the needs of their patients.

The findings add theoretical depth to proximity, extending this conceptualization into a new clinical context. These stories also complement current health services and health policy research that advocates for collaborative primary care approaches, as elements of these approaches are conducive to establishing proximity with patients who need care the most. ■

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NARRATIVE MEDICINE AND NARRATIVE PRACTICE: PARTNERS IN THE CREATION OF MEANING

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Keywords: Narrative medicine, Narrative practice

BACKGROUND

Narrative medicine has emerged as an approach to whole person care and to support the clinician-patient therapeutic relationship. Although training in narrative medicine is usually based on the study of literary or artistic works, the same attitude of close reading can also be applied in conversations with patients or learners.

METHOD

We held a two-day narrative medicine workshop, incorporating two approaches: 'Conversations Inviting Change' (CIC) and humanities-based narrative medicine as taught by Columbia University. The workshop was primarily experiential, with theoretical components of both approaches. Participants brought active concerns for confidential breakout sessions and engaged in text-based and reflective writing exercises. Participants generated metaphors to describe these approaches to narrative medicine.

RESULTS

Participants included a mix of community and hospital-based practitioners, pre-dominantly doctors. Participants considered the two approaches to be compatible and enhance each other. One metaphor generated was that Columbia style narrative medicine is ’like an individual lens which allows you to see things clearer’, it allows practitioners a different perspective on their patients and that CIC teaching ‘is a frame of glasses in which the lenses could be placed to enhance the ease of use’. Another metaphor was that the former ‘is like learning from a cadaver in the anatomy lab’, while the latter ‘is like running a clinical simulation’.

CONCLUSION

We believe this was the first workshop integrating these approaches to narrative medicine. They appear to be highly complementary. Both approaches lead to enhanced attention to narratives which has clear applicability to clinical practice.■

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ICU BRIDGE PROGRAM: WORKING WITH STAFF TOWARDS NO FAMILY MEMBERS FEELING LIKE "THE ELEPHANT IN THE ROOM"

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Keywords: Intensive care unit, Post-intensive care syndrome family

The intensive care unit (ICU) provides specialized care to critically ill patients. Given the traumatic nature of critical illness and its treatments, up to 75% of family members of ICU decedents and survivors experience long-term psychological consequences, termed post-intensive care syndrome family (PICS-F). Anxiety, PTSD, and depression are common manifestations that significantly impact families' quality of life and the recovery of those dependent on their caregiving. Although PICS-F can be mitigated by engagement with ICU staff, critical care workers are at risk of burnout and requesting closer liaisons with families is unfeasible. Bridging visitors and the ICU health care team would ensure that family members never feel like "the elephant in the room".

The ICU Bridge Program (ICUBP) is a unique volunteering and shadowing initiative designed and run by university students. Bridge Program volunteers are assigned to hospital ICUs in Montreal to be the first point of contact for visitors. This program addresses PICS-F by humanizing the ICU experience through compassionate human contact, continuous support, and an open line of communication. The diverse applicants are carefully selected and trained to maximize soft skills, such as emotional intelligence and active listening, which ensures that families feel welcome and understood in this tense environment. Furthermore, the ICUBP's self-sufficient structure off-loads administrative responsibilities from resource-constrained hospitals and makes its implementation feasible and cost-efficient. By continuously monitoring its effect on patients, families, and staff, the ICUBP aims to improve and expand its contribution to whole-person care in the ICU.■

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ETHICAL CHALLENGES FOR CHILDREN UNDERGOING SURGERY: EVALUATION OF GRADUATE NURSING STUDENTS' LEARNING

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Keywords: Pediatric surgery ethical challenges, Nursing training module

BACKGROUND

Multiple barriers can impede the holistic care of children and their meaningful involvement in their healthcare in the context of surgery. These include lack of clinician knowledge of the ethical concerns impacting children and scarce educational resources. Our team created an open-access training module (https://childsxethics.net) understanding of ethical challenges for children undergoing surgery.

OBJECTIVE

To evaluate the level of Bloom's Taxonomy cognitive, affective, and psychomotor learning reached by graduate nursing students after completing the module.

METHODS

A qualitative descriptive study was conducted. Data sources comprised of participants' course assignments. Data were analysed inductively and deductively using Bloom's Taxonomy and the Childhood Ethics Framework.

RESULTS

Nineteen participants wrote online reflections and peer responses. Two subgroups completed group assignments. The module and associated class assignments successfully promoted high levels of cognitive and affective learning of ethical challenges impacting children undergoing surgery. The type of assignment influenced participants' level of learning and achievement of learning objectives. Cognitive and affective learning processes were enhanced when integrating reflections and fostering dialogue/interaction among peer learners.

IMPLICATIONS

Study findings will be used to improve the module. Future iterations will include collaborations with international clinicians to enhance the global relevance of the module contents, which will be evaluated with other clinicians/trainees. Providing educational resources for clinicians on ethical challenges in children's surgery will help facilitate the recognition of children as active moral agents and improve their surgical experiences by promoting holistic patient care. ■

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WHOLE PERSON CARE IN PHILANTHROPY - HEALING & GIVING

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Keywords: Whole person care, Philanthropy

Static reimbursement, rising expenses and decreasing margins for hospice and palliative care programs in the US, limit funding for innovative and creative education, care-giver well-being and resilience efforts and workforce development. Whole Person Care in philanthropy can lead to healing not only of grateful patients, families and friends but can also be a source of healing, connectiveness and meaning for donors, board members, foundations and the community.

This presentation will share leadership practices which engage grateful patients, families, prospective donors, board members, foundations and the community to raise significant funds for innovative education and program development. Conversely, the presentation will share innovative education and program development which engages and excites patients, families, donors, board members, foundations and the community to give significant philanthropic gifts. A small but excellent hospice foundation staff (5 people) with the help and support of the clinical leadership team raised over 4 million dollars in 2022 for a community-based hospice serving over 300 patients/day and community-based palliative programs serving over 600 patients/day, both adults and children.■

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REFRAMING PERCEPTIONS: A PHENOMENOLOGICAL INQUIRY INTO STUDENTS' WRITTEN REFLECTIONS ON LEARNING ABOUT MINDFULNESS

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Keywords: Mindfulness elective course, Health professions students

INTRODUCTION

Mindfulness practices offer approaches to reflection that have been argued to contribute to positive outcomes for students in the health professions. Despite calls for more phenomenological investigations in the field, few studies examine the lived experience of learning about mindfulness in professional schools.

OBJECTIVE

The objective of this study was to inquire into first handwritten accounts of students' experiences of learning about mindfulness.

METHODS

This study reports on occupational therapy health professions students' phenomenological reflections written during and following a 5-week, 15-hour, mindfulness elective course offered at a Canadian University. The study adopts a hermeneutic phenomenological methodology and is informed by theoretical frameworks of embodiment and practice theories. An in-depth thematic analysis of twenty-one students' written reflections on the experience of integrating mindfulness practices into their lives was undertaken.

RESULTS

Predominant themes identified in students' written reflections include reframing perceptions, 'being' while 'doing', witnessing the struggle, and compassion for self and others.

CONCLUSIONS

This research contributes richly textured accounts that advance understandings about the affordances of mindfulness education in the lives of future health care practitioners. The results also hold implications for educational design in higher education professional school contexts, considerations of mindfulness practices in future professional practitioners' every day and workplace occupations, and identification of promising avenues for future research. This study is funded by the Social Science and Humanities Research Council of Canada (SSHRC).■

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REFLECTIONS ON TEACHING MINDFULNESS TO TEENAGERS: FROM RESEARCH TO CLINIC

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Keywords: Mindfulness teaching, Adolescents

Increased stress reactivity during adolescence has been associated with vulnerability for psychiatric disorders in adulthood and mindfulness-based interventions (MBI) seem to be an option to stress. However, there is still debate on how to best teach MBI to teenagers.

For the last 6 years, authors have been proposing the “Mindfulteen” (MT) to teenagers between 12 and 19 years in Geneva. The MT was first applied in different clinical trials and in a qualitative study and, as the results were encouraging, is now proposed in a clinical context at the University Hospital.

Authors aim to share here some lessons learned from this experience: 1. Motivation and curiosity are key to engagement, and this is particularly important in school settings; 2. Even if adaptation is needed for different age groups, the program’s core remains easily the same; 3. Short formal practices with not much silence are needed, and metaphors can help; 4. Clarifying the intention of each practice can improve engagement, and the same explicit attitude can be brought into inquiry; 5. A trauma-sensitive approach is crucial, especially in clinical settings; 7. Proposing different versions of the same practice facilitates home practice; 8. Even if participants are not practicing between sessions, it doesn’t mean that they are not integrating mindfulness into their lives; 9. Creative and playful activities can provide rich mindful moments.

In conclusion, there are open questions about teaching mindfulness to adolescents and authors believe that sharing and exchanging experiences is important to find some of the answers.■

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SURVEY ON THE CURRENT STATUS OF UNDERGRADUATE EDUCATION ON SELF-CARE IN UNIVERSITY MEDICAL SCHOOLS AND MEDICAL COLLEGES IN JAPAN

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Keywords: Self-care education programs, Medical education in Japan

A survey on the current status of undergraduate education on self-care was conducted in university medical schools and medical colleges in Japan. This survey was planned and conducted by the Professionalism Subcommittee of the Japan Society for Medical Education. Prior approval was given by the Ethics Committee of Showa University.

Self-care education was defined as education to enhance the well-being (physical and mental health) of medical students. Of the 82 universities invited to participate, 65 universities responded to the survey, giving a response rate of 79.3%. Of these 65 universities, 32 universities (49.2%) indicated that they were implementing self-care education programs. Stress management, mindfulness, self-awareness, resilience, and improvement of self-affirmation were the most common topics, and many of the faculty in charge of the topics were psychiatrists, psychologists, and medical education faculty members. Although about half of the universities implemented self-care education programs, the educational content has not yet been standardized, suggesting the need for standardization of self-care education in the future.

The survey was conducted in all medical year levels, and the results showed that self-care education is given to first- and second-year medical students. It was suggested that it is necessary to provide more education to upper-year medical students who undergo clinical practice and experience increased stress. The need for self-care education for medical students has become even more important since 2020 and onwards, partly because of the impact of the COVID-19 pandemic. ■

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MEDICAL STUDENTS AS WHOLE PERSONS – TENDING TO THE ELEPHANTS IN CLINICAL PRACTICE TRAINING

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Keywords: Medical education, Clinical practice training

BACKGROUND

For years, we have known that many medical students lose empathy and experience burn out during the last part of their undergraduate education, despite starting with high motivation and above average mental health. The most powerful learning environment is the clinic, where students in the final stages of their program interact with real patients and practice doctor’s skills in authentic environments. We wondered how students at this stage are cared for as learners and novice professionals. We tried to identify explicit and hidden professional norms and competence goals that students are measured by, and sanctioned for not conforming with, in daily practice. We asked: Is there a mismatch between what medical students need to manage in their professional lives and the affordances inherent to the workplace environment where learning takes place? Can we intervene to mitigate any gaps?

METHOD

Inspired by the Consolidated Framework for Implementation Research (CFIR), we engaged leaders, physicians, residents, and medical students at a small Norwegian hospital in a three-year project aiming to improve students' motivation, participation, and clinical learning, by strengthening pedagogical and affective support during an 8-week practice period.

RESULTS

Medical students and residents identified needs for preparation and orientation, continuity, and secure relationships where learners are acknowledged as unique individuals. A simple model of learning needs was developed, where educational goals can be arranged on three levels: 1) social survival, 2) medical knowledge and skills, and 3) clinical wisdom. ■

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RESILIENCE IN ADOLESCENT CHRONIC PAIN: AN EXPLORATION OF COPING MECHANISMS AND PERSONAL GROWTH

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Keywords: Adolescent chronic pain, Resilience

Adolescents living with chronic pain (CP) are vulnerable to negative outcomes such as disability and impaired quality of life. They often miss opportunities for social engagement and suffer from anxiety and depression. Central to all accounts is a sense of interrupted life—phrases with negative connotations such as “couldn’t do” and “had to stop” are repeatedly used to express feelings of loss of control.

To regain control over their situation, participants create within themselves a positive internal dialogue whereby they reconstruct the meaning of normalcy, practice acceptance, make downward social comparisons, and engage in daily positive affirmations. They also create a positive external environment, surrounding themselves with compassionate individuals as well as advocating for proper accommodations at school.

While CP disrupts their personal and academic trajectories, the experience of living with pain has instilled in them the pursuit of significance. This pursuit is propelled by the imagery of a fulfilled life and seems to be particular to this age group. Ironically, some participants are grateful for their pain for granting them intuitive empathy for the suffering of others and the emotional credibility to help others.■

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CULTURALLY-ADAPTED RESILIENCE-BUILDING CURRICULUM FOR MEDICAL STUDENTS: A COMPREHENSIVE APPROACH AT SHOWA UNIVERSITY SCHOOL OF MEDICINE, JAPAN

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Keywords: Medical education in Japan, Resilience-based curriculum

The growing prevalence of psychological morbidity, depersonalization, and low personal accomplishment among medical students underscores the need for resilience-enhancing programs tailored to their specific needs. Incorporating cultural perspectives and societal context into these interventions is crucial to ensure their effectiveness and relevance. In response, Showa University School of Medicine in Japan has pioneered a culturally-adapted, resilience-based curriculum for medical students from their first through sixth years since 2020.

This presentation will outline the comprehensive framework of the resilience-focused curriculum, including course objectives, content, learning resources, timetables, and pedagogical approaches. Key components of the curriculum encompass self-assessment and reflection, stress management strategies, effective communication, and conflict resolution skills, and fostering a growth mindset. Additionally, interdisciplinary collaborations with psychology and social work departments provide individual supports and resources for students.

Emphasizing the distinct challenges faced by medical students, such as academic stressors, relationships with senior clinical educators, patient and family interactions, and managing errors and burnout, the presentation will highlight the classes on the curriculum, support systems and mentorship programs in promoting mental well-being and resilience.

The experiences and outcomes of the 2020-2022 cohorts will be shared, offering valuable insights into the effectiveness of the resilience-building curriculum in the Japanese context. Lessons learned from the implementation process, including challenges faced and strategies employed, will provide practical examples for other medical schools seeking to develop similar programs. ■

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POSTER

CHALLENGES AND OPPORTUNITIES OF RELATIONSHIP CENTRED CARE IN HEALTH CARE SETTINGS. MY JOURNEY AND THE EVOLUTION OF MY APPROACH

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Keywords: Relationship centred care

Understanding the complexities of relating in a health care context invites practitioners to anticipate and identify challenges and opportunities as they arise in their practice. This experiential paper will attempt to explore and illustrate some of the complexities of adopting a relationship centred approach in healthcare settings, from the perspective of one practitioner.

This paper will consider how the organisational culture can impact on the practitioner's ability to interact with patients. In this context the influence of the organisational culture with its emphasis on task, diagnosis and treatment of disease, functioned to undermine this practitioner's capacity to relate and take up a relationship centred approach.

Challenges and opportunities of relationship centred care in health care settings. My journey and the evolution of my approach

Maeve Hurley

This paper, with reference to clinical material, will highlight the tension that exists between task and relationship in healthcare settings. Special reference will be made to how in some situations the wish to relate interrupted the task-focused work, causing confusion and great challenge for the practitioner. The invitation to adopt relationship centred practice, while still attending to the task in hand restored the practitioner's belief in the medical consultation's potential to create a receptive, responsive and relationship centred space.

Finally, this paper will conclude by considering how to navigate this complex context and to achieve a balance which includes relationship centred care using these opportunities as they arise to ensure optimum health care outcomes for both practitioner and patients. ■

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POSTER

WHY THE HERMENEUTIC WAGER

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Keywords: Hermeneutic wager, Whole person care

While progressing through my ongoing cancer treatments, in particular the reflection or re-reflections guided by Richard Kearney's hermeneutic wager. I prefer a wager over the traditional cancer metaphors because it replaces the blatant harshness of a battle in a war. I am not saying in any way of form to be a passive observer during one's cancer treatment journey, but to replace the winner-looser paradigm with carnage associated with war, shrapnel dismembered bodies unrecognizable to themselves and others. This does not mean that I am not standing up to and confronting cancer with vigor and intensity.

The wager offers dignity during participation where all the "cards" are delt from both the cancer and the treatments with the integrity of the whole person who is living with cancer with their healthcare team and family play together as a community to successfully support the wager's cause. The wager is respectful and addresses the risks involved and is fully conscientious of outcomes as an unpredictable event. This wager is comprised of five reflections and/or conversations to engage in that I have adapted to learn about living with cancer and its treatments. The hermeneutic wager has five points of reflection: imagination, humility, commitment, discernment, and hospitality. These will be used to provide examples of how to offer insight into one's experiences. Through these kinds of reflections on cancer, uncertainty can help us develop wings for the journey into the unknown uncertainty that often a diagnosis of cancer requires.■

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POSTER

SURROUNDED BY TEXT: THE MEANING OF HEALTH REPRESENTED THROUGH THE TEXTS OF LIFE. AN INTERPRETATIVE PROCESS

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Keywords: Texts of life, chronic pain narratives

Our omnipresent reflective worlds invite interpretation through the incalculability and types of text that surrounds us during our daily lives. We as human beings have no choice but to acknowledge this bombardment of texts as our obligatory and oblivious day-to-day engagements or be in denial of them because their meaning has not become relevant and interpreted within our lives. These texts of life will continue to appear regardless of whether through an interpersonal encounter within our taken-for-granted lives, as researcher through the recounting of a research, a participant's lived experience of something, or of a form of "art" that uniquely somehow "speaks to us".

Patients, clinicians, and researchers are offered windows, images, narratives, metaphors, or other creative expression into the complex experiences that can be explored and interpreted to help understanding complex health conditions. Chronic pain and cancer are an example of these, but the text associated with these transcend their medicalization to include the ontological pain associated with the day-to-day distress these can create.

Surrounded by text: the meaning of health represented through the texts of life. An interpretative process

Richard B. Hovey

This presentation offers personal and academic reflections as a researcher and a person who lives with chronic pain and is currently undergoing a second round of chemotherapy for cancer. By finding a common ground of understanding the clinical and life experiences of living with chronic health conditions becomes mutually more accessible and may enhance the treatment of the person. The first step is to help create awareness that text and interpretation skills can benefit the clinician, the patient, and researchers. ■

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POSTER

ENRICHING CLINICAL ENCOUNTERS THROUGH QUALITATIVE RESEARCH

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Keywords: Qualitative research

Although many medical and dental journals publish qualitative research this does not mean they are being read by those who could directly benefit from their scholarly contributions from clinician to the patient. This perspective on qualitative research for medical and dental education was written with the intention of introducing qualitative research to those who may be unaware of its possibilities and utility for clinical education. Its task is to inform others about life conditions they may not have experienced themselves other than in a biomedical context. As researchers, clinicians, and especially for students who read academic, medical, and clinical research papers which are appropriately discipline-and methodology-specific, we may find ourselves encultured to privileging one type of research methodology over others. For example, exclusively considering quantitative research methodologies as being more rigorous and trustworthy.

This presentation may offer the opportunity for interested healthcare providers and researchers to expand their understanding of the purpose of qualitative research, its role and application in enhancing patient engagement, clinical practices, and person-centered research. ■

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POSTER

THE EARLY ENCOUNTER: SHALLOW LOOKING AND THE MANIFEST PRESENCE IN MEDICAL EDUCATION

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Keywords: Early medical encounter, Visual art

If the pressure of patient flow limits a doctor's visit to fifteen minutes, the importance of the early encounter is increasing. My proposal is dedicated to the first moment of the intersubjective encounter (with art or otherwise), that defined by the unconscious assessment a priori to conscious interpretation, its authority in the clinical encounter, and how to address this moment in medical education.

The dynamics between observer and artwork occur in two stages. First, the observer's senses are attacked, indeed overwhelmed, by the work. Our adaptive unconscious uses reflexive techniques (e.g., thin-slicing) to triage and resolve this information to a more manageable load. Because pattern collection, discovery, and comparison are under unconscious control, the question arises concerning accountability for snap judgments. By studying the patterns that thin-slicing utilizes, and our immediate reaction given these patterns, the conscious self can predict—or at least become more accountable—for these judgments.

Second, uncomfortable as the victim of a sensory attack, the observer dominates the artwork through the act of interpretation. The observer's intellect and desire to interpret (both under conscious control) dissolve the uncertainty of the encounter by categorizing it into a comfortable system. Once attuned to this conscious power reversal, we can restrain the unconscious desire prompting the reversal and maintain space in the intersubjective encounter.

As visual art is a strong vehicle to discuss the theory behind the dynamics of the early encounter, it is also the appropriate method by which to coach medical students through the early medical encounter. ■

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POSTER

EXPLORING EFFECTIVE LEARNING SESSIONS TO ENHANCE SELF-AWARENESS AND PROMOTE INTEREST IN SELF-CARE AMONG MEDICAL PROFESSIONALS

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Keywords: Self-awareness, self-care

BACKGROUND

Self-awareness among medical professionals is becoming more important. However, it is difficult to practice self-awareness unless consciously. We held in-hospital learning sessions to enhance self-awareness and to support self-care of medical professionals. The session introduced mindfulness, meditation, and self-care from the perspectives of "psychological safety" and "end-of-life care."

OBJECTIVE

To investigate the effects of sessions based on participants' reactions.

METHODS

A self-administered questionnaire was distributed to 128 medical professionals who participated in the sessions, and the free description was analyzed according to the qualitative coding procedure.

RESULTS

As a result of analyzing the contents of 97 entries described in the free description of the questionnaire six categories were generated in the end: Stressful experience, Active practice of meditation, The need for self-care, Knowledge of mindfulness, Healing through narrative, Self-awareness through the learning session.

DISCUSSION

Stressful experience about "psychological safety" and "end-of-life care" were narrated. We found that they are receptive to mindfulness, meditation, and self-care, and want to actively incorporate it. The experience of self-awareness was enhanced through the learning sessions. Introducing meditation, mindfulness, and self-care as methods of coping with specific stresses in clinical settings was effective in enhancing self-awareness among medical professionals.■

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POSTER

SUNSET HAEMATOLOGY: IMPROVING THE END-OF-LIFE JOURNEY FOR PATIENTS AND CAREGIVERS, IN PATIENTS WITH HAEMATOLOGIC MALIGNANCIES

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Keywords: Haematologic Malignancies, End-of-life care

BACKGROUND AND AIM

Haematologic Malignancies (HM) are diverse diseases with differing illness trajectories and therapeutic pathways. Unfortunately, HM patients may rapidly and unexpectedly clinically deteriorate, resulting in suboptimal engagement of palliative and end-of-life (EOL) care. Compared to patients with solid tumors, HM patients have many different factors affecting their end-of-life (EOL) journey. Uniquely, a subset of HM patients with bone marrow failure (BMF) can be supported for significant, but highly variable, periods of time with red blood cell transfusions (RBCT), platelet transfusions (PT) and prophylactic antibiotics. Availability of chronic RBCTs and PTs make HM patients with BMF similar to elderly and poor prognosis patients with end stage kidney disease (ESKD). Multidisciplinary Palliative Supportive Care programs have been shown to be effective for these EKSD patients and may serve as supportive care models for EOL journey in HM patients. This project is a pilot study aiming to provide a template for management of EOL for patients with HM with BMF, and their care-givers.

METHODS

Three components are being developed: 1) Survey of patient opinions around treatment decision-making. 2) Analyses of the impact of patient, disease, and treatment factors on the probability of survival from start of PT, to inform patients. 3) Collaborative involvement between Haematology and Palliative Care staff involved in the local ESKD program, to develop a template for earlier EOL pathway planning in HM patients.

CONCLUSION

Progress of work to date will be presented, including preliminary findings and next steps. ■

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POSTER

MINDS UNRAVELLING

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Keywords: Covid19, Narrative medicine

This is a poem about dealing with the traumatic aftermath of covid19. The poem is written on 4 sheets that collectively form the poster. The motifs are pressed flowers and flora with some graphing paper and blurry photographs of flowers. The colour scheme is beige and cream with bright earthy tones for the flowers. The poem is as follows:

Our minds unravel
As we peer through PPE
See the quiet veil
Of another history
That couldn't be.
What do you want from me?

Pulling my cerebellum
Like a cord
Of chordates
Of apes.
A sweater's woven mystery
Of a lover
Very unkind to me.

You speak to me
From useless misery.
You see me
As an infinite legacy.
For other generations
To take that lining
And weave
Its silver specks
Within our identity. ■

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POSTER

CLINICAL VS SOCIAL APPROACHES TO PEDIATRIC PATIENT CARE: THE BENEFITS AND RESISTANCE OF THERAPEUTIC RECREATION

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Keywords: Pediatric patient care, Therapeutic recreation

This presentation outlines the work I did as a Service Aid at the Montreal Children's Hospital (MCH) from January 2022 to May 2022. I discuss the benefits and setbacks of the work I did with adolescent patients in the MCH psychiatry ward as the "art and play lady". I also discuss the staff resistance I experienced in this role of offering therapeutic recreation with an embedded social (as opposed to more traditionally clinical) approach.

As a teacher with an MA in art education, I also talk about how I was not treated as a professional by a number of the staff who told me I was "just a teacher". This is not formal research but is instead an anecdotal and narrative account of my experiences in a role with a less traditional, socially based, patient-centered approach to patient care. The presentation also offers interesting examples of patient artwork that resulted from this experience.

Overall, my story points toward the need for greater shifts in the hospital culture to make it more feasible for therapeutic recreation to be available to patients. My story also suggests that more funding and education are needed to make social approaches to patient care more accepted by hospital systems. ■

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POSTER

‘THE VIEW FROM HERE’ – ANXIETY AND DEFENCES AGAINST ANXIETY IN THE PROVISION OF MATERNITY CARE TO ONE MOTHER AND BABY

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Being emotionally open in a maternity setting is a necessary part of the job of the midwife and consultant doctor. In fact, it is recognised as a key aspect of relationship-based work. However, it can be complex and uncertain, particularly in the face of a mother and baby who are separated through death at birth or serious illness at birth.

This paper is interested in exploring the necessary conditions for relating and reflecting in maternity settings when babies are born with life threatening illnesses. With particular emphasis on one case example from personal experience, this paper offers wisdom from the margins in the hope that it might contribute positively to thinking and learning about these experiences in frontline hospital settings. It will focus on how the intensity of the work with one mother and baby and the strength of emotion associated with that work disrupted the nurses’ capacity to think.

Drawing on the classic work of Isabel Menzies Lyth (1968) and later Sebastian Kraemer (2015), the paper will consider the types of anxiety and defences present in the encounter and in the ongoing treatment of this mother and baby. The paper will explore how treatment and care was received by the mother and what might have enhanced that provision of care. ■