

Experiencing Renewal as Palliative Care Clinicians through Teaching Reflective Practice: Learning from Our Learners

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Abstract: A rotation in Palliative Medicine presents an opportunity for learners to confront and express their, often powerful, emotions when witnessing the suffering of others. In an effort to promote reflection and self-awareness for our learners during a month-long rotation in Palliative Medicine, we developed a reflective practice module incorporating reflective writing as a key element. An unexpected outcome of this endeavor was how we, the teachers, were positively impacted by our learners' writings. We explore research in palliative care and psychology to frame how sharing stories may benefit the listener. We consider how reading and responding to the reflective writings of palliative medicine learners promotes renewal and encourages ongoing professional identity formation in palliative care educators. Excerpts of learners' writings are shared as we discuss their impact on us as educators, and the potential for such narratives to promote renewal in palliative care work.

Key words: palliative care, self-care, medical education

Case

Mr. K, a 78 year-old man with end-stage lung cancer, presents to the emergency room with new abdominal pain, distention and hematemesis. He has been living at home with his elderly wife, supported by home palliative care services. Mr. K has been preparing his family for his eventual death, with the expectation that he has months to live. Workup in the emergency room reveals a perforated duodenal ulcer. Mr. K has been seen by the surgical team, who informed the patient and his family that they would not offer surgery, and his prognosis is estimated to be hours to days. A palliative care consult is requested.

The medical resident on her palliative care rotation arrives in the emergency room to start the consultation. As the patient is now minimally responsive, the resident directs the conversation to the patient's wife. The patient lies on the hospital gurney, moaning slightly and appears in distress. The wife stands next to the patient, holding his hand and crying quietly. The patient's daughter becomes distraught and pulls the resident from the room. The daughter starts to cry as she says, "Listen, why is it necessary to ask all these questions? We know he is dying. We just thought we had more time. Can't you do something to help? I can't stand hearing him moan like this."

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1. Introduction

As consultants on a palliative care service at a large university affiliated hospital, we encounter situations like this one frequently. We had been discussing for some time how we might help learners in their experience of being in the presence of suffering. This particular scenario, however, provided the stimulus for us to consider how we might formalize a curriculum.

In an effort to promote reflection and self-awareness for medical learners during a month-long rotation in palliative medicine, we developed a reflective practice module for our learners incorporating reflective writing as a key element. This is the account of how efforts to inspire our learners to become more reflective and self-aware, deeply influenced our own outlook and attitudes towards our work. We explore how reading and responding to the reflective writings of medical learners might promote renewal and enhanced professional satisfaction in palliative care educators.

2. Background

Caring for the seriously ill and dying involves easing the suffering of patients and family; it is also about addressing suffering in professional caregivers (Halifax J., 2011). Learning to actively engage with those who are suffering is possible through the development of self-awareness. This requires recognizing one's own response to suffering (Back A. L., Rushton C. H., Kaszniak A. W., & Halifax J. S., 2015) having a clear understanding of one's role and limitations, and having the capacity to find meaning in difficult situations (Hegarty M. M., Breaden K. M., Swetenham C. M., & Grbich C., 2010).

Self-awareness has been identified as an important element in palliative care work as it has the potential to influence self-care and to improve patient care (Back A. L., Rushton C. H., Kaszniak A. W., & Halifax J. S., 2015; Meier D. E., Back A. L., & Morrison R. S., 2001; Sanchez-Reilly S., Morrison L. J., & Carey E. et al., 2013). Through reflection, practitioners develop self-awareness, as they acknowledge and interpret their responses to patient situations, and make sense of their own life experience (Meier D. E., Back A. L., & Morrison R. S., 2001).

Reflective writing has become a common method of enhancing reflection and self-awareness in medical schools and hospitals (Kearney M. K., Weininger R. B., & Vachon M. L. S. et al., 2009; Charon R., 2001; Braun U. K., Gill A. C., Teal C. R., & Morrison L. J., 2013). It is rooted in personal experience, allowing the writer to review and make sense of experiences to attain deeper meaning and understanding (Clandin J., Cave M. T., & Cave A., 2011). Through writing learners have the opportunity to challenge their thinking, as well as to express and process emotions (Braun U. K., Gill A. C., Teal C. R., & Morrison L. J., 2013).

Narrative writing also provides an educational platform for learners to attend to professional identity formation (Clandin J., Cave M. T., & Cave A., 2011). When learners write about stressful situations and ethical dilemmas, coherent stories begin to emerge from chaotic emotions (Shapiro J., 2012). A rotation in Palliative Care presents a potent opportunity for learners to confront and express their (often powerful) emotions when witnessing the suffering of others.

The majority of learners who begin our rotation express concern that the life of the palliative care provider is one filled with sadness. However, experienced palliative care providers often express satisfaction with their work, despite the challenges inherent in working with dying patients (Graham J., Ramirez A. J., Cull A., Finlay I., Hoy A., & Richards M. A., 1996). Establishing meaningful relationships with patients and fostering an enhanced sense

of self-awareness contribute to a sense of energy and involvement described as job engagement by Kearney et al. (2009). This sense of energy and involvement, in turn, helps promote a positive teaching and clinical environment.

3. The Reflective Practice Teaching Module

Each month we introduce Reflective Practice in the first few days of the Palliative Care Rotation. Our intention in developing this module was to enhance self-awareness in our learners. We hoped to stimulate their growth as practitioners and encouraged them to focus on relating to patients and families experiencing suffering in a humanistic manner. Selected pre-readings are intended to introduce learners to the concept of reflection from diverse perspectives. During the discussion portion, we address the concept of reflective writing and how we expect this practice may enhance the experience of the learners during the palliative care rotation. In their weekly writings, learners are encouraged to express their honest thoughts and emotions, and to consider their roles as they encounter suffering in the patients and families they are caring for. The facilitators provide written feedback to the learners validating their experiences and encouraging deeper reflection. By avoiding formal evaluation and grading of the writings, facilitators aim to foster reciprocal relationships with the learners in their clinical reflections. The relational aspect of the teaching experience encourages the teacher to step out of a strictly evaluator role and opens the door to the teacher sitting in the narrative more intentionally.

4. The Power of Story

The sharing of healthcare professionals' narratives is a potentially powerful teaching tool in palliative care. Reading the stories of others expands our understanding of the complexity that exists in relationships among patients, family and staff (Whittenberg-Lyles E. M., Greene K., & Sanchez-Reilly S., 2007). Through expressions of joy, sadness, anger and grief the storyteller can make sense of a situation and restore coherence. Sharing these narratives has the potential to impact both the writer and the readers. It is in the telling and the hearing of stories that we experience comfort and connection to each other and the reassurance that we are not alone (Divinsky M., 2007).

Often, the various people involved in a story each experience the story according to their own perspectives and interpretations. Any situation can have unexpected meaning. When health professionals listen to their patients with empathy and compassion, they participate in the creation of a new script (Mount B. M., Boston P. H., & Cohen S. R., 2007). We wonder if a similar process was replicated when we listened attentively and responded to the emotional experiences of our learners.

The following narrative by one of our first year residents in family medicine illustrates this possibility:

"I feel particularly attached to my one patient and her family. She's 51, has metastatic colon cancer with new biliary obstruction. She's dying, and not in a particularly nice way: liver failure. Her sister has been at her bedside every minute, except this one. I'm called in by her friends because my patient, S, wants to stand up. She's confused with only brief moments of clarity and is often wanting, and needing, to stand in between long bouts of sleep. I stand at her bedside with my hand on her shoulder as her friends look on as I try to encourage S to stay in bed until we can get her some help to stand. After a minute, her sister, J, comes back into the room and we trade places. I look on as J puts her arms under her sister's arms and skillfully scoops her up into a strong hug, all the while pulling her to a standing position. They stand there holding each other. J has tears rolling down her cheeks and S holds on to her sister with all of whatever coordinated strength she can. The room is quiet as her friends cry silently and J whispers soothing words to S. I fight back tears and know that I

will remember this moment for a really long time.”

We noted this excerpt to embody humanism and compassion, through open and honest expression of emotion. While the resident initially communicated feeling unsure about her presence during the encounter, sharing our observation encouraged her to see her participation in the story in a new way.

Self-reflection helps sustain humanism and humanistic attitudes among attending physicians; it is an important contributor to finding meaning in work, resulting in job satisfaction (Chou C. M., Kellom K., & Shea J. A., 2014). Sustaining a humanistic approach to patient care is essential when teachers act as role models for learners. In considering this, we asked ourselves, what role might our learners play in fostering humanism in their teachers? How has exposure to their growth and courage expressed in reflective writings promoted our own energy renewal as opposed to energy expenditure?

Consider this example, written by a first-year family medicine resident, on finding himself in the midst of overwhelming grief:

“As I approached the patient’s room, shielded by the curtains, I heard the soft cries of multiple individuals. I entered the room and introduced myself. The patient was yellow and cachectic, lying asleep with his mouth open. I felt torn at that moment: do I address the patient first, who seemed more or less comfortable, or his wife and 2 daughters who were all in despair? As I noticed emotions washing over me due to the family’s tears, I decided to converse with the family first in a private room.

When we got to the room, their cries became louder. And we sat for 5 minutes and I did not discuss the patient until I felt that the family had fully expressed their grief. Those 5 minutes were heart wrenching: I have had multiple losses in my immediate family, so watching their grief so close-up and raw made some familiar emotions that I had dealt with many years ago bubble up to the surface. I had to swallow my saliva many times and let my stomach’s queasiness churn and then wait for it to relax.

That 1 hour consult had me deep in the patient’s and family’s grief — it was very tough but I kept my composure and just continued to reiterate our primary goal of keeping the patient comfortable. Though the patient and family appreciated that, I almost felt like I was reiterating for myself because it helped me keep my composure as the medical professional. ”

Contemplating clinical narratives from multiple vantage points provides unique benefits, as unpacking the stories enhances the learning for both the resident sharing the story and his/her peers (Clandin J., Cave M. T., & Cave A., 2011). In truly receiving and responding to this piece, we placed ourselves in the role of patient, family member and medical learner when constructing feedback. We allowed ourselves to imagine sitting in the resident’s place in the room, sensing the heavy emotions. This encouraged us to contemplate our own vulnerabilities with patients, and how at times we may feel unsettled in our clinical experiences.

5. Discussion

Experiencing positive outcomes from participating in writing exercises is not a new phenomenon, however most of the prior literature focuses on the benefits to the writer. James W. Pennebaker, a professor of psychology, first published findings on the health benefits of writing over 25 years ago. In their studies, Pennebaker and his associates documented that those students who wrote, linking their emotions to events, experienced improved health outcomes. This occurred even in those students recounting significant traumatic events. Pennebaker concluded that to improve one’s spirits long term, one must endure difficult feelings initially (Pennebaker J. W., 1997).

Over months of reading and responding to the reflective writings of our learners, we began to notice a sense of enhanced engagement and satisfaction in our own clinical work. The collective struggles our learners shared through their writings ultimately provided a means for us to reconnect with our own values and ideals which over time had gone unrecognized. Following the example of our learners, we began to acknowledge and reflect more fully on our own uncertainties and vulnerabilities. Our heightened sense of self-awareness was apparent when, instead of brushing our emotions and struggles aside, we spoke of them aloud with our learners and colleagues. When sitting with patients and families, we noticed ourselves connecting more intentionally than we had in the past, resulting in a more meaningful clinical experience. These changes in behavior made us wonder if we, as readers, might be experiencing the positive outcomes of linking emotions to events as outlined by Dr. Pennebaker.

In teaching reflective practice, “the duty of the teacher in this model is not to judge and rate but rather to read and tell what is seen” (Pennebaker J. W., 1997). In this experience, we read and told our learners what we were seeing. In the end, we were able to share in these stories. By responding to the writings in a non-evaluative manner, the teachers participated more fully in the attempts to understand the story. This created opportunities for us to contemplate our own experiences and re-evaluate our professional identities. By immersing ourselves in the stories as we wrote responses to the learners, we reflected on our intentions, commitments and values as clinicians.

We developed the reflective practice module with the assumption that we, ourselves, were fulfilled in our clinical work. While we hoped that learners would find the reflective writing process helpful, an unanticipated outcome was how positive and enriching the experience was for us as clinicians and teachers. We were surprised to find ourselves restored within the reciprocal relationship we developed with our learners through their writing. As practitioners and educators, our experience grew from assisting the learners to attempt to understand their experiences, to understanding our own experiences with patients in a deeper, more meaningful way. In seeing patients through the eyes of our learners we were forced to pause and consider our own experiences, reactions and emotions. As witnesses to their struggles, uncertainties and fears we were able to reconnect to our own feelings of vulnerability and helplessness. And as we guided our learners in contemplating their complex clinical cases, we were able to more fully engage and move, ourselves, to a place of hope and renewal.

The purpose of this teaching experience had been to be more intentional in our efforts to guide the medical learners on how to be in the midst of suffering. Therefore we were surprised to find ourselves the receivers of renewal and inspiration as our learners so generously shared their powerful reflections. We wonder, as these honest and emotive writings contributed to an improved sense of wellbeing for us, could they assist others in the same way, providing a beacon of light and protection against complacency? Further exploration might provide some interesting answers.

6. Conclusion: Next Steps

To date, the value of reflective writing has focused mainly on benefits the writer may obtain from the practice. Our experience suggests another point of view, how the educator might be positively impacted. While there is agreement that professional identities are composed over a lifetime, there is little attention in the literature on strategies for identity formation after the professional training period. For the clinician/educator, the idea that the process of reviewing the reflective writings of others might contribute to professional renewal, identity formation and satisfaction in one’s work is very interesting.

We see this experience as a springboard for future research opportunities. One option might be to explore other palliative care educators' reactions to learners' reflective writings. We have begun to expand our work by sharing this module with another academic center in our city. A grant has been obtained to explore the perspectives of both learners and educators related to the reflective practice module and reflective writing experience. As the future of palliative care presents challenges, we will need to seek out creative ways to renew and restore ourselves in order to continue to do this work.

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