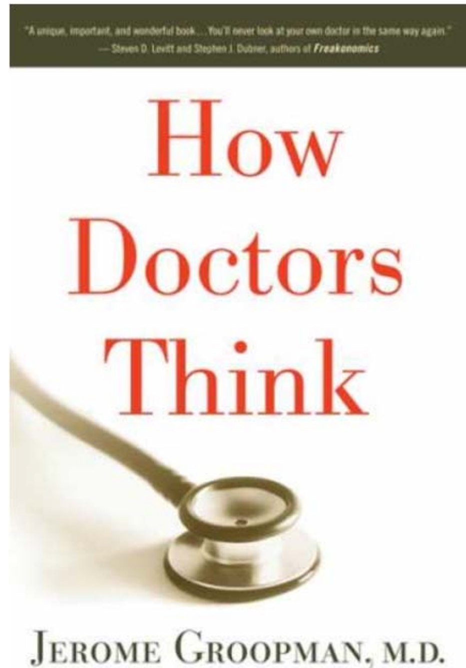
One Book Program

This year as part of the oriention for our entering class of 2014, we had them participate in a "One Book" experience. The purpose was to give them all a common experience within which they could begin to develop their professional identities and behaviors while having the opportunity to meet and spend time with clinical faculty members. This year's book is "How Doctors Think" by Jerome Groopman, M.D.



Faculty participants included:

Dr. Dilip Nair	Department of Family and Community Health
Dr. Aaron Lambert	Department of Family and Community Health
Dr. Chuck McCormick	Department of Family and Community Health
Dr. Steve Petrany	Department of Family and Community Health
Dr. Chuck Clements	Department of Family and Community Health
Dr. John Walden	Department of Family and Community Health-Chair
Dr. Sam Januszkiewicz	Department of Psychiatry and Behavioral Medicine-Chair
Dr. Aaron McGuffin	Department of Pediatrics-Senior Associate Dean
Dr. James Lewis	Department of Pediatrics
Dr. Bobby Miller	Department of Pediatrics

Dr. Todd Gress Department of Internal Medicine

The session began with a panel discussion where faculty members shared their personal experiences of their first year of medical school. They also discussed what they found surprising about the field as well as what continues to make them passionate about what they do.

The students and faculty then broke into small discussion groups and used “How Doctor’s Think” as a catalyst to discuss the field of medicine, patient communication and care and many other facets of the profession.

Students and faculty alike found the experience to be both enjoyable and thought provoking. The opportunity to spend time discussing the profession of medicine and the journey to becoming a physician with attending physicians was energizing and a wonderful way to begin their four years of undergraduate medical education.

This program will be presented as part of the Professional Development Conference for Student Affairs and Careers in Medicine in Miami, Florida in June 2011.

Discussion Questions
"How Doctors Think"

1. Groopman writes, "Language equals the bedrock of clinical practice." What does he mean by this? How do you think this translates into your interactions with patients?

2. Receiving formative feedback is often a new experience for medical students and it can be difficult to handle not being immediately successful at a new task. What experiences have you had with this type of feedback? What makes constructive feedback so difficult to hear?

3. Medicine involves thought in action. How does this contribute to communication problems and errors in thinking?

4. Modulation of inner emotions, being aware of and managing your feelings towards patients, whether positive or negative; is important in providing competent care. What emotions/situations do you anticipate being difficult to manage?

5. Groopman identifies several types of common errors in thinking that may impact diagnosis and treatment:

    A. Representativeness error: thinking is guided by a prototype and you fail to consider possibilities that might contradict the prototype.

    B. Attribution error: patient seems to fit a negative stereotype and problems are attributed to that stereotype without consideration of other possibilities.

    C. Affective error: prefer to consider what we hope will happen rather than less appealing alternatives.

    D. Availability error: tendency to judge the likelihood of an event by the ease with which relevant examples come to mind.

    E. Confirmation bias: selectively accepting or ignoring evidence to confirm what you expect to be true

    F. Diagnosis momentum: once a particular diagnosis becomes fixed, even with inconsistent/incomplete evidence, this diagnosis is passed on to peers

    Which of these types of errors in thinking do you see yourself as being more likely to commit?

6. Dr. Karen Delgado said "The hardest thing about being a doctor is that you learn best from your mistakes, mistakes made on living people." You will make mistakes. How do you think you will cope with your first major mistake?

7. The questions you choose and how you ask them will shape the patient's answers and guide your thinking. How do we make sure we ask the right questions?

8. Dr. Victoria Rogers McEvoy said "This is one of the great tests of a pediatrician, how to play this balance between raising unnecessary fears and ignoring what may be a serious developmental issues." How does this issue of avoiding reacting too quickly or intensely without under reacting to a situation impact daily practice an all specialties? How do we know when to do something and when to wait?

9. The word "noncompliant" is often used when patients do not appear to be following through with care. This label has a negative connotation and may limit what might otherwise be done to treat the patient. How do we avoid using negative labels when patients are not doing what we would like them to do? Is it always noncompliance?

10. Physicians need to know what they know and know what they don't know in order to provide appropriate care and to make necessary referrals. How do you develop this self-knowledge?

11. One patient described their doctor as having "…one eye on the clock and one eye on the computer screen…" What impact do you think managed care and electronic health records have had on provision of care, both positive and negative?

12. Groopman talks about not having the "emotional reserve to witness and absorb the suffering of" pediatric patients. This was one experience that helped him to find his "limits" as a doctor. What limits do you feel you might have coming in to medical school? How might those change during the course of your education? Are they changeable?

13. Not all of what we know is determined by clinical trials. This is particularly true of children. How do you know when something is worth trying when you do not have research to back it up? Should we be limited to only what we know empirically? How do we manage uncertainty?

14. How do self awareness, honesty and ego interact in competent physicians?

15. What are the negative and positive impacts on practice when developing relationships with outside influences such as the pharmaceutical industry and the legal profession?

16. Groopman points out that “Where you stand depends on where you sit: your specialty can affect, even determine, your position.” How might this impact treatment in a multi-disciplinary setting?

17. The field of medicine is not static. Improved technology, new treatments and even cultural shifts can impact how we practice. How will you keep up with the field once you get out into practice? What resources are available?

18. Sometimes the only treatment left is no treatment. How do you deal with your own feelings about not being able to do anything more for a patient? Is it really true that there is nothing more you can do? How does our relationship with the patient and their family come into play?

19. Patients have much greater access to information, some is accurate, and some is not. How do you manage and educate your patients in this time of almost instant access to information?