MS2 Reflections:

1.)

1.] I identify best with both the “scientific” and “patient” pieces. I love the science of medicine and believe that understanding it is the path to advancing the field as a whole. However, the core of medicine for me is the patient and being privileged to be there for someone during a vulnerable time in their life and really help. I kind of wish that the “patient” piece was a patient's hand holding the “science” hand to intertwine the two!

2.] Med school’s preclinical curriculum teaches us the science perspective. Med school’s rotations teach us the clinical perspective. However, med school cannot teach us the sculpture of physician holding patient's hands. That is something we must all learn from our own hearts – a deep caring for others about ourselves … and, ironically, the “unteachable” part might just be the most crucial in being not a “good” but a “great” physician.

2.)

1.] Based on the models the one I feel I identify most with is the "alive by death" scientific competency model. After completing the first year, we had gained an understanding of the scientific portions within the medical field and completed a large portion of the science background incorporated into a medical education. This model is particularly resonant with me after spending the summer doing the prosections of cadavers for the incoming first years and going through the science of the body again to solidify my understanding. The hand on a cadaver is the most human to me next to the head and while many people are able to compartmentalize during cadaveric dissections the hand and limbs still are familiar enough to remind you of the person behind the body.

2.] At each stage of medical school, you transition into mastering different levels of competency: first scientific, then clinical, then finally putting everything together for the patient and providing the most empathetic treatment. Each one is crucial in order to create the identity of an ideal doctor. However, you must first master the scientific level before being able to manage the clinical or patient one.

3.)

1.] I believe that I identify with the scientific model because it is what I have spent the most time doing. Being in the anatomy lab for so long almost feels like there is a connection between me and the lab. I feel very comfortable in the anatomy lab, almost as if it is an escape from the rest of schooling. My lack of stress in the room, coupled with the music that helps me learn, allows me to identify with this sculpture. I also think it has to do with the fact I am getting in the subject. I have seemed to succeed early in anatomy, as such, I identify with it more.

2.] Luckily I identify with all of the models because the training emphasizes each competency well. I believe that the exposure of each of these competencies is how we will develop the identity. If one competency is emphasized over another, students (and myself) will tend to float towards that as an “identity.” However, I personally believe by exposing myself to all of the competencies, I will be able to round out my identity from each experience. Essentially creating a culmination of training to form my own identity.

4.)

1.] I feel I identifying most with the patient and clinical models, however the name “listening touch” is most moving for me so I will choose that one. At this stage in our training, even though it is mostly filled with the science foundation of medicine UF COM has done an excellent job incorporating the clinical aspect as well. Placing the stethoscope on the patient is often the first transition from history taking to physical. Patients come to the doctor and expect to receive this listening touch. Through my shadowing and preceptorships, I have noticed that no matter the specialty, the listening touch is always used. For me, I feel that this is the point where I transition from the patient's story to the body's story and can begin to integrate my care for people and my knowledge in science and medicine.

2.] These models do a fantastic job breaking up three key aspects of medical education. I feel very fortunate to be able to say that I believe UF COM does a great job piecing these three aspects together in their new training curriculum. Not having enough emphasis in either of these pieces could hinder development as a physician. A physician with fantastic scientific training but no patient bedside manner will have very few opportunities to grace patients with her knowledge. I think also that adequately including all of these competencies is important to allow students to choose their specialties.

5.)

1.] At this stage in my training, I identify best with the “building blocks” model. To me, this model represents what I am most comfortable with – expressing my care and concern through patient interaction and touch. One of the first things we were required to do in our training was to introduce ourselves to a standardized patient and take a history. Embracing the hand of another human being says, "I am non-threatening and I am here to help." This is something I do with every patient as I introduce myself. This sculpture captures this and brace wonderfully.

2.] The science sculpture represents the scientific knowledge I am learning that will make me a competent doctor. It represents the raw acquisition of knowledge that takes many hours of study. The "listening touch" sculpture represents the clinical sciences and how they will develop my identity as a doctor who knows what signs to look for when making a diagnosis. The "building blocks" sculpture expresses how through many interactions in clinical encounters, I will become more and more comfortable with physically taking care of patients. But it also expresses how with each encounter along the way, I have the opportunity to leave a lasting impression in someone's life.

6.)

1.] I feel that I best identify with "alive by death "and "listening touch. " "Alive by death” speaks to me because of the realization that we are alive and death is the separation that proves that we are alive. Instead of the morbidity of death, I feel less fear of patients’ mortality and my own and more of a respect for the stages of life and death. Dealing with mortality is inherent to our field, and I feel the gravity of our responsibility to acknowledge mortality and respond with empathy and humanity to terminal patients. Also at this stage of my training, "listening touch" speaks to me because of the importance of being competent in clinical medicine and how we are learning to integrate the science beyond the physical exam with focus on the individual as a person

2.] For me, the competencies go far beyond on preparing me to become a competent physician. The experiences I have had thus far in medical school have caused an emotional growth as well. Talking with patients who see me as a future doctor has given me new insight into the spectrum of human emotions; I feel as though I have grown further into putting myself in the patient’s “shoes” and believe that the competencies we are taught have helped me to better understand patients’ perspectives.

7.)

1.] I identify best with "listening to touch". This mostly stems from all the volunteer work I do with Equal Access Clinic. I am always refining and honing in my clinical skills there, listening to tons of heartbeats and lung sounds, working on the wording of questions, and just generally having to remember everything I've learned in HAC. Right now, the important thing for me is to be able to identify disease through its signs and symptoms, so this model really speaks to me the most. Also, I guess out of the three skills, it is the one that I relatively have the most comfort with and mastery of.

2.] As we go through medical school, we gain mastery of these competencies at different rates. The technical, laboratory knowledge comes first with in the first two years. The clinical grows somewhat in the first two years, but really takes off in years three and four. Lastly the patient–centered only really starts growing in the last two years. And I think somewhere towards the end of our training, we realize we have an affinity to one of these competencies over the other. While I entered medical school thinking I'd be drawn to the patient-centered side of medicine, I've come to realize that currently, the clinical side beckons me more. Maybe that's due to the lack of exposure to truly serious cases, or maybe because I've always wanted to be technically proficient at things I do. Maybe it as I go through the next few years I'll be drawn back towards the patient-centered side as I seen more and more patients. I doubt anything, though, would draw me towards the laboratory aspect of things.

8.)

1.] I identify most with the clinical hand holding the stethoscope. I never really enjoyed dissection, even though it was a great privilege, and the handshake still makes me nervous because introductions are hard and a hand shake can mean a promise. Listening to patients and eliciting their history is what is the greatest honor in my opinion, because that embodies trust. I feel like the clinical hand as part of the physical exam represents the connection between the doctor and the patient. I also really like listening to patients with my stethoscope, even though it makes them nervous when I listen in one spot for five minutes.

2.] I had to ask Cathy to explain the handshake representing learning to care for the patient. Maybe the fact that the meaning behind this sculpture was not immediately obvious is indicative of a greater focus on analytical or clinical skills in medicine. I’m not sure that caring about your patient can be taught as such in a traditional sense.

9.)

1.] Looking at the models I most identify with the “listening touch” model. While clinical competency doesn’t necessarily imply interaction with patients I associate the stethoscope with the physical contact physicians make with their patients. I think I identify with it also because it is more representative of what I’m most looking forward to doing after completing all our training.

I associated with clinical hand more than the dissected hand because I feel cadaver dissection is one of the most dehumanizing things we do in training. Also I feel the touching hands represent a certain humanism I like to think we as medical students already possess whereas the stethoscope represents a goal to reach.

2.] I think as we go along with training we tend to identify with one more than the others and the focus on that competency tends to direct our goals for future profession (i.e. specialty).

10.)

1.] The model that I personally identify with the most is "building blocks". In this stage of training the patient value to becoming a competent physician is being personable and communicative. As in being able to forge an intimate bond with your patient. It is interesting that “building blocks” is the only sculpture that features two hands. One with a ironed white coat sleeve, the caregiver, and the other without any indicating sleeve, which perceive to be the anonymous patient. The figure represents the personal touch which is often seen as a value taken for granted may times by numerous health providers. In particular, as a medical student I am still in the infancy of my training with the sea of knowledge in front of me. In this manner I see my most valuable asset in connecting hands with the patient.

2.] Training in different competencies strongly affects the development of my identity. Since many students enter medical school with limited knowledge of medicine the various areas of training will mold the student. I appreciate the underlined the importance of forging a personal bond with the patient, here at UF. By completing exercises in patient communication, such as a graded Harrell Center sessions, I have really seen the impact of giving your patient a personal touch or hug. Even small action such as not interrupting the patient while they’re speaking has molded me into a better future physician, one who listens, cares, and actively reaches out for their patient.

11.)

1.] Building blocks. At this stage in my training, pathophysiology and clinical checklists are still confusing jumble. However, I do feel that with each passing day I am learning the art of quality human interaction. I find that my conversations with others are more open and nonjudgmental and my listening skills have improved. My triumphs during patient encounters are not brilliant diagnosis or impeccably performed exams, but instead moments where the patient realizes that I care for him as an equal.

2.] Medicine is often described as a triad of scientific knowledge, clinical skills, and patient care. However, I think it's impossible for any doctor to focus equally on all three aspects. We received training in all areas, and somewhere along the way we (consciously or subconsciously) choose what interests us most.

12.)

1.] Scientific model 🡪 At this point in my training I am most confident in my study skills and ability to do well under the pressure of an upcoming exam. I feel that this has been my most tested skill set thus far. I do not yet feel comfortable or as competent as a clinician or during patient encounters and I think this can be attributed to the fact that I spend so little time in the settings.

2.] I think that growing more comfortable and spending more time developing these competencies is what makes for a well-rounded physician. I am not sure that this is an “ideal” physician but it is certainly well-rounded.

13.)

1.] In this stage of training I identify most with “building blocks.” Shaking hands is the first interaction most patients and doctors have. It is one of the first things we learn we are supposed to do, but I think it will remain the most powerful “tool” I have as a doctor no matter what other skills I developed. Touch will be the fundamental thread in my practice that is a strong connection and privilege.

2.] Looking at these models, I see areas of core development we must learn that are separate entities. I also see a common thread of the hand representing them all. As a future doctor I know that in my training there will be times that I excel or become too focused on one skill or competency, but looking at these models I hope I will remember there is a common thread of the holistic touch of humanism that brings me back to the big picture.

14.)

1.] At this point in my training, identify most with the scientific competency model – anatomy model. This past year has been full of scientific facts and anatomy that form the basis for the other models. I’ve found myself putting countless hours into learning facts and processes related to the body and diseases. With that said, I don't think I've had the patient experiences to fully connect with the other models. For instance with the model of the patient and physician shaking hands; I still feel inexperienced and new to fully grasp what I can do for that patient during our encounter.

2.] I feel that we are trained in different competencies at different stages of our careers. It starts with the scientific, then the technical, and finally the human/patient aspect of it. During school, they are very segmented with only a little interaction between them. However, towards the end of the schooling I would imagine the competencies begin to blend and work off one another. Finally, I would hope during residency we would hone in on improving competencies that may be lacking. By the end of it all, I would imagine that we wouldn't think about them as distinct competencies, but rather a blend that just make us a competent physician.

15.)

1.] I identify best with the sculpture of the shaking hands. At this time in my career, I've been weighing a lot on what feedback my supervisors give me. Perhaps too much, in the sense that I lose faith in myself if I get a negative comment. This sculpture reminds me how important human connections are to our identities. It also reminds me how important it is to make connections with those that build you up and help you grow in a positive way. Because of my recent experiences, I will remember how valuable my presence will be to my patients and always bring them up instead of holding them down.

2.] I am the type of person that has always been competent with making connections to people. Sometimes it is the real doctor stuff that I struggle with more. I am one who needs thorough education on physical exam and anatomy, because neither comes incredibly easy to me. By getting training in these other aspects, I have become more all-round confident in my competencies and can make even more effortless meaningful connections.

16.)

1.] I identified best with the model representing the patient competency at this point in my training. Where as my scientific and clinical competencies are improving, I currently feel most confident in my interactions with patients. I know that I am capable of gathering a complete history and ascertaining important information needed to help care for the patient. More importantly, I feel comfortable getting to know the patient as a person and establishing a relationship with them.

2.] Medical school training currently emphasizes scientific competency first in the curriculum, followed by clinical and patient competencies in third and fourth year. While these three areas act as separate entities during the initial years of training, I feel that they do influence each other in multiple ways. As such I feel that my training has currently prepared me to become a well-rounded and competent physician. My “hands” have been prepared to take on the responsibility of a healthcare professional, as a scientist, clinician, and human being, by the training I have received thus far.

17.)

1.] I feel like I identified most with the scientific competency at this stage in my training even though that is NOT my focus. I think that's almost how it has to be. I'm in my two preclinical years. I can go to equal access and shadow docs and do as much volunteering as I want but I know that now it is not the time I will feel most connected to either my people/patient interaction skills nor my clinical skills. I think those things will take more time and that's okay with me because they are more valuable, and require more careful cultivation. I've been studying and memorizing and trying to learn hard concepts since high school. That's nothing new or exciting. But learning to connect with and take care of people, that's what really excites me. So in a way I identified best with building relationships and being a clinician more than a “scholar” or a “scientist” at this point, but it depends on how you define identity. Those are what get me truly excited about my future. These first two years happened to be the stage of my training that is most technically aligned with the scientific competency. And that's probably the easiest one for me to handle right now, and learn the others slowly.

2.] The emphasis that the school puts on different components of a medical education can definitely influence the emphasis I put on them in my own mind. Sometimes it's hard to remain true to your core, especially at our tender ages of early – middle 20s, when we are still figuring out who we are and what's important to us and what we want from life. I would also posit that my training as a doctor affects my identity outside of being a doctor, it permeates through all aspects of my life. Most notably around nonmedical people. Only after one year of school. It's like consumed everything. You almost have to live and breathe a program to stay on top of things consistently. But it's worth it.

18.)

1.] I am particularly drawn to the model with the stethoscope. To me it represents the physician using tools to bridge the entirety of scientific knowledge with what is best for the patient. I come from a construction/mechanic background and have always identified myself significantly through the use of tools (and toys, but really they are the same thing). I think I still continue to carry this procedure-based mentality through med school, but the stethoscope reminds me that you have to pay attention and listen to your patients.

2.] At least at this medical school, I feel we have exposure to many different competencies. This allows students to drift towards those aspects that resonate best with them. In theory we can choose which things to spend the most effort on. How those competencies are presented though can force students to choose based on the quality of presentation if they view that as a proxy for the importance of the competency. I think generally this trend pushes students towards research and procedure fields because those are given the most weight.

19.)

1.] Although we have had a bit of clinical training, I still identify best with the patient sculpture competency. This is likely due to my outgoing and people-centered personality.

2.] Given that I am naturally stronger in the patient competency, I would imagine that developing the other competencies will round me out as a future physician.