

The White Coat Ceremony: Welcome to the Medical Profession

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INTRODUCTION

We have written about a number of the transitions, or ‘lurches,’ that most of us in medicine encounter as we move through the various stages of education and training in our profession. Some of our prior musings have addressed the transition into a Surgery Clerkship or a Surgery externship in the third or fourth years of medical school, respectively, as well as transitions into internship, the senior years of a Surgery residency, and a new job after completing Thoracic Surgery training. [Tribble: 2019, 2021, 2018, 2021, 2022]

Thus, it seems only natural to discuss what many would consider to be one of the biggest transitions in all of medicine, which is the lurch of entering medical school. In recent years, this transition is increasingly commemorated in what has become known as a ‘White Coat Ceremony.’ The White Coat Ceremony was originally introduced in 1993 when Columbia University’s College of Physicians and Surgeons joined The Arnold P. Gold Foundation to create the first of the ceremonies. [The Arnold P. Gold Foundation] During these ceremonies a white coat is placed on each medical student’s shoulders and often The Hippocratic Oath, or a facsimile of that oath created, in some schools, by the students themselves, is recited. These ceremonies signify the belief of both the students and of their future mentors that the matriculating students are capable of carrying on the noble traditions of being a physician.

The authors are surgeons who have been deeply committed to the education of medical students throughout their careers and who have been recognized on numerous occasions with teaching awards or presentations, chosen or requested by the medical students at the medical schools with which they have been affiliated over the past four decades. This essay is based on one of those presentations made by one of us (SWE), though both of the authors (SWE & CGT) have been invited to speak at medical school graduations or to give baccalaureate addresses with some regularity throughout their careers. The following essay is an edited version of one of those presentations, which was presented to the class of medical students entering their third year of medical school

in February, 2022, at the Kiran C. Patel College of Allopathic Medicine, Nova Southeastern University, in Fort Lauderdale, Florida. The ceremony had been delayed from the traditional time, which is the start of medical school, by the COVID pandemic.

THE WHITE COAT CEREMONY ADDRESS

(Delivered by SWE in February, 2022, with editing for clarity.) [Ely, 2022, YouTube]

As you all know, this White Coat Ceremony was supposed to have been conducted at the time that you entered medical school, but perhaps it is even more fitting that we are having this ceremony now, on the threshold of your entering the first of your clinical years here, as, after all, the reason you came here was to learn to take care of patients.

Although this ceremony is symbolic of your joining the medical profession, in reality, you joined this profession the day you walked through the doors of this institution, and, as medical educators, we, your faculty mentors, are charged with giving you the scientific and clinical tools to be worthy of receiving the MD degree, eventually. But as you know, there is so much more to becoming a doctor than just completing the formal educational program. The white coat that you will be wearing from now on symbolizes the other critical part of a student’s medical education, an essential part of being a physician. It represents a standard of professionalism and caring.

THE BACKGROUND ON THE WEARING OF WHITE COATS

First, I want to provide a bit of background on the wearing of white coats by physicians. Until the late 1800’s, doctors wore black, similar to members of the clergy, officers of the law, and undertakers. Physicians wore black, since, in those days, seeking the help of a doctor was typically seen as a last resort and, likely, a prelude to death. Physicians in those days were taught to diagnose many illnesses, but they had few treatments for those illnesses. The transition to the more scientific approach of modern medicine occurred in the late 1800’s and was accompanied by important scientific discoveries. In that era, Louis Pasteur, a French chemist, postulated that disease could be caused by microbes. Robert Koch, a physician, discovered the cause of tuberculosis, and Joseph Lister, a surgeon, was one of the first to promote the science of The Germ Theory and to begin to promote an antiseptic approach to Surgery, which revolutionized the practice

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of Surgery and dramatically improved surgical outcomes. These scientific advances ushered in the concepts of sterility and infection control. Physicians began to see themselves as medical scientists and, therefore, began to wear the most recognizable symbol of the scientist, the white laboratory coat.

I received my own first white coat before all of you were born. And yes, my coat was white, not black. I'm not that old! However, there were many days when I did have to act as a clergyman and there were days when I felt like a charlatan, an imposter, and I most certainly had days where I felt like an undertaker. But in many of those difficult moments, I was reminded that my white coat not only represented my commitment to medicine, but it also was a suit of armor of sorts, forged by all of the hard work that I put into my medical education, by the voices and teachings of many mentors, and the lessons learned from my years of medical school and residency training. All these things gave me the necessary tools and the confidence to care for my patients and their families.

When you wear your white coat as you launch into your clinical years of medical school, you may find that patients will refer to you as "Doctor." I urge you to avoid responding by saying: "I am just a medical student," because you can, most certainly, be a valuable contributor to the health and wellbeing of your patients. One of your faculty mentors previously recounted a powerful example of this assertion when he described a hospitalized patient with a fever of unknown origin. That patient's team, including the attending physician, residents, and infectious disease consultants, were having a difficult time diagnosing the cause of the fever, until the medical student on the team took off the patient's socks to examine his feet and discovered that the patient had necrotic and infected toes.

Another example of the value of different views (or of 'having many eyes on the prize') comes from one of our own faculty mentors at The University of Virginia, Dr M.C. Wilhelm, a surgeon who started every case by reminding all of those present that each person at the operating table would have a different view of the operative field and that any observation made or question asked would be valued. We assure you that your residents and attendings will similarly value your contributions and the unique perspectives that you can bring to the care of your patients.

The white coat is symbolic of the privilege that being a physician affords you, which includes the privilege of your being invited into a patient's life and being entrusted with their care. However, as the old saying goes, with privilege comes responsibility, and that responsibility is likely a bit of an unknown to you, at this point in your career trajectory. And that unknown is, undoubtedly, a source of excitement and anticipation on the one hand and anxiety or even fear on the other.

IMPORTANT CONCEPTS FOR ENTERING THE CLINICAL YEARS OF MED SCHOOL

Now, I would like to give you some of my thoughts, developed throughout my own education, training, and practice,

on some important concepts that I hope will be of use to you in the coming years. I'm going to briefly address the following concepts: bias, leadership, burnout, resiliency, and the patient experience.

BIAS

As physicians, we have an obligation to bring bias, social injustice, and discrimination 'into the light.' But you will have to be proactive in challenging and resolving these biases and disparities in health care. There is a world out there, waiting for you to 'be the change,' whether that be within yourselves, your colleagues, or in medicine on a broader scale.

We all have biases. However, we must recognize them and quiet their voices in our heads, be they conscious or subconscious. When you walk into a patient's room for the first time, your mind needs to be a blank slate, and every part of your assessment needs to come from your own eyes and ears and hands.

We had a lot of 'rules' in our surgical training program, and one of them was "Assume Nothing, Trust No One." The explanation of that rule was based on the idea that what you may have heard about a patient in the process of getting a consult, during the morning report, or even what you had read in the medical record, may be inaccurate and can, therefore, create a picture in your mind that may be misleading. So, I urge you to always make your own assessment, while striving to recognize the potential for bias in yourself and others and to use your own voice to neutralize that bias, as much as is feasible.

On a related note, I can't tell you how many times patients, or particularly their family members, would ask me: "What would you do if this was your family member?" It's a fair question, but at its root is often a concern that you may be biased, that you may treat different patients differently. I hope all of you will always be able to answer that question with sincerity and conviction, acknowledging that you actually will treat all of your patients like family. And to not just tell them that, but to let them see that to be true through your actions, how you treat them. Be genuine and honest, be giving of your time, be interested, and be present. And, give not just your time, but give something of yourself to every patient, to make them feel as though they are a part of your family. Simply put: be known to your patient.

LEADERSHIP

A great deal of the dissatisfaction that patients have these days may come from the fact that we have created a shift mentality, punching a timeclock, creating a revolving door in medicine to suit our needs or to suit the business priorities of medicine. And, all too often, the continuity of care can be lost. Patients often don't know who their doctors are. Having seen what it feels like to have been a patient myself, to see a different face every day, knowing that they knew little of my case or of what had transpired in prior days, feeling like they

were just checking a box on their list of too many patients to round on each day. It was very unsettling. And, I had the advantage of being a doctor, of knowing what care I needed! What about the patients who can't advocate for themselves? In the Surgery Clerkship at The University of Virginia, we espoused what we called "the main doctor concept" to our students. We encouraged them to introduce themselves to the patients that they would be personally following as their own, as their dedicated medical student. We found this approach to be popular with our patients and inspiring for our students.

Over the past 60 years, healthcare in America has been increasingly impacted by hospital systems that are corporately owned, some of which are dedicated more to profit and less to service. We have seen a transition from physicians being mostly self-employed in independent practices to a time in which 70% of the U.S. physician workforce is employed by a hospital or corporate entity. There are many social and economic pressures that have prompted the growth of for-profit institutions, and, don't get me wrong, I'm not necessarily advocating against the corporatization of our health system. But we, as physicians, must all advocate for our patients. We physicians are not part of a guild or a trade union. Being a physician is not a job. It is a profession with a moral code and standard. If our patient is treated like a commodity, if doing the right thing for our patient is restricted by corporate guidelines, we as physicians are obligated to speak up for them.

There are many opportunities and needs to address, problems that we all face in medicine, whether as providers or as patients, including health disparities of all kinds, the lack of access to appropriate care, and promoting the delivery of appropriate and compassionate care, just to name a few of the crucial issues. Very soon, as you continue to move through the trajectory of your medical training, your roles will shift from mentee to mentor, from learner to teacher, from trainee to practitioner. You will find yourself not just with opportunities for leadership, but in situations where your leadership will be essential. It takes courage to step up and tackle these issues, but the ball will soon be in your court and step up you must.

BURNOUT & RESILIENCY

Many people think that the definition of burnout is exhaustion. However, The World Health Organization defines burnout as chronic stress that goes unmanaged. Burnout is, indeed, a problem, but it is an overused term. There is a difference between burnout and the exhaustion that is the result of working hard. There are so many descriptive, and useful, ways to express the stressors that we as physicians commonly experience. Ask yourself, are you hungry, anxious, tired, challenged, overwhelmed, stressed and in need of a break? Being aware of how you feel, putting appropriate words to it, and knowing the resources available to you, can give you the tools you need to address and manage these issues to avoid burnout. The overuse of the word 'burnout' can create a state of mind, and then the use of the word itself can, and often will,

become a self-fulfilling prophecy. So how can we maintain our wellbeing in the face of chronic stress? How can one develop resilience?

Well, you could take the fatalistic viewpoint, often promoted in current pop culture by artists like Kelly Clarkson, that what doesn't kill you makes you stronger.... (Although it was actually the philosopher Friedrich Nietzsche who is credited with originally making that assertion.)

I would suggest that you think of resilience as being defined as the capacity to recover from difficult life events, to withstand adversity. It does NOT mean that someone who is resilient does not experience stress, emotion or suffering. Rather, resilience is the trait, or skill, that is characterized by the ability to reflect, analyze, and learn from a situation in order to grow from it. And, when it comes to resilience, there is some low hanging fruit. [Tribble, 2016a] The following are strategies that you have undoubtedly heard of and considered but they are things that are essential for your success and happiness, including:

- Eating a healthy diet
- Resting appropriately
- Getting at least some exercise on a regular basis
- Learning to compartmentalize issues in your work and in your lives
- Practicing mindfulness

Let's take a step back and acknowledge that, first of all, you are all resilient. Take a moment and appreciate all you have accomplished. You have already been down a tough road just to be here in this medical school, though I will acknowledge that the road will get even tougher in years to come.

Some, if not most, of you have yet to experience the hard work that is associated with the practice of medicine. It is truly hard work. And yes, it will be tiring and, at times, stressful, because there is so much on the line when caring for sick people. But handling the workload ahead of you as physicians is something that you can, and will, continue to adapt to. The musicians and collegiate, olympic, and professional athletes that we watch and admire don't just show up and perform at an elite level. That kind of performance takes preparation, practice, and the development of skills and conditioning over time. You already have had to step up your game to get to this point of your medical education, and, as you enter the clinical world, you will continue to develop your knowledge, as well as your strength, endurance, and resilience.

But, when you do find yourself in those moments of physical, mental, emotional exhaustion, you need to recall: all of the patients you have helped, where you are at that point, what you have accomplished. One of our graduates, Dr. Ali Awan, previously reflected that "tomorrow will be another day, another day in which you will have the opportunity to work hard." Recognizing that opportunity will help to make you stronger and more resilient. This advice is somewhat in the category of distinguishing between 'have to' and 'get to,' a distinction that may sound subtle but is an important one.

In my mind, there are 2 types of resilience: physical and mental.

PHYSICAL RESILIENCE

Most medical students worry about whether they can cope with the physical demands of being a third or fourth year student and then becoming a resident trainee. You have been living a life where you have been largely in control of when you eat, when you sleep, and how you plan your free-time. Soon you will be transitioning to a life where that level of control is lost, and then it becomes a matter of IF you eat and IF you sleep. You will, however, gain the resilience necessary for this new and demanding lifestyle. You should be confident that you will, indeed, be able to adapt to this new reality. Know that you are entering a realm which will, with some regularity, take you completely out of your comfort zone, but that it will all be okay. Therefore, you must learn to:

- Sleep when you can. When I had just a moment to myself, I found a quiet place where I could just shut off and get to a ‘meditation zone’ where I could check out, even for just a minute. I can’t tell you how much that skill helped me. Know that you’re not going to die from sleep deprivation. You may be miserable but you’re not going to die.
- Eat, and eat healthy, when you can. Never have food further away than the pocket of your white coat. (Roasted almonds in a small pack makes a nearly perfect snack when you’re ‘on the go.’)
- Take care of yourself, your family and your loved ones as best you can. Make sure that the time you are able to spend with friends and family is quality time.

MENTAL RESILIENCE

You are mentally resilient. You wouldn’t be here if you weren’t. Here are some suggestions for how you can think in a more granular way about mental resilience:

- One thing I commonly told myself when things got tough was that things could always be worse. “They can always hurt you more” was another of our ‘Surgery Rules.’ In retrospect, as odd as that might sound, it helped me to maintain perspective, build confidence, and increase my resilience.
- Don’t isolate yourself. You will continue to experience the amazing camaraderie of your classmates, and, soon enough, your co-residents and co-workers. They get what you are going through because they are going through it as well. The support and friendship experienced through these relationships will follow you throughout your life and are vital to developing and maintaining your resilience.
- Although we would like to believe otherwise, all things are not within your control. As an old adage goes, you must accept the things you can’t change, have the courage to change the things you can, and the wisdom to know the difference. In other words, you must choose your battles, wisely.
- Make the most of your failures (and you will have them). It is called medical practice for a reason, and

you will be on a learning continuum throughout your career. Learn all you can from your failures and ‘fail forward,’ a term coined by bestselling author John C. Maxwell, who writes about turning mistakes into successes. [Maxwell, 2000]

Good decisions come from experience, and experience comes from bad decisions. — Mark Twain

- There are a lot of doctors in this room today. I would be willing to venture that all of them have made bad decisions. I know that I have. And if we asked them, I’m sure that they could easily recall them, because of how much they learned from them. Find a way to turn your current failures into your future successes.
- It can help to compartmentalize your failures, your bad moments.

You will find yourself so busy at times that you cannot afford the luxury of time to melt down, to process and deal with adverse events in the moment. When you find yourself in these moments, it is important that you learn to focus and move on, but at the same time, promising yourself that you will make time to reflect and take something useful and positive from the experience.

- And, in the same vein, you have to realize that you can’t save everyone. But you will never lose sleep when you know that you did everything you possibly could to help your patient and that you had done everything you could to learn from the experience. Everything. As the saying goes, “leave no stone unturned”. [Tribble, 2016b]

BE MINDFUL

You all have heard of the power of positive thinking.... Well it’s REAL. Here are some useful mindfulness strategies:

- Don’t get caught up in your negative thoughts or the negative thoughts of others.
- The way you think and speak, are essential elements in how you work and learn. To quote an old adage, “You should strive to use the language of commitment, while avoiding the language of complaint.” [Tribble, 2014]
- So be mindful of your thoughts and be willing to relook at the way you think and talk about things. Above all, maintain, and convey, a positive attitude.
- Take time to appreciate where you are each day, what you have become, what you are here to do.
- While you may sometimes feel like you’re being pushed beyond your limits, you are capable of far more than you have ever imagined.

THE PATIENT EXPERIENCE

One of the central qualities of the clinician is interest in humanity, for the secret of the care of the patient is in caring for the patient.

— Francis Peabody, MD, Professor of Medicine, Harvard School of Medicine

And, finally, a word or two about how patients experience their care.

At this point in your lives, I'm sure you have heard the expression "It's not all about you." Your lives, up until now, have been, and rightfully so, focused on you, to bring you, by your choice, to this moment in time. You are now poised to make a monumental change in how you live your lives. Your focus will need to shift from your own self-interest, to the interest of others, and with that transition will come both the responsibility and the privilege of taking care of patients. Understanding that privilege is a powerful ingredient in building your resilience. And, as Dr. Peabody memorably said, caring for patients will provide you with the energy and resilience needed to provide that care.

We spent a combined nearly six decades at the University of Virginia. Many days we would pass through the East Gate of The University Grounds, which was a large arched brick gateway directly in front of the entrance to the medical school complex. Above this arch there is an engraving from the early 1900's that reads: "Enter by this gateway and seek the way of honor, the light of truth, and the will to work for men." That quote has been inspiring to us over the years, as it has reminded us of the honor and privilege of caring for patients.

WORK – LIFE BALANCE

Choose a job you love and you'll never have to work a day in your life. — Confucius

In our careers, there has been one tenet that we have tried to impress upon our protégés and that is to put our patients first. We believe that people who say that we should focus primarily on our own work-life balance are wrong or at least misguided. Rather, it is all about finding what you are passionate about and when you find what you are passionate about and when you pursue that passion, your life will be in balance. We have found that passion not only through caring for our families and friends and by being connected to and caring about our teams, but especially by caring for and being connected to our patients and their families. Making a difference in their lives has provided us with purpose and energy, which, in turn, has contributed to our own well-being.

BENEDICTION

You have chosen not a job but a profession. We look forward to your leadership, your innovation, your mentorship of others, your contributions to the science of medicine, the support you will provide to all members of your community and, most importantly, we hope, to your making caring for patients not your job but your passion. We welcome you to the ranks of clinical medicine, while celebrating and congratulating you for the determination, perseverance, and hard

work that it took for each of you to reach this milestone in your careers.

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ABOUT THE AUTHORS

The authors have known each other and worked together for many years, including overlapping for more than a decade at the University of Virginia in the Departments of Physiology and Surgery, where they both trained in Physiology, General Surgery, and Thoracic and Cardiovascular Surgery. Throughout those years they were committed not only to their own education and training but also to the education and training of their students, residents, and colleagues. After

years of practicing Thoracic and Cardiovascular Surgery in Asheville, North Carolina, Dr. Ely relocated to South Florida, where he is a Professor in the Department of Medical Education at The NOVA Southeastern University Dr. Kiran Patel College of Allopathic Medicine. His commitment to the education of his students there led to his invitation to speak at their White Coat Ceremony in 2022. Dr. Tribble is a David A. Harrison Distinguished Educator at The University of Virginia, where he remains committed to the education and training of medical students and surgical residents.