

Zen and the Art of Thriving in the Clerkship Year of Medical School

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INTRODUCTION: WHAT GOT YOU HERE WON'T GET YOU THERE

You, as third year medical students, are all among the best learners on the planet. You had to be to get into this, or any other, medical school. Your academic prowess has been put to good use both prior to and in the first couple of years of med school. However, you are getting ready to start into the rest of your careers, when many, if not most, of those finely tuned academic and personal skills will not be as applicable to learning and working as clinical trainees nor, eventually, medical practitioners, as those skills have been in most of your prior educational experiences. Candidly, when I was making this same transition myself, over four decades ago, it took me a while, probably quite a while, to really come to grips with this transition. Between those days and now, I have spent quite a lot of time immersed in medical education, at every level from younger medical students to chief residents training in thoracic and cardiovascular surgery. At each level of your education and training, you will have to sort out the best educational strategies for yourself.

I do want to emphasize that figuring out how to maintain your own well-being as a busy clinician must be a top priority. If you cannot maintain your own health, you can neither be a really good doctor nor can you be a good role model to your friends, family, and patients. There is a lot that could (and should) be said about optimal performance and about 'health maintenance' as a third year medical student. While time and space will not allow an 'unabridged version' of my thoughts on these issues, I will provide some suggestions, which I will call 'hacks,' a term with which you are all likely familiar and which has the connotation of being a clever or simplified way to approach problems that can seem daunting. I will present these 'hacks' in a relatively arbitrary order, mainly because they are all intertwined and overlapping. Each of these suggestions are things that I myself have found to be quite useful in learning to care for patients while maintaining my own mental, emotional, and physical health.

THE PURPOSES AND OBJECTIVES OF THE CLERKSHIP YEAR OF MEDICAL SCHOOL

When offering advice and suggestions to students and trainees about a particular segment of education in medicine, it seems appropriate to stipulate at least some of the objectives of that part of their education. I believe that the following objectives are worthy of the consideration of those entering this particular segment of their education. The clerkships are (or should be) designed to:

- Convey the knowledge, techniques, and wisdom that every primary care physician needs to know about each aspect of medical practice.
- Provide examples and context for each student to develop their own 'practice style,' one that aligns with their own philosophy and aptitude.
- Help medical students find the discipline that will be the best 'career fit' for each one of them.

It is worth acknowledging that the suggestions ('hacks') offered here can, and should, be applicable to all clerkship rotations.

HACK #1: ENERGY MAINTENANCE

While there are many things that can put a strain on maintaining your energy and spirit as a busy clinician, at any level from med school to the end of a career, there are ways to bolster one's energy levels. One simple trick in this realm that I learned early in my career was to try to 'supervise the sunrise.' When we were rounding in the morning, we would try to time our rounds so that we could see the sunrise from the hospital whenever possible. Here are some pictures of the sun rising over Monticello, visible from our University Hospital on many days:



While some may say that they don't have time for such things, the truth is that 'supervising the sunrise' will actually add very little time to morning rounds but will always be a great way to start the day. One of the things that we all know is that the sun will rise in a slightly different place each day of the year. And, it is always neat to observe, when the winter solstice occurs, that the sun will start its annual trajectory back across the horizon from its winter 'turn around.' As we know, even our ancient forebears celebrated this observation.

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And, on 'the people front' I have always kept a mental list of the nice, upbeat people who worked throughout the hospital. If I am having a bad day or I'm just 'down' about something, I will change my routes around the hospital to see people who are always upbeat and who I can depend on to share a smile with me.



Two people who I could always count on for a smile.....

HACK #2: THE MAIN DOCTOR CONCEPT

On most services, you, as a third year medical student, will be assigned at least a patient or two. On my services we tell the students that they should introduce themselves to their patients by saying that they will be one of the people on the team who will check in on them every day and that they will try to be of help to the patient by answering questions (as best they can) or getting things (like a drink of water or a warm wash cloth) for them. I once walked into the room of one of my patients and found that a name was written on a piece of paper taped to the wall beside the patient's bed where it was plainly visible. I recognized the name as being that of one of the students on our service at the time. I asked my patient how he happened to have that piece of paper taped to his wall, and he said "a very nice young man, who said he was your student, came by and introduced himself to me. He told me that if I needed anything, like another blanket or something to drink, to ask the nurses to call or text him and that he'd come by as soon as he could to get one of those things for me." My patient just loved the attention that 'his student' was paying to him.

A medical student can also provide a kind ear to patients and families, which can be helpful to both the patient and the care team. One can take a page out of the FBI's guidelines for hostage negotiations..... "We all think we're good listeners," writes Gary Noesner, who is as even-keeled as you'd expect an FBI crisis negotiator to be. "But active listening acknowledges both the points that the other person is making and how they feel about it. It doesn't mean you agree with them or disagree with them. It merely says, 'I hear you.'" A medical student can always say to a patient or a patient's family "I don't know, but I'll find out." The similarities between hostage negotiators and those of us who need to be good at listening to our patients and their families should be apparent.

HACK # 3: THE PROBLEM ORIENTED RECORD

There are several approaches to creating and maintaining patient records, and they include:

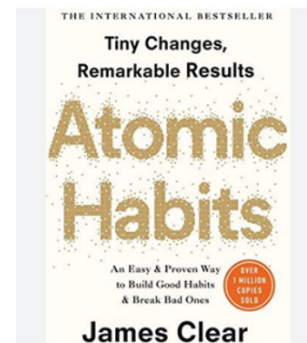
- A narrative or outline approach
- An organ system based approach
- Or, the problem oriented record

Early in my own career, I stumbled upon the work that Dr. Lawrence Weed, a Professor of Medicine at The University of Vermont,

was doing with the development of the problem oriented record. Dr. Weed proposed that, for any given patient, a sort of mini-history (and physical) should be documented for each problem a patient was deemed to have. This approach contrasted with the traditional history and physical (H&P) that might be created at the time of initially meeting a patient, either in the hospital or in a clinic, which he felt was more disorganized than was optimal. Weed's approach was to gather as much information as was feasible, sort out what problems the patient had, and to create what was, in essence, a 'mini H&P' for each problem. He felt that those caring for patients could think in a more clear and organized way about those problems. I myself, upon reading Dr. Weed's articles and essays, and those of others who agreed with him, realized that this problem oriented approach was quite superior to the approach to record keeping that I had been taught as a medical student. One way to implement and utilize this system on a busy service is to keep a record of the problems that each patient for whom you and your team is caring on an index card or in a pocket notebook. While there is quite a bit more that could be written about this approach, the basics described above can help you get started, in an organized way, with caring for the patients on your services or in your clinics.

HACK # 4: FITNESS MAINTENANCE

We must all figure out ways, even during the busiest of times, to maintain our own physical fitness. The habits one develops in these formative years of medical school will likely be ones that you can and will utilize throughout your careers and even throughout your lives. In his book entitled *Atomic Habits: Tiny Changes, Remarkable Results*, James Clear emphasizes how small tweaks or habits can pay big dividends, over the long haul of a career, in medicine, in the case of medical trainees and practitioners.



As an interesting article in *Outside Magazine* from some years ago, entitled 'The Endurance Predator,' stated: "We were all runners once." Indeed we were. But, even walking, especially when there are hills around, may be all you need to get your 'fix' of both exercise and nature. I have maintained my own aerobic fitness with basketball, biking, and swimming, each of which I do my best to participate in at least once every week. I was able to maintain some semblance of these activities even in the era of every other night in-house call, with no work hour restrictions, during my seven years of residency training.

I later rounded up a set of dumbbells and a rack to put them on, and I bought a pullup and dip 'station.' I have done 20 pullups and 20 dips on this device every day for decades:



One can purchase this kind of gear at a used sporting goods store for a pittance. It's also worth noting that this gear will take up very little space, if space is at a premium in your 'crib.' And, when you're stuck in the hospital, there are always stairs to walk up (and down, for that matter). I myself try to walk up and down the five flights of stairs that lead to my current office at least two or three times every day.

I have loved playing basketball since I was a little kid, so, wherever I have been, including during my own medical school days, I have figured out a way to play basketball, aiming to play at least one day a week when circumstances permitted. If I ever get a tattoo, it will say "Just One More Game," and I figure it will be based on something like this picture:



However, I must admit that I'm not sure where I'd tell a tattoo artist to put that tattoo! I may just settle for the hat with a version of this picture on it that some of my pals gave me a few years ago!



Here are a couple of pictures of my 'hoops crews' over the years, many of whom had been accomplished athletes in their 'former lives,' prior to entering their medical careers.



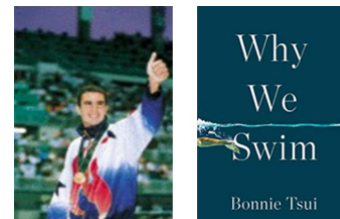
These pictures are from over 30 years ago.



This picture was taken a few months ago, providing evidence that the games are still going on.



However, basic suturing skills do come in handy at these games, at least occasionally! (I am on the left in all three of these pictures.)



I also took up swimming for exercise, about 25 years ago, with the inspiration (and guidance) of Jeff Rouse, a pal who was a three time Olympic Gold Medal winner in the backstroke (pictured above with one of his three Gold Medals). Though I had been around water all my life, I had never swum for exercise prior to getting 'coached up' by Jeff. I now swim pretty much once a week, year round. Among other virtues, swimming is also something that I figure that I should be able to do virtually all of my life.

Also, you can almost always find a way to go for a bike ride, a run, or a walk, in the woods (Each of these pictures include two my three sons).

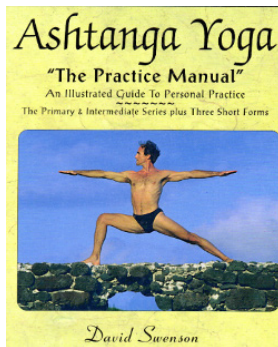


Biking near Boonesville in VA



Hiking on Dudley Mountain in VA

And, it's always fun to do things like this with friends or family, when you can talk them into going on a ride or a hike with you!



I have one other fitness suggestion, which is to consider taking up yoga. My wife and I got 'pulled into' this activity when some of our friends, who had become yoga instructors, insisted that we take a few lessons from them. It didn't take much, after that exposure, for us to make this activity one of our main workouts. After all, as David Swenson, the author of *Ashtanga Yoga, The Practice Manual*, said, "Yoga is likely the only thing you can get better at for your entire life." To illustrate that point, he notes that if you increase your flexibility, in one way or another, by the thickness of a piece of paper each day, at the end of a year, you will have added several inches to your range of motion. He is correct. I have made yoga an integral part of my daily workouts ever since. After all, you can do it almost anywhere, at any

time, doing as much or as little as time permits.

'Progress Notes' (recording what you have done):

There is an old saying in medicine which is "if it isn't written down, it didn't happen." I have found that it is useful, even inspiring, to keep a log of what I am able to do, day by day, to maintain a modicum of fitness. In fact, I eventually made a list of things that I would try my best to do every day and that I would record these 'accomplishments' in an exercise log. Here is a list of what I assign myself to do each day:

- Stretches:
- Thumper []
- Abs x
- Flyes: 25 x
- Press: 25 x
- Kettlebell: 18 x
- Horn: 7 x
- Raises: 15 x
- Curls / Exten 30 x
- Pushups x
- Pullups x
- Dips x
- Yoga x
- Pilates Ball []
- (~8 tons)

I use this list both to keep up with what I've done each day and to offer myself a bit of inspiration when I am able to get these exercises that I've assigned myself done. Notice that I have incorporated in my list a suggestion from a pal who is a fitness advisor, which is to record 'the number of tons moved' in a workout. Things of that sort can add inspiration for your plans.

There is one more point to make about being assiduous in your 'healthy habits' and that is that you want to serve as a good example, to your patients, your family, and your own future protégés.

HACK # 5: DIET – THE WAR ON INSULIN



There is an old saying that 'you are what you eat,' which I suspect is true. I have learned a lot about diet over the years, starting with my taking a nutrition course as an elective while in medical school. However, I was actually startled into a new mode of eating about 20 years ago by a physician pal of mine, Dr. Peter Attia. Peter asked me, around that time, how much more I weighed than I did when I was in high school, guessing that, despite my relatively well-intentioned attempts to stay in shape, I was probably a good many pounds over my high school weight. He was right: I weighed about 40 pounds more than I did as a high school senior, playing high school basketball and being quite active on a regular basis. He pointed out something that I actually knew, which was that when one consumes carbs, especially 'simple carbs,' the pancreas will secrete insulin, which will 'lock down' fat cells, not allowing the body to use fat from those cells for energy. So, I said "okay" I'm going to try your suggestion and avoid carbs, especially simple ones." I lost a pound a week for the better part of a

year, eventually getting back to a weight that is quite near my weight as a high school senior. I got back to that weight about 15 years ago, and I have had no trouble maintaining that weight ever since. And, as a bonus, I am virtually never hungry!

I do my own grocery shopping every week. If you were to come with me on my weekly grocery store run, you would see a lot of fruits & vegetables, pickles & olives, almonds & peanuts, unsweetened milk & heavy cream, olive oil, eggs, a few Adkins bars, and very few things with a high glycemic index in my shopping cart.

HACK # 6: MANAGING THE GI TRACT

In days of yore, the typical diet of us humans contained a lot more fiber than our modern diet of refined foods does. This lack of fiber has consequences, including hemorrhoids, constipation, and other gastrointestinal ailments. While we can, and should, seek out foods that will add 'bulk' to our diets, it can be quite useful to take fiber supplements. You can buy these supplements at most health food stores or on line. At the risk of being overly graphic, you can easily 'titrate to effect' by experimenting with your daily dose of these fiber capsules. And, an added benefit is that a gut full of fiber helps stave off hunger cravings. Here's a picture of my favorite brand of fiber capsules:



There is also a growing realization in the nutrition community that our gut flora can be important to many facets of our health. I have, therefore, added to my fairly basic regimen of supplements capsules of lyophilized acidophilus bacteria, which some call 'probiotics.' Here's a picture of my favorite brand of those capsules:

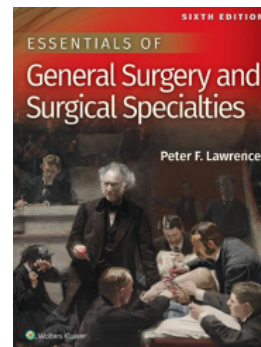


HACK #7: LEARNING ON THE GO

Like most medical students, I was as good at 'school work' as anyone on the planet. I am sure that is also true for virtually all of

you. Like most of you, I graduated at or near the top of my classes in high school and college, and I was equally successful as a medical student, at least early on in my med school trajectory. However, as a third year med student, I began to realize that my old 'tried and true' approaches to studying were no longer going to work. I needed a new paradigm. I learned some approaches that I can recommend to you, which include:

- I tried to find books that would 'cover the waterfront' in the various rotations. I quickly realized that I would never again sit at a desk in my apartment for hours and hours at night reading. So, I searched for short books that I could read expeditiously. An author of one such book (Dr. Arndt von Hippel) said in the forward to one of his books (on chest tubes) that all medical books should be created so that they "could be read in a night." He was right, at least mostly. An example of a book of this sort that was designed for third year medical students on a Surgery Clerkship is *Essentials of General Surgery & Surgical Specialties* by Peter Lawrence. There are similar publications for virtually all disciplines.



- I did eventually figure out a useful supplementary strategy which was to take the medical books I had purchased to a copy center (like Kinkos), where I would get the backs cut off the books and get 3 holes drilled in the pages so that I could put them in a binder. I would then take a fistful of pages out each day and put them in my coat pocket to read when there were 'lulls in the action,' which are quite common, once you get used to the flow of a busy clinical service. In this way, I always had something with me to read, and I soon realized that I was getting a surprising amount of reading done, day to day. This strategy turned out to be vastly better than the wishin' and hopin' that I would read at night, as I had in college and in the first two years of med school, but which, as a busy student or houseofficer, I would never be able to do again, at least on a regular basis. I am well aware that some of this type of reading can now be done on a phone or tablet, but I continue to find satisfaction in reading the printed page, at least partly because I can underline passages or take notes on those pages.
- I also learned the value of keeping a small notebook in my pocket every day, as I could jot down 'clinical pearls' as they came up, and I could make notes about things that I needed to look up later. After all, functional MRI studies show that writing by hand utilizes three parts of the brain, while typing the same words utilizes only one part of the brain. Firing up more parts of the brain cannot be a bad thing, right?!

- I like spiral bound pocket notebooks because they'll lie flat when opened, though there are others that work well, too. Here are pictures of two of my favorite pocket notebooks:

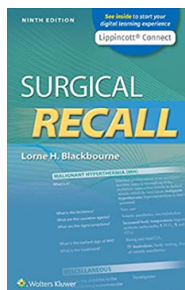


- I adopted a habit of looking up at least one or two things each evening and, then, offering to share, the next day on rounds, what I had learned, often trying to coordinate sharing that bit of knowledge gained with the spot on rounds where the question had come to mind to begin with. After all, there is no truer adage in education than this: To teach is to learn twice.

HACK # 8: YOU WILL BE HELD FOR QUESTIONING.

There is just no way around the reality that you will be questioned, both day to day and in 'summative tests' at end of your clerkship rotations. Obviously, the day to day questions that you will be expected to 'field' will be delivered more in the 'Socratic' mode of questions being offered as simple questions with simple, usually straightforward, answers being expected. In almost all clerkships there will also be 'summative' tests given, virtually all of which will be in a multiple choice format. In my opinion, studying for both types of questions should be done in a similar manner.

One of the best study aids are books that have simple questions and simple answers. I do not think that studying multiple choice questions is very helpful, though testing yourself with them, occasionally, might have some limited merit. A great example of the simple question / simple answer format is Surgical Recall, which is part of a series inspired by a former UVA medical student (and General Surgery resident), Dr. Lorne Blackbourne. This format is not only much more like the questioning typical of that which occurs on rounds, in clinics, and in the operating room, but it is also unambiguous and less confusing. Simple questions and simple answers are the fundamentals of teaching and 'learning on the go' in the clinical arena.



Having been a part of writing for the Recall Series and having been a writer of multiple choice questions for board exams, I can assure you that studying multiple choice questions is confusing. The reason they are confusing is that the 'just right answer' in the multiple choice format is purposefully 'disguised' in order to make such a test 'work' the way it is intended. But, these disguised answers leave learners who try to use them to study with some uncertainty, which is not the outcome that you, as a learner, want. You want to learn the correct answer for all circumstances, ranging from the tests themselves to the clinical arena.

HACK #9: UNDERSTANDING CHAOS THEORY

Chaos theory holds that the flap of a butterfly's wings in Brazil can lead, eventually, to a tornado in Texas. Or, stated more formally, chaos theory states that a tiny, seemingly insignificant event can have an outsized influence on shaping the way a large complex system evolves in the future. The origin of this principle is said to have come from a Ray Bradbury science fiction story about a man who time traveled into the deep past to hunt a Tyrannosaurus rex and who inadvertently crushed a butterfly under his foot. When he returns to the present, he discovers that this seemingly trivial act altered the course of history, and not in a good way. The extrapolation of this concept to medical education is that seemingly minor or trivial events can change the future for a patient. That is, a lesson learned by a medical student could change the outcome for a future patient, something that I myself have experienced or observed more than a few times in my career.



Fascinomas: Fascinating Medical Mysteries is a book written by one of my own med school mentors, Dr. Clifton Meador, with one of the lessons being that things you learn at an early stage of your education might very well save someone's life years later. In fact, he used one such story of my own in this book. That story was about something I learned in my clerkship year that I recalled many years later and that ended up saving the life of a friend who was a patient in our hospital at the time.

HACK #10: EVERYTHING (& EVERYONE) MATTERS. NOTHING IS NEUTRAL

As an old saying goes, you 'either pull freight or you are freight.' Everyone involved in the care of a patient can contribute, in ways big and small. In fact, it is well-known that patients receiving even moderately complex care will fare better at a teaching institution. Is that

because those in an academic environment are smarter or better educated? No! It's because there are more 'eyes on the prize.'



This picture was published in *Life Magazine* ten or fifteen years ago. It shows a patient recovering from cardiac surgery in the foreground, and the approximately 100 people who had a role in caring for this patient, scaled to their relative roles in providing this care. One of the messages of this picture is that a lot of people are involved in providing this type of complex care and that they all have an important role to play in delivering that care.

My own medical school advisor, Dr. Richard Prager, led a series of studies of cardiac surgical outcomes in the State of Michigan a few years ago. They found that these outcomes were better at academic medical centers, which runs counter to what most of the general public believes. Dr. Prager's group found that the underlying issue in many of these postoperative complications and deaths was what they described as 'a failure to rescue.' And, how does being a patient in an academic medical center affect the likelihood of a failure to rescue? Their interpretation was that, in general, the difference between the types of medical centers was the 'number of eyes on the prize.' And, in an academic medical center, there are, inevitably, more people around more of the time. And, you, as a medical student can provide some of those eyes, obviously.

HACK # 11: DRESS TO INSPIRE CONFIDENCE



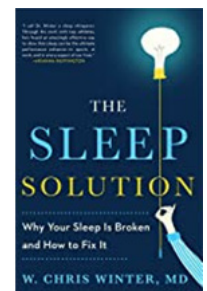
I have found it surprisingly common that health care providers of all types seem to think that, if they are sloppily dressed or are disheveled, patients and families will take their appearance as evidence that these providers are working really hard. I do not believe that is a valid belief. One of my mentors, Dr. J. Willis Hurst, wrote an essay entitled 'Garbage in the Living Room' in which he describes a scene in which someone has invited guests over for dinner. If the guests arrive and find the living room filled with trash or half eaten food, what must they surmise that the rest of the house, including the kitchen where their dinner is being prepared, will look like? There's only one answer to that question!

The extrapolation, obviously, is that if you look disheveled, it suggests that your work in caring for your patients may be as well. When

I was a medical student, we asked our senior residents on the clinical teams how we should dress while on their busy clinical services. Their answer was "you should dress to inspire confidence." When I started my own residency, one of my first chief residents announced on the first day of a rotation that "our patients do not get to choose us, their doctors, in an academic environment. Therefore, we owe it to them to dress professionally. If you want to wear a flannel shirt to work or to wear soiled scrubs around when you are running your own practice in some rural setting in the future, that can be your choice. Here, in an academic setting, we must set a higher standard for ourselves. Therefore, everyone on this team will be expected to show up dressed professionally."

While there has been a lot of conversation (and pontification) about ties, white coats, and other similar attire, at the very least we should not run around the hospital looking as though we just came in from a butcher shop or from a gym.

HACK # 12: THE RACK MONSTER.



Despite the implementation of work hours restrictions for house officers in the 1990's (with at least some extrapolation of those guidelines to medical students, as well), it is inevitable that some of us will have to work when we are tired. I most certainly have had to do this, with considerable regularity, throughout my own career in cardiovascular surgery and cardiothoracic transplantation.

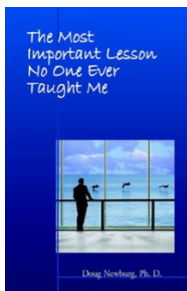
I have several suggestions for dealing with this reality. One that I will share is that you will want to be able to fall asleep 'efficiently' when you do have the opportunity to sleep. When I was a house officer, we had a saying that you needed to develop the skill of being able 'to sleep hard.' The general idea was that, if you had a chance to get some sleep, whether that involved sleeping at home, in a call room, or even on the floor of an operating room while waiting, for example, for a donor lung or heart to arrive, you wanted to be able to get to sleep efficiently. However, doing so is often easier said than done. I stumbled upon what I found to be a useful strategy, which was to imagine myself in an actual peaceful place where I had slept. I chose to recall being with two of my brothers at the end of a day of hiking on the Appalachian Trail when we came upon a clearing on the top of a mountain, called Sam's Gap. We decided to stop a bit earlier than we had planned because it was such a gorgeous and peaceful place.

We got out our sleeping pads, snuggled them up to a fallen log, broke out and took a swig of the George Dickel Tennessee Sippin' Whiskey we had with us, and, in moments, all three of us were asleep. After a bit of a nap, we rallied and set up our tent and prepared our dinner.



Once I had recalled that scene, years later, I found that, if I were able to ‘put myself’ back in that mountain top clearing, I would be able to drift right off to sleep quite expeditiously. I suspect that using an image of that sort to clear one’s mind is a form of self-hypnosis. And, I also believe that the more times you can do something like that, the easier it will be for it to work for you.

HACK # 13: FRIENDSHIP & BLOOD FLOW



My friend, Doug Newburg, who is a sports psychologist and who was actually on the medical school faculty here at UVA for about 15 years, liked to say that the most important things in maintaining one’s well-being are “friendship and blood flow.” We all have reasonable ideas about how to establish and maintain relationships with the people in our lives that we care about. In the case of those who are married, we would quip about ‘making deposits in the marriage bank account’ but this idea is easily extrapolated to ‘the friendship bank account.’ The blood flow part of Dr. Newburg’s assertion has to do with maintaining health and fitness, obviously, and are self-explanatory.

HACK # 14: HOW TO MANAGE RECEIVING FEEDBACK



Obviously, all learners, and performers, need to receive feedback. Medical students and trainees are no exception. However, virtually none of us actually likes receiving feedback, in the moment at least. Dr. Suzette Haden Elgin, an academic linguist, has written a lot about how language is used and how it is received. In one of her many books, *The Gentle Art of Verbal Self-Defense*, she proposes what I have found to be a very useful concept. She advises that, if someone says something to you, especially something corrective or even critical, prior to responding, you should ask yourself this question: “What might be true of that?” You might decide that “nothing is true of that critical comment” but, more often than not, at least something about a comment or suggestion provided to you will be true.

HACK # 15: THE PAD



John Molo, a rock drummer who is a friend of mine, once told me about a musical concept called “The Pad.” In general, quite a lot of music over the ages has been set up to provide or convey energy or comfort, including many hymns and a lot of rock music. John pointed out that the song *One Headlight* by Jakob Dylan & The Wallflowers is a good example of this concept. Listen to that song here: <https://music.youtube.com/watch?v=yjbzUEJONNU>

The analogy for us in our day to day work is to find, and protect, our ‘Pad’ or our sources of energy, which can include caring for patients, learning new things, interacting with our family, friends, and colleagues, and maintaining our health and fitness.

HACK #17: WE CAN ALL BE FAITH HEALERS.



There is series of books, called The Foxfire Project, which were based on the writing assignments given to young students in Appalachia who were in the classes of Eliot Wigginton, a MacArthur Fellowship recipient who was in a program like Teach for America.

Wigginton realized that he could help his young protégés learn to write by asking them to interview and write about the elders in their communities. One of my favorite essays in these books was based on the ‘faith healers’ in these communities. Here is a portion of what Wigginton’s students wrote about these healers:

In the Southern Appalachians today, there are still people who claim to heal by faith. We must make it clear that we do not scoff at what we’ve heard. We are a little skeptical, but that is natural.

First, we haven’t actually seen any of these healers at work; we’ve only talked to them. Second, we are young, and we are products of an age that has taught us that things that cost money are better than things that do not. The elderly healers with whom we talked were quiet, simple, strong, and sure. They do not heal in tents before throngs. They do not cry out over radios. They do not accept money for their work. They work with neighbors and neighbors’ children individually, when asked to help, and they respond as a gesture of friendship and concern.

I believe that the message of this passage is that each and every one of us caring for patients, from medical students to practicing physicians (and everyone else on our teams) can, at the very least, do that: care for our patients with friendship and concern.

THE FINAL HACK: REMEMBER YOUR OWN MAGIC

In closing, I would like to include a short but wonderful passage from an otherwise unremarkable book that I stumbled across many years ago. I call this passage ‘The Magic Quote,’ and I believe that it is worth recalling, from time to time, in the busy lives we all lead in the practice of medicine, that each of us does have some magic about ourselves Magic that deserves to be remembered, treasured, protected, and shared.

We all start out knowing magic. We are born with whirlwinds, forest fires, and comets inside us. We are born able to sing to birds and read the clouds and see our destiny in grains of sand. But..... then we get the magic educated right out of our souls. We get it churched out, spanked out, washed out, and combed out. We get put on the straight and narrow and told to be responsible. Told to act our age. Told to grow up for God’s sake..... The truth of life is that every year we get farther away from the essence that is born within us. We get shouldered with burdens, some of them good, some of them not so good. Life itself does its best to take that memory of magic away from us. You don’t know it’s happening until one day you feel you’ve lost something, but you aren’t sure what it is. It just happens. —Robert McCammon, Boy’s Life

THE TAKE HOME MESSAGE?

As health care providers and as lifelong learners, we must also take care of ourselves and each other. We cannot be ‘full-on healers’ if we are not healthy ourselves. We also cannot be good role models for our protégés nor for our patients. We must maintain our health and protect our ‘magic,’ both in the moment and for the rest of our careers. We, our loved ones, and our patients will all benefit.



THE LIPSCOMB LECTURE

This essay is based on a named lecture at the University of Virginia which is given annually by a faculty member chosen by the medical students who are preparing to enter the Clerkship Year of the medical school curriculum. This lecture was established by The University of Virginia School of Medicine Class of 1968. It was named after Ms. Betty Lipscomb, who worked in the office of The Dean of Students and who was a favorite of the students because of how she helped ‘take care of them.’ The lecture upon which this essay is based was presented in January 2023. <https://www.uvamedalum.org/event/2022-annie-g-lipscomb-student-lecture/>

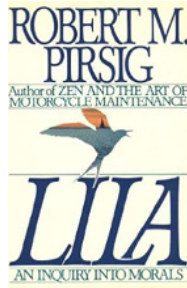
ABOUT THE AUTHOR

Curt Tribble, MD is The David A. Harrison Distinguished Educator and a Professor of Thoracic & Cardiovascular Surgery at The University of Virginia. He has served as a Surgery Clerkship Director, a Program Director for both Surgery and Thoracic Surgery training programs, and has been a Vice Chair for Education in the Department of Surgery at three institutions. In these roles, he has spent countless hours working with students and residents from throughout the broad spectrum of medical education over the past four decades. As anyone who has been in similar positions knows, the great majority of those hours are spent with the learners who are struggling in one way or another, as they adapt to educational environments that are distinctly different from those that preceded their clinical training. The suggestions offered in this essay are based on addressing the most common challenges that these learners face and on strategies that the author has found to be successful, both in the educational realm and in the personal realm, for students, other trainees, and medical practitioners of all types.

ABOUT THE TITLE OF THIS ESSAY



The savvy reader may suspect that, at least to some degree, the title of this essay was inspired by Robert Pirsig's book entitled Zen and The Art of Motorcycle Maintenance. That suspicion would be correct.



It is worth noting that this book is probably not Robert Pirsig's best work. In my opinion, the sequel to this book, Lila, is even better.

However, there was an additional reason for choosing this title for this essay, which is that one of my best friends, dating back to our days as students at Presbyterian College, Dr. James F. Green, has himself become a Zen teacher, as he wound down his Plastic Surgery practice in Santa Fe, New Mexico. I suppose living in The Land of Enchantment may have influenced this 'evolution!' He now provides a brief talk each day on Zen and the Art of Life, which is recorded on this website: walkingmountainzendo.org



J.F. Green, MD

Dr. Green and I have had many other overlaps in our lives in addition to being college classmates, including many trips to hike the Appalachian Trail or to SCUBA dive in Florida and the Caribbean, the fact that both of our fathers were physicians, and the coincidence that we are both surgeons. He has always been one of the most contemplative people I have had the privilege to know. He has had as much influence on me as any of my closest friends and mentors.

SUPPLEMENTAL MATERIAL

Ten Reasons You Want Your Own Medical Student

(This list is one that I have quoted to patients who stated that they did not want any 'students' being involved in their care):

- It's been proven that you get better care in teaching hospitals..... Having students is one of the reasons.
- By definition these students are amongst the smartest folks in the world. It can't be a bad thing to have them thinking about you.
- They might see or notice something that everyone else missed.
- They keep all of us young. They read. They know the 'latest stuff'. We don't have time to read all the time, but the students do. More seasoned doctors have experience. You, the patient want a combination of that knowledge and experience.

- They keep us on our toes. They ask questions. They make us re-think basic tenets or at least they make us explain what we're thinking
- They're the 'thumbs up' folks..... It's like having the fans cheering. It creates a home field advantage!
- They'll talk to you, the patient. That's a good thing. Humans need to be talked to and listened to. The students have fewer patients and thus have more time to talk and listen, especially on busy surgical services.
- You gotta admit that it's more fun to hang around young, idealistic, energetic, enthusiastic people. They bring everyone's energy level up.
- They keep us 'cultured' They always have the latest music on their iPhones and coach us on the latest fashions.
- And, finally, they're a lot easier on the eyes than us old folks, right???

You know what most patients say after that?
 "Can I have two of 'em??"
 CGT

REFERENCES

I will note that I have mentioned a number of books in this essay, or at least shown pictures of their covers. I will forgo providing detailed information about those books, as they can very easily be found on-line by searching for them with their titles and the names of the authors, clearly visible in the pictures provided.

There are a number of other essays in the series that this essay is a part of. Those who would like to delve into other related essays may simply search on-line under: Curt Tribble, Heart Surgery Forum. There are more than 30 of these essays in this series, so far.

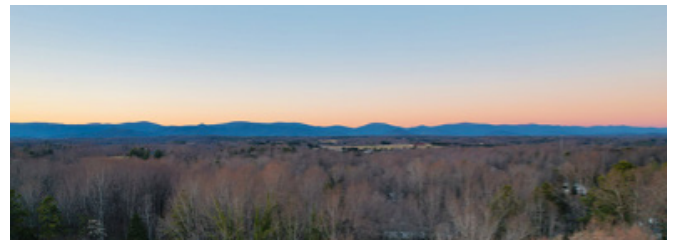
ACKNOWLEDGMENTS

I have benefited enormously from many mentors and role models throughout my life and career. Three deserve special mention:

David Tribble, MD, my father who died not long ago and who was an award winning teacher of medical students and surgical residents at various points in his career.

James F. Green, MD, a college classmate who is a teacher of Zen Buddhism and who now lives in the Black Hills of South Dakota.

Doug Newburg, PhD, a sports psychologist and teacher who was a faculty colleague at The Universities of Virginia and Florida.



The Blue Ridge Mountains in Virginia, just after the sun has set. (This picture was taken by one of my sons in 2023.)