Interdisciplinary Caring Science
and the
Hillebrand Center for Compassionate Care in Medicine

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• Undergraduate courses in compassionate caring and clinical communication skills for those preparing for health professions
  – Medical Counseling Skills
  – Compassionate Care and the Medical Professions
  – Spirituality of Caring in the Helping Professions
  – Pathos Project
  – Co-teaching/Mini-courses in specific aspects of compassionate care
Center for Compassionate Care in Medicine

- Some teaching in the IU Medical School and the 2 local Residency programs
- Physician continuing education programs
- Support of local and national efforts to foster compassionate care in medicine and helping professions in general
Center for Compassionate Care in Medicine

- Research on Caring Science and communication dynamics in medicine
- Providing practical experiences with reflective components in formation for the medical profession
Problem of technology becoming the exclusive overriding operative in the patient-nurse/physician relationship

(Kapacinskas, 2011)
Oversentimentalized Conceptions of Caring lead to ineffective and mistaken caring practices
Overview of Medical Training

• Training in Diagnostic Skills and Medical Procedures
• Training in the Art and Science of Human Caring

(Adapted from Dr. Jean Watson)
In conclusion, compassion and empathy are critical to the medical field. For tomorrow, please remember to read the next 600 pages for the brief quiz that will only count 120% toward your final grade.
Historical Reasons for the Devaluing of Compassion and Caring in Medicine
Problem of Emotional Hardening

- "Negotiating the appropriate emotional investment in patients remained a necessary element of professional socialization and identity. The challenge for medical students, William Osler remarked in 1889, was to cultivate a "judicious measure of obtuseness as will enable you to meet the exigencies of practice with firmness and"
Problem of Emotional Hardening (2)

courage, without, at the same time hardening ‘the human heart by which we live.’ ” That many people considered physicians “hardened” by their experiences with the sick, some medical writers conceded, was a problem for the profession.” (p. 60, Lederer, 1994)
Caring
2000, pencil on paper
11 x 14 in.
"You know, we're just not reaching that guy."
"The nurses and technicians did all they could—
I just wasn’t into it."
Samples of approaches to introduce Caring Science in physician training
The General Competencies

As the first major activity of the Outcome Project, the ACGME identified six general competencies for residents. Identifying the competencies was stimulated by increased attention to how adequately physicians are prepared to practice medicine in the changing health care delivery system.
The ACGME derived its general competencies through a careful study of existing research on general competencies for physicians. It also gathered input on the proposed competencies from various constituencies and stakeholders of GME.
From this process, the *Outcome Project* Advisory Committee identified six general competencies that were subsequently endorsed by the ACGME in February 1999.
The six general competencies are:

- Patient Care
- Medical Knowledge
- Professionalism
- Systems-based Practice
- Practice-based Learning and Improvement
- Interpersonal and Communication Skills
Patient Care

- Residents must be able to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health. Residents are expected to:
Patient Care (2)

• While each specialty has specific requirements for patient care, some principles are common. Early in their education, residents should demonstrate patient care skills relevant to that specialty for patients with common diagnoses and for uncomplicated procedures. As residents progress in educational level, they should be
Patient Care (3)

• able to demonstrate patient care skills with non-routine, complicated patients and under increasingly difficult circumstances, while demonstrating compassionate, appropriate and effective care. Likewise, they should demonstrate proficiency in performing increasingly complex procedures and handling unexpected complications, while demonstrating compassion and sensitivity to patient needs and concerns.
Medical Knowledge

- Residents must demonstrate knowledge of established and evolving biomedical, clinical, epidemiological and social-behavioral sciences, as well as the application of this knowledge to patient care.
Practice-based Learning and Improvement

- Residents must demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and life-long learning. Residents are expected to develop skills and habits to be able to meet the following goals:
Practice-based Learning and Improvement (2)

• identify strengths, deficiencies, and limits in one’s knowledge and expertise;
• set learning and improvement goals;
• identify and perform appropriate learning activities;
Practice-based Learning and Improvement (3)

• systematically analyze practice using quality improvement methods, and implement changes with the goal of practice improvement;

• incorporate formative evaluation feedback into daily practice;
Practice-based Learning and Improvement (3)

- locate, appraise, and assimilate evidence from scientific studies related to their patients’ health problems;
- use information technology to optimize learning; and,
- participate in the education of patients, families, students, residents and other health professionals.
Interpersonal and Communication Skills

• Residents must demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals. Residents are expected to:
Interpersonal and Communication Skills (2)

• communicate effectively with patients, families, and the public, as appropriate, across a broad range of socioeconomic and cultural backgrounds;

• communicate effectively with physicians, other health professionals, and health related agencies;
Interpersonal and Communication Skills (3)

- work effectively as a member or leader of a health care team or other professional group;
- act in a consultative role to other physicians and health professionals; and,
- maintain comprehensive, timely, and legible medical records, if applicable.
Professionalism

• Residents must demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles. Residents are expected to demonstrate:
Professionalism (2)

- compassion, integrity, and respect for others;
- responsiveness to patient needs that supersedes self-interest;
- respect for patient privacy and autonomy;
Professionalism (3)

- accountability to patients, society and the profession; and,
- sensitivity and responsiveness to a diverse patient population, including but not limited to diversity in gender, age, culture, race, religion, disabilities, and sexual orientation.
Systems-based Practice

- Residents must demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care. Residents are expected to:
Systems-based Practice (2)

- work effectively in various health care delivery settings and systems relevant to their clinical specialty;
- coordinate patient care within the health care system relevant to their clinical specialty;
Systems-based Practice (3)

• incorporate considerations of cost awareness and risk-benefit analysis in patient and/or population-based care as appropriate;
• advocate for quality patient care and optimal patient care systems;
Systems-based Practice (4)

• work in interprofessional teams to enhance patient safety and improve patient care quality; and

• participate in identifying system errors and implementing potential systems solutions.
Discussion of myths about Caring
Caring Myth #1

Caring for patients does not really add anything to medical care; it’s mainly about customer service.
Caring Myth #2

Caring takes a lot more time.
Caring Myth #3

Caring interferes with efficiency.
Caring Myth #4

Caring does not always make a difference in every action.
Caring Myth #5

Caring will emotionally drain you and that is why you have to be emotionally detached with patients.
Self-Care/Teamwork Practices

- Physician Self-Care Groups
- Opening retreat for 1\textsuperscript{st} year residents
- Annual retreat for 1\textsuperscript{st} and 2\textsuperscript{nd} year residents
- 3\textsuperscript{rd} year retreat
- Orientation Lunch with all staff
- Unexpected key transformational conversations
BURNOUT AND THE COST OF NOT CARING: CHARACTERISTICS OF BALANCED CARING
The Relationship between Level of Caregiver Emotional Involvement and Effects on Caregiver

LEVEL OF EMOTIONAL INVOLVEMENT

1. Negatively Involved
2. Neutral/Detached
3. Positive (+) Effects
4. Zone of Balanced Care
5. Overinvolved

EFFECTS ON CAREGIVER

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Characteristics of Balanced Care

- Behavioral Components
- Internal State of the Helper
- Organizational/Systemic
- Underlying Philosophy of Care in Helping Others
Other entry points

• Caring episodes
• Appreciative inquiry
• Compliments/stories
• In-services (e.g. generational poverty, team dynamics, balanced caring, etc.)
• Processing positive and negative helping episodes
Caring
2000, pencil on paper
11 x 14 in.
Other entry points

• Experiential exercises (e.g. horse exercise, building a health-care machine, compass exercise, etc.)
• Drum story
• Live observations of patient care
• Succinct analyses and/or approaches to challenging patient care situations
“Without your wound where would your power be? It is your very remorse that makes your low voice tremble into the hearts of [others]. The very angels themselves cannot persuade the wretched and blundering children on earth as can one human being broken on the wheels of living. In love’s service only the wounded soldiers can serve.”

The Angel That Troubled the Waters
Thorton Wilder
Transformational Research Projects

- Physician empathy, coping, & burnout study
- Patient preference of physician behaviors intended to improve negative health behaviors
- Exemplary physician in art of medicine qualitative study
- Physician self-efficacy in parenting advice
Caring Matrix

*Interior Attitude*

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<thead>
<tr>
<th>Actually Cares</th>
<th>Actually does not Care</th>
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# Caring Matrix

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- Genuine Caring
Caring Matrix

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Caring Matrix

Interior Attitude

Actually          Actually does
Cares         not Care

Appearance
Appears to Care
Appears not to Care

Cares
Genuine Caring
Caring Veneer
Geode Caring
Caring Matrix (Vachon, 2010)

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Current question for the Hillebrand Center:

• What are the best ways to help undergraduates in preparation for health professions to have a solid foundation in Caring Science and help them prepare in an immunological way for the toxic elements of the health care system?
Critical issues in training students for the work in medicine

- “Silo” training
- Preparing for cynical and toxic systems and training methods
- Unhealthy hierarchies within medicine in general and among physician specialties
- Which models to teach? Different professions and specialties within them have their “favorite” theories
• Simplistic notions of caring
• Fear of feelings in patient interactions
• Business principles inappropriately trumping caring practices
• De-emphasis on reflective practices
• De-emphasis on emotional social connection with others
Compassionate Care and the Medical Professions

This course is designed to provide the theoretical and practical foundation to providing compassionate care in the medical professions. It will provide an introduction to the field of Caring Science and provide the behavioral and attitudinal components to providing effective patient care as well as teaching how practitioners can be balanced in providing patient care.
Topics include Caring Science theory, clinician burnout, compassion fatigue, maintaining caring in the encounter with suffering, and physician self-care. While designed specifically for the future medical professional, the course is open as enrollment allows to students in allied helping professions. Class material will include research from medical, psychological, caring science, business, and spiritual sources.
Medical Counseling Skills and Patient-Centered Medicine

This course is designed to provide an overview and introductory practical training in medical counseling skills and patient-centered medicine. It is designed specifically for undergraduates interested in careers in medicine, but can also be helpful for students aspiring to other helping professions. This course will provide a theoretical and evidence-based foundation in compassionate care and communication skills for patient care.
Emphasis will be placed on clear and professional communication across a wide range of patient care situations. This 3 credit hour class with limited enrollment will provide opportunities to practice these skills through practical classroom training, outside assignments, and an introduction to the field of Caring Science as it applies to the medical professions.
Pathos Project
Discussion Questions

• What are your stories of successful interdisciplinary collaboration in Caring Science?
• How do you deal with profession ego issues?
• What are other challenges and considerations in interdisciplinary Caring Science?
• How do you work together with other approaches to Caring Science work?