



TEACHING WISDOM

WRITTEN BY LINDA J. KOBERT • PHOTOGRAPHY BY JACKSON SMITH



Phronesis Project Brings Practical Wisdom to Medical Education

Participants: Charlotte Heppner • Jensie Harley • Walker Redd • Matthew Hodges • John Heller • Caroline Ruminsk • Thuy Ho • Sarah Seifu • Takahiro Nakamura • David Noble • Ambika Babbar • Catherine Jansch

Walker Redd remembers distinctly his first encounter with a patient as a medical student. This was not, however, the typical first year assignment, to get a simple medical history from a hospitalized patient. This was a house call, for starters. And the patient was complex; she had multiple sclerosis, diabetes, a history of cancer and multiple complications as a result of the MS, including blindness. There were social issues, too. And the assignment was simply to get to know this person.

"I remember thinking, okay, so my patient is blind," Redd says. "We were in her apartment and she showed us around. She was so happy to have us there. And I sat there and had a conversation with her, which I will never forget."

Redd, now in his second year, is a participant in an innovative medical education program that takes an intentional approach to helping students understand and take on their role as physicians. Dubbed the Phronesis Project ("phronesis" from the Greek, meaning practical wisdom), the program strives to inspire wisdom and empathy in student physicians, primarily through early and long-term relationships with patients.

The Question of Wisdom

So what does wisdom mean in the field of medicine? That has been the focus for UVA professor of medicine and founder of the Phronesis Project Margaret "Peggy" Plews-Ogan, MD, for the last several years. With research support from the Templeton Foundation and other sources, Plews-Ogan is trying to understand how wisdom works to make the world—specifically the world of medicine—a better place.

It's a big question, one that's difficult to define. But when one thinks about the ways in which wise people are described, the ways they think and act, certain themes become apparent. Wise people are able to see situations from different perspectives, for example. They can see the bigger picture. They can cope with complexity and ambiguity. They have a capacity for self-reflection and self-awareness. And they often have a deep capacity for compassion for both themselves

and others. They also know they don't know it all. It's these qualities that Plews-Ogan arrives at when she tries to get at this concept of "wisdom." And it's these qualities that the Phronesis Project attempts to cultivate in medical students.

More than Knowledge

"When I started thinking about how do we foster wisdom in medical students, I realized we don't," Plews-Ogan says. "What we do in medical training for the most part has to do with fostering knowledge. But we don't pay a whole lot of attention to how students apply that knowledge."

Most of this application of knowledge happens in the third and fourth years of medical school when students work with physician mentors to develop more advanced clinical skills. While students rotate through clerkships in medicine, surgery, pediatrics and other specialties learning to diagnose and treat patients, they also pick up attitudes and habits from the attending and resident physicians with whom they work, attitudes and habits that may not represent the ideal.

One of the main goals of the Phronesis Project is to circumvent this "hidden curricu-

lum," as it is often referred to, by providing students the opportunity to learn the art of medicine through real, long-term relationships with patients and physician mentors from the very beginning of medical school. The hope is that by fostering those wisdom capacities in this context, students will be able to identify and decide for themselves how they want to be as physicians.

Developing the Capacity

The Phronesis Project kicked off in September 2014. Twelve students from that incoming class were invited to volunteer for this pilot that takes place within the Clinical Practice Development (CPD) class in which groups of six students meet with a faculty mentor one afternoon a week. In addition to learning how to do a physical exam—interviewing patients and engaging in discussions about ethical dilemmas and how culture affects health care—these 12 students also participate in the Phronesis curriculum.

Students are assigned to follow an adult patient who is selected because he or she has some ongoing medical challenge such as a chronic illness. They are also matched with a pediatric patient who similarly is dealing with physical and social difficulties that make them medically complex. And rather than limiting their interactions to meetings in the clinic, students also visit patients in their homes.

"The idea is to have students see the patient as a person rather than their disease," says Natalie May, PhD, a co-investigator in Plews-Ogan's wisdom research. "When med students see patients in the clinic, they see the patient is late, she didn't take her meds, she didn't take a five-mile walk every day as she was told to do. But when a student sees Ms. Jones in her home, they see that she's a grandmother, that she's funny, that she used to be a school teacher and won a teacher-of-the-year award. So she's no longer 'the diabetic.' They start to see this person's perspective."

Patients as the Focus

For Walker Redd, it was this emphasis on relationships with patients that made him want to voluntarily commit to a minimum of two extra hours a week to be part of this

"When I started thinking about how do we foster wisdom in medical students, I realized we don't. What we do in medical training for the most part has to do with fostering knowledge. But we don't pay a whole lot of attention to how students apply that knowledge."

Peggy Plews-Ogan, MD

Developing Wisdom Makes Medicine More Fun

About five years ago, Peggy Plews-Ogan (shown at right) was sitting around a conference table with other UVA faculty members as representatives from the Templeton Foundation asked the group to talk about this really big idea: wisdom.

"They said, 'If you could study anything related to wisdom in your domain, what would you study?'" Plews-Ogan says. "At first I said, 'Well, nothing, because I really don't know what wisdom is.'"

The more she thought about it, however, the more this professor of medicine thought maybe she did have some ideas about how this thing called wisdom could improve her profession.

Wisdom through Adversity was Plews-Ogan's first project. With funding from the Templeton Foundation, she and a team of colleagues explored, in part, how physicians who make a serious medical error can be changed for the better by that experience.

"As a physician I had seen people who had faced really difficult circumstances," Plews-Ogan says. "Somehow they moved through this extraordinary path and came out on the other side a different person, but in a good way. So I was interested in what people gain because they face difficult experiences. Does what they gain look something like wisdom as we would describe it?"

Plews-Ogan can trace many of her current projects back to the Wisdom in Medicine study. The Phronesis Project is just one of these. Another is the Medical Error Disclosure and Peer Support program. This Medical Center-wide project provides a process by which clinicians, patients and/or family members can engage in an open and healing conversation when something has gone wrong.

"Tell Me a Story" is another Plews-Ogan project designed to teach residents in the internal medicine program how and when to use a story to improve interactions with patients. Residents learn when it might be helpful to ask a patient to tell something of her or his personal story. They also have opportunities to reflect on how that story might have changed the dynamics of the interaction or how it changed the doctor's view of the patient.

"This kind of thing makes medicine more fun," Plews-Ogan says, "but I think it also makes us more effective."





Part of the Phronesis Project involves students like Walker Redd making housecalls to local patients.

project. On that first home visit he did along with Plews-Ogan, he conducted a semi-structured narrative interview designed to elicit the patient's perspective on her health and how it affects her life.

"The idea is to see the whole person," Redd says. "You already have the medical history in the electronic medical record, so you know that. This is allowing an hour or two for someone to tell you their life story and to see what they think is significant to include. It was a good way for me to learn a lot about my patient and also for her to feel like she was comfortable sharing with me."

Over the course of the first year, Redd went with his patient to several medical appointments and was present when she had

a bone marrow biopsy. He visited her home on another occasion to discuss smoking cessation, and he calls her occasionally just to check in.

"Those phone calls have been helpful for both of us," Redd says. "For me I want to make sure she's doing okay, and she appreciates checking in with me. We swap stories or talk about sports; we're both big sports fans."

Because first- and second-year students have not yet developed clinical skills, the focus for Phronesis participants in those early years is on the physician as advocate and partner in health and wellness. Monthly after-hours meetings at Plews-Ogan's home offer the opportunity for informal discussions about ideas such as advocacy, developing

behavioral goals with patients and the nuances of forming relationships. These skills are then cultivated in a real-life context with patients.

New Teaching Methods Needed

Fostering wisdom, however, is not as simple as turning students loose with a patient of their own. Trying to instill qualities such as self-awareness, an appreciation for ambiguity and a willingness to look at things from different points of view requires an ongoing, multidimensional approach that works both directly and indirectly.

"You can't teach someone to be compassionate by telling them to do it," Plews-Ogan



Walker Redd's Path to Wisdom

As an undergraduate, Walker Redd had only a vague idea what he wanted to do with his life after college. Taking the course Theology, Ethics and Medicine with James Childress, PhD, during his second year inspired him, however, to think about bioethics. It made him think maybe he would get a law degree and a master's in public health.

"I was interested in health policy or somehow working to make health care more just," Redd says. "I wanted to influence the way the health care system is changing."

In his final semester, though, he did an internship with Margaret Mohrmann, MD, PhD, a pediatrician and professor of biomedical ethics at the School of Medicine. As he shadowed hospital chaplains, Redd watched how doctors worked and saw how they interacted with family members when they discussed the complex medical situations of their loved ones who were patients. There weren't any lawyers in these intimate conversations, he realized. So after graduating in 2011 with a BA in religious studies and history and a minor in bioethics, Redd decided it was in those relationships with patients and families that he really wanted to spend his career.

On Mohrmann's advice, the Richmond native got a CNA and started working as a nursing assistant at a hospital near his home. He also enrolled in UVA's year-long Post-Baccalaureate Pre-Medical Program to earn the needed science credits before being accepted into UVA's School of Medicine in the fall of 2014.

Redd has a mission to make a difference in the world. He has volunteered with a number of programs for the homeless through his church, with the emergency overnight shelter PACEM and at Charlottesville's day shelter The Haven. Now as a med student, he works with underserved patients through iSERVE, a student-run urgent care clinic at the Charlottesville Free Clinic.

"All these things helped inform my interest in the Phronesis Project," says Redd, who spent this past summer as a Hook Scholar in Medical Humanities and Ethics working with Peggy Plews-Ogan to create a process to evaluate the project. "Being part of Phronesis and working with Dr. Plews-Ogan has given me much more insight into how I envision my medical career. I couldn't be more enthusiastic about this project."

"The idea is to see the whole person... This is allowing an hour or two for someone to tell you their life story and to see what they think is significant to include. It was a good way for me to learn a lot about my patient and also for her to feel like she was comfortable sharing with me."

Walker Redd, SMD '18

says by way of example. "It's something that is fostered from the inside out."

The Phronesis Project uses some unconventional teaching methods in an attempt to achieve its goals. Storytelling, for example. Plews-Ogan suggests that this is one way for students to try to see things differently, to cause a shift in a situation or someone's thinking, a way to return to a place of compassion and empathy. Similarly, reflective writing is an important practice that can foster not only self reflection, but also cognitive capacities such as discovering the deeper meaning of an experience.

As Phronesis students move into the clerkship phase of the curriculum, Plews-Ogan hopes to develop experiences that will sup-

port and foster wisdom in other ways. One idea that's brewing is creating a space where all medical students gather, a room where they can hang out, maybe with a couple attendings, and talk about that patient whose symptoms don't make sense or that social challenge that makes it hard for the patient to comply with a treatment plan.

"That kind of across-the-table, informal sharing of ideas is one way that you can help students understand that a lot of medicine is these gray, vexing situations," Plews-Ogan says, "that you need to turn things over and talk to someone about it, scratch your head and say what about this?"

This pilot project is only beginning its second year, so it's too early to tell what impact

this focus on wisdom in a medical school curriculum will have on new young doctors. For Walker Redd, however, being part of this project has already had a profound impact.

"I think I would have struggled more in my first year without Phronesis," he says. "I remember Dr. Plews-Ogan, as she was dropping me off after that first house call, she said, 'Welcome to what doctoring is.' Which was incredibly empowering, because as a med student, patients seem so far away. With the tediousness of the work leading up to the clerkship years, you lose track of, 'Oh, I'm doing this for patients, for real people.' Being part of Phronesis has helped me refocus my intentions, my goals, what I came to medicine for in the first place."