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## EDITORIAL

# SEE IT, DO IT, TEACH IT – OR BE IT?

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I recall when I was an intern back in the mid-1980s while training in the psychiatric emergency department I was told, “See it, do it, teach it.” Accordingly, I observed how the nurses and psychiatrists triaged and interviewed patients, who were distressed, sometimes suicidal or psychotic, living with comorbid conditions compounded by social problems. Given that I was a keen learner I did what I saw. I stayed at my post past midnight until my reports were handwritten in the charts. I diligently read the literature and for two years practiced under the tutelage of supervisors so as to become a competent psychologist. Fortunately for the patients I was not expected to teach it right away as there was much more for me to learn. In fact, my professional identity and development have continued through self-reflection and mindfulness practice to this day, when I think I can now teach it. Yet, what we do is only part of what is needed in health care. This editorial proposes that “being it” is as important to whole person care as clinical expertise<sup>1</sup>.

In this second volume of our journal we find five papers that each in some way address individual and group identity formation in the process of becoming a health professional.

In “Narrative and Palliative Care Team Identity Formation” Hess emphasizes the importance of meaning making in palliative care teams. They note that those who work in end of life care may over identify with their role as “healer” and under identify, or even suppress their own vulnerability to sickness and death. They propose that team and individual narratives may foster meaning making that enables the health care professionals to thrive while at work.

The article entitled, “Stories at Work: Writing to Learn, Care, and Collaborate in Radiation Therapy” by Whyte et al. follows this notion up by showing that when radiation therapists train in narrative medicine they gain new perspectives on themselves and their colleagues. This increases their sense of community, enables them to be more present to others, and improves their well-being. Team building results; as does, perhaps group identity.

While there has been much written about medical student identity formation, stress and burnout, relatively little has been published about the development of dentists. The paper, “Humanizing Dentistry Through a Person-Centred Model” by Apelian et al. suggests that the wounding path is similar<sup>2</sup>. The authors propose a model that brings whole person care to this specialty. They contend that dental students need to be better schooled in the human side of their profession, one that requires refined, highly technical skills. The patient-as-a-person wants a respectful relationship with a doctor who can listen, validate his emotional experience (e.g., fear of pain), and understand his cultural and socio-economic reality is the focus of their model. An article by Lovas et al.<sup>3</sup> on mindfulness and professionalism in dentistry is a good complement to this paper.

Training medical students in “being it” is what Drs. Kearsley and Cassell describe in “But What Am I Going to Say?” Medical students are encouraged to be who they are, relate to patients with authenticity, recognize the value of listening, offering presence, and opening to their own vulnerability. They encourage students not to define themselves with the label “medical student.”

Finally, the “Whole Person Care: Where Clinical Excellence and Patient Service Meet” which was an orientation lecture given to medical students by Dr. Kearsley, nicely wraps up the group of papers herein by describing the personal evolution of a highly successful MD, PhD who over the years came to the deep understanding that what was emphasized and rewarded throughout his career as a radiation oncologist left him feeling dry. With reflection he came to understand what was missing in his training. Thus, he proposes that we educate doctors in a way such that personal experiences of illness and caring promote the transformation from an applied scientist to a “good” doctor, or physician healer. How to “do” this is outlined at the end of the speech: enhance communication skills, engage in reflective writing (similar to narrative medicine), be mindful, and gather in small groups to share experiences. Self-care is viewed as essential to the care of others. Finally, he proposes that by serving others one can feel fulfilled (i.e., find meaning in one’s work).

Recently I, along with a medical student, published an invited commentary in *Medical Education*<sup>4</sup> suggesting that medical student identity formation is multi-determined. We were responding to Mavor et al.’s<sup>5</sup> model explaining how medical students become either stressed or strengthened. We found it limiting to focus on the individual student and her peers without including other social forces (e.g., the hidden curriculum, the health care system, society). We concluded that while programs that aim to humanize medicine are needed, if the way in which medicine is practiced, modeled, and taught does not reflect the two faces of medicine – curing and caring<sup>6</sup> then students will do what they see.

To conclude, I would like to acknowledge that teaching professionalism, a term sometimes used to describe the way professionals behave (e.g., guided by a moral compass, employing technical know-how) is a complex task<sup>7</sup>. It is much more than learning “about” what an exemplary clinician does. Ludmerrer<sup>8</sup>

proposed that formal course work and clinical experience with mentor guidance are equally important. Yet, without enabling the student/health care professional to find within herself the person she is, the one who can relate to other human beings in an authentic way, then the patient may sense something essential is missing. As Dr. Kearsley so elegantly described, one needs to embody these qualities and then they will flow naturally between the health care professional and the patient. One way to reach this way of being is through learning how to be mindful<sup>9,10</sup>, and this we assert can be taught in medical schools<sup>11,12,13,14</sup>. As Marsden et al. indicate in their commentary in this issue, it is one of many ways to learn how to be. ■

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