Th e Professionalism, Communication & Reflection course leads students to a more effective understanding of themselves, leading to better communication with patients throughout their careers.

There are moments during the four years of medical school when a student must acknowledge the unanswerable questions that sometimes come with being a physician — brought on by the times when modern medicine falls short, when a patient can’t be cured — or ignore those feelings of frustration and sorrow, leaving them unattouched to possibly resurface later.

Setting foot in the anatomy lab can be one of those moments. The donated cadavers there are beyond the help of medicine — indeed, they are the ones who are now doing the helping.

“Seeing the face of our donor for the first time was a memorable and sensitive moment,” says Kenyon “KC” Bolton ’18, who worked with a group of his peers to dissect a cadaver during Human Structure and Function, a sweeping 12-week course that is considered one of the toughest, and most formative, for a medical student.

“Our donor’s body is like having a patient,” Bolton says. “There’s a level of respect that’s due.”

Like medical students across the country, UVM College of Medicine students learn about the myriad systems that make up a human body through dissection. They study terminology and facts, but through cutting into flesh, sawing through bone, holding a heart, they learn viscerally the weight of a human life.

Instead of shrugging off the innumerable feelings this dissection may call up — of inadequacy, fear, sadness, even horror — first year students at the College of Medicine take the time to examine these emotions too, and find insights into their deeper meaning in a course called Professionalism, Communication and Reflection (PCR).

“Anatomy lab is a crossroads where a student can develop a habit of...”
PCR is about balance and self-care.

“PCR is about balance and self-care. Medicine is a life choice you have to make. It’s a marathon, not a sprint, and the goal is to have a good life inside and outside the profession.”

— Alison Frizell ’15

mentoring & friendship

“We definitely disagreed on some things,” says Alison Frizell ’15 with a chuckle, regarding her PCR group. “We were such a random group of personalities and interests, but somehow it really worked.”

One discussion of the White Coat — the iconic symbol of the doctor — led to questions of its relevance in modern medicine. Was it outdated? Optional? As students shared their opinions, and reflected on wearing their white coat for the first time, they also shared the anxiety of embarking on a career in medicine.

During her clerkship year — when Frizell completed rotations in Burlington and in Maine, getting to know and treat many patients in the process — those discussions about fear, trust and responsibility became even more relevant.

“That’s the year you see the realities of the system you’re working in a little bit more,” she says, adding that even during rotations at far-flung hospitals, her experience in PCR allowed her to come back and draw on the skills learned during the small-group discussions.

“PCR is about balance and self-care,” she says. “Medicine is a life choice you have to make. It’s a marathon, not a sprint, and the goal is to have a good life inside and outside the profession.”

Zoe Agos ’15 appreciated PCR for helping her and her classmates acknowledge that “what we’re doing is really emotionally taxing.” As an anthropology major who came to the College of Medicine with experience working in global health, she was no stranger to thinking about complex issues without easy answers, like many of the topics addressed in PCR. But when she struggled with the emotional impact of one course during the first year of medical school, her PCR group helped her through it, as did her faculty preceptor, Jerry Larrabee, M.D., professor of pediatrics.

“Right away, I felt like I had someone to go to,” Agos says. Larrabee made a point to follow up with her at a particularly difficult time, and the meetings with her group provided a respite, allowing her to “not lose touch with larger goals when it would have been easy to.”

Another session with medical interpreters from the local refugee community led to a discussion about how to support patients who speak little to no English, while in a joint class nursing students helped to lay the groundwork for future collaboration. This breadth of topics — through both the conversation and written reflections — helped to “saw out very complicated thoughts,” Genziano says, leading to a deeper understanding of how medicine intersects with culture and identity.

Physicians’ developing their capacity for empathy is important both for patients and for their own well-being. For Justin Genziano ’17, his group included a member of the spiritual care team, who says Hillary Anderson ’17, PCR helps by creating a safe space “where people can be more vulnerable.”

“We’re not trying to solve someone’s problems but we’re learning how to listen,” she says.

The question of death and dying is a difficult one, especially for medical students who may be called to treat and care. To explore the issue, students shadow either a member of the spiritual care team at The University of Vermont Medical Center, or a group of volunteers called the Noyana Singers, who visit the Vermont Respite House most weekends to sing to patients and their families.

“It was really moving and emotional,” Genziano says of his time with the Singers. A hospice volunteer prior to medical school, he had some experience witnessing patients at the end of life. But the singers’ interactions with patients, and families, showed him a different perspective — and music — can make a difficult situation better.
When applicants to the College, like the group above meeting with Justin Senuzera ’17, come to “Closer Look Day,” they preview the type of learning that is involved in the first-year Professionalism, Communication, and Reflection course.

REFLECTION AND ATTRACTION

When Hillary Anderson ’17 made the rounds to different medical schools as an applicant, she saw in the Professionalism, Communication, and Reflection (PCR) course at the College of Medicine an opportunity to bring all of her experiences — and those of her classmates — to the table as they go through the work of becoming physicians.

“It’s a part of the curriculum I really valued,” she says. “It drew me to UVM.”

A Brown University graduate, she earned a master’s of public health and worked in Boston at the National Institute for Children’s Health Quality before deciding to pursue medical school. She came to the process with an understanding of how important communication, collaboration, and cultural competency are when working in the medical field. And PCR — with its emphasis on self-reflection and relationship-building — was a welcomed way for her to continue to develop those skills, and learn from her peers.

The College of Medicine increasingly seeks applicants who display this sense of curiosity and capacity for reflection, says PCR Course Director Lee Rosen, Ph.D. Even if students don’t have the professional experience Anderson brought with her, the College looks for a willingness to engage in the discussion and exploration that PCR asks of first-year students.

“We have a clearer vision of the kind of students that we want here,” Rosen says. For Closer Look Day, an annual event hosted by the Office of Admissions, accepted students attend events, take tours, and meet current medical students. Rosen hosts an experiential introduction to PCR session for one of the seminars offered during the day, allowing accepted students to ask questions and get a sense of how the small group discussions work.

Associate Dean for Admissions Jan Gallant, M.D., herself a PCR preceptor, says this PCR “preview” informs the admissions process as it gives students an understanding of what role reflection and thoughtful inquiry will play in their medical education.

“It added to the dialogue and was an example of the type of environment we’re hoping to create here,” she says. And when students begin the PCR course in August, they are already prepared to ask big questions of themselves and their peers.

“PCR helps our students learn who they are, what they value, and understand how they’re changing,” Senuzera says. “And they have a whole group of people to support them in this work.”

John McLaren ’17 also came to the shadowing with experience — in his case, in the realm of music. He plays the piano and as an undergraduate conducted research related to rhythm, memory, and the brain. His time with the singers opened his eyes to how spirituality may enter into life in many forms.

“There is a faith that music has the ability to heal,” he says, noting that his PCR experience will in turn impact his approach to patient care, especially at the end of life.

For Rosen, this speaks to PCR’s value as a teaching tool when it comes to difficult, sometimes unanswerable questions.

“Students learn something extremely valuable about the needs of patients in their final hours,” he says. “We’re helping them come to terms with the limits of their profession.”

“ENERGY AND ENTHUSIASM:” FACULTY PRECEPTORS

Although PCR is now widely acknowledged to be critical for students’ success, in the early days of PCR, which launched with the Vermont Integrated Curriculum in 2002, PCR founders Dana Walrath, Ph.D., a medical anthropologist and assistant professor of family medicine; Yvette Pigeon, Ed.D., a clinical assistant professor of family medicine; faced a much different landscape. Students, and in some cases faculty, were not primed to understand the purpose of time spent in conversation, or contemplating tough questions that are by their nature unsolvable, when their goal was to treat patients. Students craved mentorship, but were left to navigate the medical hierarchy on their own.

This system “allowed the Hidden Curriculum to dominate,” Rosen says, referring to the culture of medicine’s influence on education, and the effect that this informal learning has on the training of physicians. Studies on professional burn-out, a growing problem in the medical field, have shown that shifting the Hidden Curriculum’s emphasis — from competition and emotional distance to collaboration and empathy — helps to keep physicians both in practice and at their best for patients.

PCR is one way the College of Medicine puts the Hidden Curriculum “in the light,” Rosen says, making it less powerful. And it works both for the first-year medical students and the faculty who mentor them.

College of Medicine Associate Dean for Admissions Jan Gallant, M.D., says the groups she has mentored over the years give her an energy that permeates her professional life. She sees in students a capacity for deep understanding.

“There’s a sparkle in the air,” Gallant says. “Even if they aren’t talking, they’re actively listening.”

UVM Professor of Pediatrics Richard “Mort” Wasserman, M.D., has witnessed students coming to the aid of fellow students who need to talk through complicated questions about their patients, or peers, or their own development as a doctor. In this way he learns alongside the students.

“The title of the course is actually what it promotes in faculty,” he says. “It has that impact.”

And the relationships formed are long-lasting. UVM Associate Professor of Surgery Mario Trabulsi, M.D., was one of the first preceptors for the course, and she has seen students keep in touch as their lives unfold.

“Every year at graduation I have several students who are asking to hug me,” she says. “I’ve been invited to weddings; these really are long-term relationships.”

The expectation that preceptors will read and comment on students’ written reflections adds another dimension to the relationship, says Nathalie Feldman, M.D., assistant professor of obstetrics, gynecology, and reproductive sciences and director of the OB/Gyn residency program, who has been a preceptor since 2007. She’s seen students explore complex issues in medicine and come out on the other side with a changed view of the world — and a more nuanced understanding of their place in it — that will serve them well as doctors.

For Zoe Aggos ’15, who will begin her residency as an M.D. within the year, PCR has helped to lay the foundation for a lifetime of thoughtful engagement with patients, as well as an ability to step into someone else’s shoes, be it a fellow doctor, or nurse, or family member. And she points out that students who start their careers already understanding the value of cultural competency, empathy, and effective communication have an impact.

When 115 or so students graduate from the UVM College of Medicine every May and go on to residencies across the country, and eventually practice far and wide, they stand to influence their colleagues and the medical students they will teach.

“Good communication skills, conscientiousness, trust, empathy, a sense of curiosity: This is what helps patients have a trusting relationship with a physician,” Feldman says. “It’s the crux of effective patient care.”

John Danzer, Ray Chawla, LMH Imaging & Advertising Photography

Lisa Feldman, Dana Walrath, Arleanne Chawla, Ray Chawla

The title of the course is actually what it promotes in faculty. It has that impact.

— Richard “Mort” Wasserman, M.D., UVM Professor of Pediatrics

Top, bottom: Senuzera ’17 as a part of PCR class, shadowing nurse Cayce Lored N.P., at the University of Vermont Medical Center. Above, John McLaren ’17, second from left, joins the Noyana Singers at Vermont Respite House.