



Perspective/Opinion

What Better Time to Focus on Caring?

by Wendy Peltier, MD – Member of the KNN Work Group on Caring

“Educating the mind without educating the heart is no education at all.”

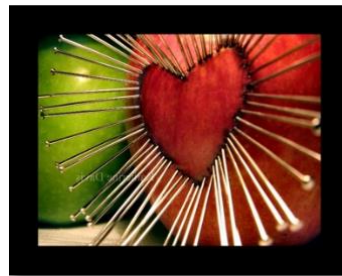
–Aristotle

When the call came for faculty volunteers for the Kern Institute, I was quick to raise my hand. I can still remember how refreshing it was to hear of Kern’s distinct focus on *caring* in medical education and faculty development. It was great for me, since my career transition from neurology to palliative care had brought many opportunities to reflect on my own practices around caring with a holistic bent.

Here’s a story illustrating the holistic philosophy of palliative care:

I visited a dying patient at a local hospice. What struck me was his amazement that his dog was allowed to visit him. He was thrilled that he could experience a bath and wear his own clothes. He loved that his daughter could link her computer in the hospice library yet still be at his bedside in a moment’s notice. I remember thinking, *“Why should one have to be dying to get this kind of care?”*

Effective palliative care successfully weaves in all the components of holistic care for a patient and their family while building “spaces” for comprehensive debriefing of challenging cases. We have regular discussions of how to stay afloat as team members who care for the dying. The self-care piece – the need to pause and reflect – is not a side-bar activity left to be “fit in” amongst an already overbooked



schedule. It is truly integrated. This was a powerful realization for me at the time.

In the twenty-plus years since I was a medical student, I have witnessed a significant shift away from many aspects of caring, perhaps not by intention but by default, as health care has become more of a commodity. The rise of technology-based medicine and the economics of healthcare clearly value efficiency over relationships. Finding meaning and joy in medical practice, however, can still be explicitly tied to sustaining caring relationships between patients, families, and caregivers.

It has been inspiring to be part of the [Kern National Network \(KNN\) Work Group on Caring](#), where MCW colleagues are partnering with other Kern partner schools to identify ways to bring caring front and center in our daily work with patients, learners, and colleagues.

Taking a Deep Dive into Caring Philosophy

[Dr. Joan Tronto](#), a philosopher and Professor Emerita at the University of Minnesota, is doing foundational work to develop a framework for caring. As an international expert on the [Ethics of Care](#), she helps us understand caring within society's complexities, language, and philosophy. She emphasizes caring as a responsibility rather than a contract; this responsibility is relational, which implies the ability to respond and negotiate over time. She acknowledges the challenges to care in our health system are many; they are complex, hierarchical and fractured. *"Doctors are important actors, but no longer direct the play."*

This raises important questions for us as we intentionally move toward meaningful change:

- How do we maintain caring practices despite the pressures of the "business of medicine" in these days of RVUs, volume-based financial drivers, and system-based quality metrics?

- How do we advocate for vulnerable and diverse patient populations, whose access to care and trust in medical providers is limited?
- How do we train future physicians and allied healthcare providers to balance power and purpose in advocating for system change?

An understanding of [Virtue Ethics](#), which defines *caring* as a moral orientation, is at the heart of tying education to *receptivity* and *responsibility*. Relationships in healthcare involve power differentials that should be approached with humility. We can foster optimal caring relationships in patient care, teaching and team building through development of a caring definition and framework that incorporates these philosophies.

- *Receptivity* in caring encompasses empathy, compassion and attentiveness.
- *Responsibility* in caring involves caring for others despite obstacles, a commitment to create connections across cultural differences.

Critical to teaching, caring is the ability to model these practices *beyond* the patient encounter. We must weave them into the fabric of care teams, our medical community, and our own self-care.

Dr. Tronto proposes that caring involves distinct types of activities and moral attributes:

- *Caring About* (attentiveness, sensitivity, empathy)
- *Taking Care of* (responsibility)
- *Care-giving* (competence)
- *Care-receiving* (responsiveness and perseverance)
- *Caring With* (citizenship, engagement, respect)

This framework for caring can also be linked to character development and professional identity formation, as “*care needs virtue, and virtue needs care.*” Caring providers, team members, health care advocates, and citizens need humility, honesty, empathy, curiosity and bravery. Weaving the key Kern elements of Caring and Character into medical education transformation will

better nurture our learners and empower them with practical wisdom for future practice.

How do We Get from Philosophy to Practical Tools and Methods?

Moving from theory to practice is a tall order! Educators must first gain deep understanding of and passion for caring so they are equipped to bring caring-infused experiences and resources to their learners. The KNN Work Group on Caring is coordinating Caring Listening Sessions to better understand perspectives, barriers, and opportunities for caring across all seven network institutions. Once our caring definition and framework are solidified, we will design metrics of success that focus on communication skills training, tools for self-reflection, responding to emotion, and navigating conflict. When Dr. Tronto was asked what critical skills would be most important for medical students to develop, she responded, “*they need to know when/how to speak up.*” Taking time to reflect on caring practices and our own “habits” of caring, may help identify real-time opportunities for our learners.

Sometimes it’s About the Little Things, our Caring Habits

As our KNN Workgroup and the larger Kern Network community discern how to create caring providers and share stories of caring exemplars, we have found that “it’s the little things” that matter most. We must develop habits and rituals where we teach and model an appreciation of everyone – our patients and our students – as people, not just as targets of our task-focused activities. It is useful for us all to take a moment to reflect on the ways we developed our own caring practices.

As a junior neurology resident, I will never forget being charged by our department chair to room our own patients in clinic. When asked why a clinic assistant could not do this task, and he shared two reasons. If doctors “greeted” our patients, we demonstrated our respect and interest in them as people. In addition, as we guided them down the long hallway to the clinic room, we would not only learn about them as people, but we would also have a “preview”

of their exam, assessing their gait and nuances in mobility that we could further explore during the visit.

Similarly, when I was learning palliative care practices, one of our nurses, when leaving a patient's hospital room, would always ask, "Would you like your door open or closed?" This simple gesture brought an element of care and respect, particularly after a difficult conversation.

Another Personal Story

While helping my brother find care for a new cancer diagnosis amidst the pandemic, I have seen health systems and caring providers from a new perspective. It was a huge challenge for him to find specialty care for his rare condition while living in a small Pennsylvania town. In addition, there was the dilemma of balancing treatment risks against potentially COVID-19 exposure.

Thankfully, his new oncologist at the nearby Cancer Center kindly called me and shared a copy of his consultation note. His note started, not with the expected "*This is a 57-year-old Caucasian male with ...*" but with "*This is a 57-year-old architect and lover of mountain biking with a new diagnosis of ...*" Reading further, I found *my* name and cell phone number actually imbedded near the top of the note. After months of trying to coordinate his cancer care, this meant so much to me! That week, I paid special attention to whether *my* notes included some important element that shared something about each patient as a person and what they valued, front and center.

As the KNN and the Kern Institute focus on caring, I cannot imagine a better time for our schools to get this right. The COVID-19 pandemic has shed light on the importance of caring relationships within teams and organizations under high stress, as well as the critical importance of self-care. Please join us in this important work. Perhaps you will take some time this week to reflect on your own habits of caring.

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