The UCLA Doctoring Program

Jerome R. Hoffman, MA MD

Professor of Medicine/Emergency Medicine

UCLA School Medicine

Visiting Professor

IRCME, the University of Tokyo

Typical US Medical School Structure

✍ **Year 1 and 2 : Basic sciences**

✍ **Year 3: Required clerkships**

✍ **Year 4: Elective Clerkships**

Doctoring - Desired Process

- Active learning
- Critical thinking
- Integration into the curriculum
- Planned redundancy
- Progressive reinforcement

Doctoring - Standardized Patients

- **Trained actors with detailed script guidelines**

    - **Medical facts of the case**

    - **Social facts**

    - **POV/ attitudes**

    - **Questions / goals re the physician encounter**

    - **Responses to various archetypal interviews**

Doctoring – Standardized Patients

- **Uniform and consistent teaching tool**

  - **Can raise consistent topics / issues**
  - **Can elucidate particular communication/ ethical/ interpersonal issues**

Doctoring – Standardized Patients

- Non-threatening
  - Safe for the learner
    - "Time-Outs"
    - "I don't know"
  - Safe for the "patient"

Headache module: Case

Alisa is a 35 year old woman presenting with a new headache, and a history of frequent headaches.

She has just joined your practice, because she is dissatisfied with her previous doctor.

HA Differential Diagnosis: By Severity

- Acute Life Threats
- Subarachnoid hemorrhage
- Bacterial meningitis
- Critical increase in intracranial pressure
  - bleed into tumor, sub-acute SDH
- Cavernous sinus thrombosis
- (Chronic) CO poisoning
- Suicidal depression

HA Differential Diagnosis: By Severity

Major Morbidity/ sub-acute life threats

- Sphenoid/ frontal sinusitis
- Temporal arteritis
- Acute Angle Closure Glaucoma
- Tumor/ sub-acute or chronic bleed
- Fungal or viral meningitis

HA Differential Diagnosis: By Severity

- **Severely Painful**
  - **Cluster**
  - **Classic migraine**

- **Chronic, "Benign"**
  - **Tension headache**
  - **Non-specific (other)**

Pattern recognition:
Intracranial Structural Lesion

- Focal findings

- Loss of consciousness
    - Syncope
    - Confusion
    - Decreased Level of Alertness

- Visual findings
    - Diplopia
    - Ophthalmoplegia

Pattern recognition: SAH

- Sudden onset/ worst at onset/ very severe (ie "thunderclap")

- Resolution over variable period of time (with or without analgesics)

- Possible history of "warning leaks"

- May or may not be associated with neurologic deficit or altered level of consciousness

Pattern recognition: Increased ICP

- **Worst in early a.m.**
  - recumbent/ hypoventilation while asleep

- **Worse with bending over or straining**
  - cough, sneeze, bowel movement

- **May be sudden onset, but often gradually progressive**

Pattern recognition: CO Toxicity

- **Multiple non-specific symptoms**
    - may include major neurologic or cardiopulmonary
- **Worst in one location/ relief when away from there**
- **Multiple patients with similar symptoms**
- **Appropriate Exposure**
    - indoor heaters/ car exhausts/ etc

Pattern recognition: Temporal Arteritis

- **Older age**
- **Unilateral pain**
- **Jaw claudication**
- **Symptoms or history of PMR**
  - proximal muscle involvement plus arthritis
- **Tender scalp**
  - over temporal artery
- ***Very* high ESR**

Headache module: Case

Alisa is a 35 year old woman presenting with a new headache, and a history of frequent headaches.

She has just joined your practice, because she is dissatisfied with her previous doctor.

Headache module: Case

- Is *this* headache caused by a different, life-threatening process?

- Does she need imaging or other studies?

- Does her acute pain need to be addressed?

- Is she "drug-seeking?" "Doctor shopping?"

Doctoring Tutor Guides

- Preparatory reading
- Learning Objectives / Overview
- Case-- Presenting Situation
- Discussion #1
- Patient Encounter (may be more than 1 part)
- Discussion #2 [or more, as appropriate]

Doctoring Tutor Guides

- **Wrap Up**
    - **Case Summary / Key Points**
    - **What's to come**

- **Resources**
    - **Appendix / Fact Sheet**
    - **Articles**
    - **Internet Resources**

Headache module: Introduction

Headache is the most common pain problem seen in medical practice.

- **90% of the population has experienced HA**

- **~ 3/4 of women / >1/2 of men report =1 major headache per month**

- **Vast majority of headaches are benign**

Headache: Learning Objectives

- **Learn to organize differential diagnosis**
    - **By Time-Urgency**
    - **By Severity**
    - **By Likelihood**
- **Review *pattern recognition* for headache**
- **Understand appropriate utilization of expensive and sophisticated technology**

Headache: Learning Objectives

- Understand the concept of "diagnosis of exclusion"

- Understand our emotional responses to patients with problems that defy standard biomedical paradigms

- Understand our role in helping patients with problems are not amenable to standard medical interventions

Headache: Learning Objectives

Understand the uses and limitations of chronic analgesic medications

- Understand our own biases when patients ask for pain medications

- Understand reasons for "oligoanalgesia"

- Understand the relationship between utilization of chronic analgesics and addiction

Headache module: Case

- Is *this* headache caused by a different, life-threatening process?

- Does she need imaging or other studies?

- Does her acute pain need to be addressed?

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Pain Medication in Headache

- Standard analgesics vs specific treatment
- Efficacy
- Safety
- Addiction risk?
- Drug-seeking behavior?

HA Module: Special Concerns

Why might Alisa have left her last doctor?

- It is often frustrating … conditions for which there is no identifiable biologic abnormality.

- These patients are often refractory to standard treatments and often have psychological difficulties

- They are particularly susceptible to unnecessary, costly, and possibly risky diagnostic tests and treatments

HA Module: Special Concerns

How does a patient like Alisa make you feel?

- Managing the "difficult patient" can be frustrating…

- It is also important to understand our attitudes …

- For the physician the illness experience is episodic while for the patient...

- When physicians cannot provide an explanation of symptoms they tend to discount...

- Despite our inability to measure … symptoms are very real and frequently disabling for the patient

HA Module: Special Concerns

How might cultural factors affect …?

- ? the culture of the patient
- ? the culture of the doctor
- ? the culture of the medical profession

Ample opportunity for mismatch of codes, messages and meanings

HA Module: Special Concerns

How do we deal with patients that we don't like?

- ✍ **We cannot avoid having negative feelings toward certain types of patients.**

- ✍ **Many physicians characterize patients we don't like as "different than we are" and treat them with contempt and without respect.**

- ✍ **No one tells us it is OK not to love every patient**

HA Module: Special Concerns

How do we deal with patients that we don't like?

- This may result in resentment, helplessness, unconscious punishment of the patient, inappropriate confrontation or avoidance

- Important to recognize common patterns … our responses … how we can better manage these patients

HA Module: Special Concerns

- How might we cope when we dislike a patient?

- By imagining what it must be like for patients

    - Doctors spend some much time and emotional energy making ourselves "different" from patients - - so we have a difficult time putting ourselves in a patient's place

- By being AWARE ...

HA Module: Hypothesis Testing

When would you do further testing?

- Suspicion of tumor: typical symptoms, time course, exacerbating factors, classic neurologic signs and systemic signs of cancer.

- Suspicion of bleed: symptoms of elevated ICP, classic "thunder-clap" onset, neurologic signs

- Suspicion of frontal or sphenoid sinusitis

- Suspicion of ...

HA Module: Management

- ? What are the goals of treatment?

- ? When should I consider drug therapy?

- ? What should I use for initial treatment and in what dosage?

- ? For how long should I treat the patient? If my original treatment fails, should I add another medicine or switch drugs completely?

- ? Should I consider CAM?

Doctoring 3 – Key Themes

- **More advanced approach to D1 and D2 themes**
- **More complex doctor-patient interactions**
  - » **Shared decision-making**
  - » **Angry / demanding / difficult patients**
- **More advanced H&P skills**
  - » **Areas of uncertainty**
  - » **Questioning dogma**

Doctoring 3 – Key Themes

- **Advanced decision-making**
  - » **Patient-oriented outcomes**
  - » **Shared decision-making**
  - » **Presentation of information**

- **Advanced critique of information**
  - » **Analysis of Journal articles**

- **Medical malpractice**

- **Prescribing, and the influence of big Pharma**

- **Culture and medicine (in individual patients)**

Doctoring 3 – Key Themes

- **The Culture of Medicine – in clinical training**
  - » **Authority / responsibility**
  - » **Doctor-doctor interactions**
    - **Hierarchical**
    - **Consultants**
  - » **Working with a team**
  - » **"Gifts" and the sense of entitlement**
  - » **Error, and the culture of blame**

Breast Cancer: Learning Objectives

- **Medical Issues**

- **How to access information about new/controversial treatments**

- **How to answer questions in areas where one is not an expert**

- **How to help patients choose ...**

Breast Cancer: Learning Objectives

- ✍ **Role/duty for insurance carriers re "unproven therapies"**
- ✍ **Advanced directives/ durable power of attorney**
- ✍ **The place of research ... ethics of RCTS ...**

Breast Cancer: Learning Objectives

- Giving bad news
- Shared decision-making
- Meaning of HOPE in absence of cure
- Issues of alternative medicine/ unproven "standard" treatments

Breast Cancer: Learning Objectives

- Importance of spirituality to individuals

- End-of-Life issues

- Impact of patients' fatal disease on physicians

Stages in Change

- ? **Establish need**
- ? **Establish power base**
- ? **Design innovation**
- ? **Consult**
- ? **Publicize**
- ? **Revise**
- ? **Provide support and implement**
- ? **Modify**
- ? **Evaluate outcomes**

Successful Change is Facilitated by

- Clearly stated vision
- Evolutionary planning
- Involvement of stakeholders
- Ample time & opportunity for faculty to learn by doing
- Wide inclusion and ownership
- Ongoing financial support
- Patience and time

Successful Change is Hindered by

- Rigid planning
- Imposition from one constituency
- Exclusion of stakeholders
- Lack of communication
- Lack of obvious support from the top
- Anecdotal evidence and rumors
- Lack of resources and structures
- Lack of sufficient time

Stakeholders

- Faculty
- Administration
- Students
- Future employers
- Society

Exemplary Leadership

- Challenges the process
- Inspires a shared vision
- Enables others to act
- Models the way
- Encourages the heart

Faculty Buy-In

- Faculty need to understand educational philosophy
- Faculty need to perceive a need for change
- Faculty development is crucial
    - large group workshops are useful for introductions BUT
    - faculty learning is enhanced when learning is from each other
    - feedback from students, course directors, and peers is crucial
    - participation of high status role models in planning, implementing and participating enhances credibility and attendance

Doctoring - **UCLA**

Enabling others to act

- *Foster* collaboration by promoting cooperative goals and building trust

- *Strengthen* others
  - by giving power away
  - providing choice
  - developing competence
  - assigning critical tasks
  - offering visible support

Modeling the way

- *Set* the example by behaving in ways that are consistent with shared values

- *Achieve* small wins that promote consistent progress and build commitment