



Thursday Memo – October 2, 2014

White Coat Ceremony Remarks (Mike Ennis)

Welcome. Greetings to all. Welcome to Wuss-staah. And thank you for joining us on this special day. I will be directing my remarks to our first year students, many of whom will soon be having their first patient care experiences.

Your House Mentor, who will be welcoming you on to the stage today, who will be supporting you in your medical school journey from matriculation to graduation, who will be teaching you clinical skills, that Mentor, who today is sporting a long white coat like this one, likely had a time early in their career when they were uncomfortable in their white coat – this is a near universal experience, a rite of passage, for most physicians.

When you wear your white coat much of the public will see you as a doctor. But when you first put that coat on, many of you are going to feel like it just doesn't fit right. You may very well feel like an imposter in that coat. White coat implies Doctor. You may be thinking: Doctor? Who? Me? What do I know - I'm just a first-year medical student. There will be times when your longitudinal preceptor will send you in to interview a patient while she goes to see a different patient. Sometimes the patient whom you are with will have come to see the doctor with the kind of issue that doesn't lend itself to those questions you've been learning about in the Doctoring & Clinical Skills course. Perhaps the patient is there just for a blood pressure check or for an annual physical or to have some form filled out. Or maybe the patient does have a problem like abdominal pain or a broken leg and you've gone through a lot of the questions that you've been learning to ask and you can't think of anything else. So there you are with the patient, who may be different from you in age or gender, different in cultural background or ethnicity, an individual with whom you seem to share little in common. You're there wearing your new bright white coat looking doctorly but feeling really awkward. What to do? Make small talk? Excuse yourself and head for the exit? What I want to submit to you today is that such times are the perfect opportunity to hone one of the most important skills of doctoring: that is: EMPATHY. How do I do that? you might be asking. First let's get on the same page about what empathy is.

Empathy is not thinking about how you would feel if YOU had the same problem as the patient in front of you. No, that would be in the realm of sympathy. Instead, empathy involves understanding the patient's experience or how you would feel if you WERE -not you- but instead how you would feel if you WERE that patient. Empathy is imagining how you would feel if you were in the patient's shoes experiencing the same problem. This probably sounds like a daunting task. Perhaps you are saying to yourself: I've never had kidney failure, I've never been the parent of a child with cancer, I've never been homeless or elderly, I can't even say systemic lupus erythematosus let alone know what it feels like to have that disease. So how can I understand what it is like to be that patient in that situation?

To start on the quest I would suggest that you arm yourself with 5 simple words: "what's it like for you...", 5 short, one syllable words: "what's it like for you..." So in those awkward moments with the patient when you've run out of questions about their headache or their cough or the consistency of their bowel movements, the opportunity then percolates up to use these 5 simple words. Ask your patient: what's it like for you to have rheumatoid arthritis, or what's it like for you to have had a heart attack, to live in the shelter, to have a newborn baby, to try to maintain sobriety, etc. etc. I doubt that you'll ever have a patient who doesn't have something in their life that you could learn more about. Using those 5 words frequently with patients will make you a better doctor. Try them out. Listening to the answers to these questions will build up your empathy muscles, ultimately making you a more astute clinician. The more you ask patients about what it is like to be them, what it feels like to be in their shoes, the more comfortable the white coat that you're wearing today will eventually fit. These conversations will not only help you to get to know your patient but will facilitate establishing rapport and building relationship with them AND ultimately make your job much more satisfying.

Like breaking in a new pair of running shoes by going out for a jog, the way to break in your white coat is to ask your patient: "what's it like for you.....?"

Thank you.