Harmony or Dissonance?

Supports and Constraints for Palliative Care Learning and Implications for Emerging Professional Identity

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Conceptualizing learning as a process of becoming that is inclusive of professional identity formation enables teachers, clinicians, curriculum developers and administrators to understand, explore and act at the appropriate level to align institutional values and goals with the lived experience of learners. Learning environments that support professional identity formation for palliative care practice can be created and sustained.

Background

Demographics in many countries indicate a need for physicians who are competent in and embrace the practice of palliative care as part of their professional identity. Deepening understandings of how learners become physicians capable of providing compassionate palliative care is critical. Learning as a process of becoming with individual, relational and cultural dimensions provides a framework to consider palliative care learning. Embedded within this metaphor is the notion that all experience contributes to learning and emerging professional identity, whether positive or detrimental, intended or unintended. From this perspective, a question can be posed:

What supports and hinders memorable palliative care learning and how does this impact emerging professional identity?

Methods

Using a qualitative approach, the authors undertook a study of narratives of memorable learning (NMLs) for palliative care. Volunteer participants were 14 graduating family medicine residents from one Canadian family medicine residency program. 45 discrete NMLs were identified and a thematic framework was inductively created. Results of the broader thematic analysis from this study have been published.[1] This poster explores the themes of supports and constraints for memorable learning, the sub-themes of personal, interpersonal and systemic dimensions, and their interplay within NMLs.

Supports

PERSONAL

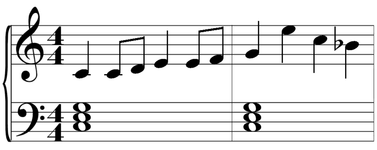
- Past involvement with death and dying: personal or professional
- Actively defining learning needs
- Seeking learning opportunities
- Established reflective practice

INTERPERSONAL

- Professional support: colleagues, interprofessional team, supervising physicians
- Positive relationships: patients and families, mentors, role models
- Positive non-professional relationships for support and reflection

SYSTEMIC

- Well-structured and identified palliative care clinical learning opportunities
- Time for communication with patients, families, interprofessional team
- Continuity with patients and families
- Formal curriculum: tutorials, lectures, books, on line resources
- Identification of and access to community-based resources



HARMONY:
Alignment of personal, interpersonal, systemic dimensions

"….. [Palliative care nurse] gives some good lectures… The other way [I learned about palliative care] was definitely the hospice experience…and then in hospital …

I remember one guy, I was on [hospital] service… he wasn't doing well … and then all of the sudden I got called that he was having trouble breathing… he was clearly in respiratory distress … he got drowsier and drowsier and he was starting to fatigue and I called his family and told them to come in and then had to … try to remember what kind of medications you give cause he wasn't going to continue this way for very long. … I called palliative care … to ask them … what medications they would give … to just make sure he was comfortable… I called my staff and just doubled checked…The family didn't make it in time. They came in and he had already passed…We had a really good conversation with them afterwards…. just talked about the patient and his life and what had happened … it had been quite unexpected… I think so much of what they'll remember about the night that he passed away… is going to be the conversation that they had with me and the nurse … you … set the tone… for how people are who are left behind are … gonna remember that experience … it's an… opportunity… to actually do something pretty nice for someone. Like I still remember the doctor who took care of my grandfather when he was passing away…"
- Participant 7

Constraints

PERSONAL

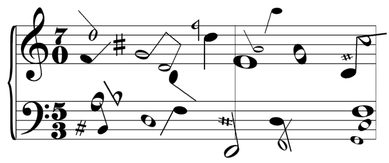
- No exposure to palliative care during undergraduate medical education
- Lack of experience with palliative care as a concept and/or clinical practice
- Fatigue and burnout during residency

INTERPERSONAL

- Lack of professional support: colleagues, interprofessional team, supervising physicians
- Communication challenges with patient and families: language, culture, family conflict, high emotional tone
- Inadequate communication with interprofessional team about patient and family: context, conflict, disease trajectory

SYSTEMIC

- Lack of identified and supported palliative care clinical learning opportunities
- Lack of time for communication with patient, families, interprofessional team
- Obligatory referral of patients to specialized teams
- Biomedical focus
- Lack of access to communication tools: interpreters



DISSONANCE:
Collision of personal interpersonal, systemic dimensions

"…Before medicine I [was a heath professional] … in that practice… I was exposed to palliative care … my mom used to be a palliative care nurse … I remember her speaking about it. I used to be a clerk on the oncology floor … so it's been around me…

I received [a call] to go down to the emergency department to see a woman who had just been told that she had metastatic disease and that she … was full of cancer all over her body and I was to go share this with her… it was like two o'clock in the morning and I was in charge of like ten women who were laboring and I go downstairs in the [emergency department]. All of her kids are around her, and I had to share this with her and then my pager went off. And all of the kids had different reactions. Some were sobbing, some were crying, some were yelling at me…. and I was really trying hard to communicate it and just to… say… "I really don't have much time." … I just felt very frustrated because I got called for a delivery. Then I had to leave. And I felt like that family was just left… in the dust and… and I felt as though, "How is that okay?" … I was never allowed really… well I was never … able to go back and to see that family in the emergency department again… because it was just so crazy … so I felt quite conflicted inside …"
- Participant 13

Discussion

The participants of this study, with unique life experiences and dispositions, entered the complex and dynamic clinical world. They interacted in the social and cultural milieu of the workplace, resulting in experiences that consciously/subconsciously or intentionally/unintentionally supported, hindered or confused the process of becoming a physician. Alignment or harmony among factors at all dimensions can strengthen an emerging identity for this practice: allowing curiosity, exploration and participation. When these collide, dissonance emerges: a learner who feels compromised in being the physician they aspire to be within a workplace culture; or interpreting this as a personal failing; or generating anxiety, confusion, insecurity and avoidance of engagement. Much of what happens in clinical contexts is dynamic and emerging. Opening a space for reflection and reflexive engagement and valuing this as learning will help in understanding the interplay of individual learners, workplace relationships and culture in the process of becoming physicians.




Implications

How we conceptualize learning matters. This study highlights the inherent limitation in considering learning simply as acquisition or workplace participation. Viewing learning as a becoming allows teachers, clinicians and educators to attune to the multiple constructions of learner identity, to attend to and embrace uncertainty, to allow and explore the emotions experienced through learning in complex clinical contexts, and to consider how the interplay of the individual and the learning environment supports or hinders learning and professional identity formation. Situations that confuse or present mixed messages to learners can be identified and addressed at the appropriate level.

Selected References

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Acknowledgements

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