COMMENTS

Humanism, Compassion, and Afternoon Tea in Medical Education

We read with great interest Dr Lovell's recent essay, "Bereavement China and Edge-Work."[1] His reflective narrative provides sharp insight into the value of small gestures of humanism offered to the most vulnerable in their times of greatest need. Setting tea for patients or families receiving bad clinical news may be a quintessentially British custom, yet it has far-reaching parallels, particularly in medical education. Many of us practice in academic settings that combine challenging patient care with training of learners at multiple educational levels. In many ways, medical education itself could be considered a form of "edge-work." Building confidence is a central component to this process. Learners are frequently placed in a vulnerable position within the medical training hierarchy while simultaneously being expected to acquire new and unfamiliar skills. Expectations for high-level performance and perfectionism are pervasive despite the fact that questions and answers may not always be clear to either teachers or trainees.

As medical educators we enter into a shared emotional space with our learners. This is not dissimilar to the physician-patient relationship. Development of mutual trust and respect helps foster collegiality and a productive educational environment. However, we are frequently confronted with scenarios in which learners may not fully perform to their or our own levels of expectation. This is a natural part of professional development. In most cases, it is simply acknowledged and processed as a routine part of learning and growth. However, in some circumstances the issue at hand is significant enough that it becomes akin to delivering a kind of devastating diagnosis. In rare instances, it can alter education, career, or life trajectories. Examples include, but are not limited to, counseling students who did not match into a highly competitive specialty about alternative career choices, or working with students or residents experiencing academic or performance difficulties who may be at risk for remediation or dismissal. Demonstration of compassion and empathy for our learners is a vital component of what we can offer during these difficult educational scenarios. It is part of teaching the art of both high-quality medicine and professionalism.

Should we acquire a special tea set reserved for these particularly challenging moments in medical education? Perhaps grabbing a coffee during advising sessions would cultivate a more casual and nurturing framework? Dr Lovell provides an eloquent commentary on the healing elements the tea ritual provides both recipients and preparers in clinical environments. Although similar acute interactions are not common in the context of medical education, we need to be prepared for how best to handle them when they do occur. As mentors and advisors, these situations often affect us as deeply as they do our trainees. Compared to a rapid, highly emotional response, a carefully considered approach is usually more beneficial for all involved. Humanism and compassion are central to this process. Taking a purposeful moment for self-reflection during challenging times in medical education, whether or not that includes actually setting tea, is an integral part of this work.

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