The Experience of Suffering

Responding as Professionals

An exploratory project for the IPTL course by

• Sadiqa Khan, MD, Art Therapist
• Lori Shea, RN
• Joshua Shadd, MD
Introduction

Participants shared two core beliefs:

• Suffering is a universal human experience.
• All healthcare professionals can and should address suffering.

Participants engaged in a series of exploratory conversations about the topic of suffering in the education of senior nursing and medical students. This poster explores three themes which arose from this dialogue.
Theme #1

What do we mean by ‘suffering’?

Definitions inadequate, but shared concepts include:

• Universal
• May be hidden
• Multi-dimensional (physical, spiritual, social, cultural)

• Not amenable to being ‘fixed’ by any technique, but requires a response of compassion

Definitions inadequate, but shared concepts include:

• Individual
• Affects the whole person
• Often accompanied by pain (somatic, psychic or spiritual)
What did we learn about our concepts of suffering?

- Participants did not identify any significant differences between their concepts of suffering, though the language used varied from person to person.

- None felt that the process changed their fundamental understanding of suffering, but it did expand the range of language available to us to talk about it.
Theme #2

What barriers to addressing suffering are encountered by nurses and physicians?

In order to equip students to overcome barriers to addressing suffering, both common and discipline-specific barriers must be identified.

Common barriers:

- Lack of time
- Fatigue
- Personal fears in facing suffering
Barriers more prevalent in nursing:
• Burnout, compassion fatigue

Barriers more prevalent in medicine:
• “Hidden curriculum” in medical education
• Counterproductive effects of the educational process
• Education does not support/enhance trainees existing desire/ability to address suffering
• Lack of role models
• Not formally evaluated
Theme #3

What are the relevant learning needs of nursing and medical students?

Common learning needs:

• clinician teachers should be taught to convey - both explicitly and through example - the importance of addressing suffering
• students should learn strategies to navigate the systemic barriers to addressing suffering
Nursing Curriculum Strengths:
• the skills of compassion and care are taught and evaluated
• teaching occurs longitudinally throughout the four years of training

Medical Curriculum Needs:
• addressing suffering should be acknowledged as a component of the physician’s role
• teaching strategies should emerge from this acknowledgement

A Way Forward:
• How might the nursing curriculum’s strengths help address the medical curriculum’s needs?
Conclusions: Our Lessons as an IP Team

• On a small team, our perspectives and experiences as individuals are as influential as our roles as representatives of a profession.

• A common language matters: our time spent defining terms proved very useful.

• We began with certain assumptions about each other’s professions: open discussion brought these forward and allowed us to reach a more accurate understanding.