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The patient experience: A reminder of the role of the provider Artist’s Statement

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I always thought that I would be a clinician who prioritized the feelings of patients—one who actively listened and provided the time and space for open dialogue.

Yet even as a third year clerk, I could appreciate how easy it can be to lose sight of the trauma and pain experienced by patients on a daily basis.

Amidst the fast pace of clinic and the need to work efficiently on my hand surgery rotation, I realized that I missed opportunities to ask open-ended questions or explore my patients’ feelings. Cognizant of the growing queue of patients waiting in line, I was instead quick to measure angles of finger contracture or the range of joint motion. It was tempting to group patients together based on similarities of clinical presentations, such as the patients who required steroid injections or needed a carpal tunnel release. In doing so, it was easy to lose sight of individual patient stories.



It was when I encountered a patient who was post-op from a D4 and D5 digit amputation that I took a step back. They walked into the room smiling and laughing and it caught me by surprise. Before, I would often view amputations with sadness, and I just assumed patients felt the same. I would focus on the loss to the patient—the loss of fingers in one’s dominant hand and the decrease in function that was to come. But this patient described another loss that I did not anticipate, a loss of chronic pain in their daily lives, that made me realize how much relief amputations can provide for patients. With chronic osteomyelitis in their fingers, the patient was in significant pain and the digit amputations supported an improved quality of life. Given the differences in lived experience, I was reminded of the importance of truly checking in with patients to understand their perspective.

Rather than parroting “I can’t imagine what you must be going through,” I took the time to try. From the missing wedding band tan to the floppy winter glove that does not fit quite right, I became more aware of how small day-to-day activities can require significant life adjustments.

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By prioritizing patients and offering them my attention, I was better able to acknowledge and validate their experiences, whether positive or negative.

As part of the Humanism in Surgery curriculum at the University of Toronto, third year medical students were asked to produce an art piece to explore their experience of compassion during their surgery rotation. To reflect on my experiences on hand surgery, I produced a painting called *Loss* (18" x 24", oil on canvas). The painting depicts the left hand of the patient who was post-op from a D4 and D5 amputation. Despite the detail in the hand, there are no other background features or sense of who the patient is. This was meant to represent the initial tunnel vision I felt when focusing on the clinical hand exam itself as opposed to who the hand belonged to. In the background, the hand is surrounded by dark hues which is contrasted with warm yellow hues shifting in from the corner. This symbolizes my shift in perception and interpretation of the patient's experience as I came to learn about their newfound optimism after ridding themselves of chronic pain.

Throughout this exercise, I focused more on the process of painting and reflection than the end composition of the piece. I took a moment to appreciate the unique stories of my patients. I thought about what life would be like to lose function in my hand. I thought about how it would affect my livelihood, and the adaptations I might have to make to maintain my passion for painting or my capacity to provide medical care.

I would hope to be able to find the same resilience and agency that patients seem to be able to find in the face of hardship. I would also hope to be treated by the sort of physician that I aspire to one day become, one who takes the time to actively listen and one that approaches care with compassion.