

Curiosity as a tool in medical supervision

Daniel James Ince-Cushman MD CCFP FCFP Marion Dove MD CCFP FCFP Catherine Jarvis MD CCFP FCFP Dorothy Opatowski MD

A physician's curiosity is fundamental to understanding each patient's unique experience of illness, building respectful relationships with patients, deepening self-awareness, supporting clinical reasoning, avoiding diagnostic premature closure, and encouraging lifelong learning.¹ In preparing learners for family practice, one of the unspoken tasks of the clinical preceptor is to nurture curiosity, but how is this done concretely and what are the challenges?

Threats to curiosity

Psychological distress is more prevalent among residents than perceived by clinical preceptors.² Even before the COVID-19 pandemic, competing stresses and cognitive loads, such as the advent of advanced electronic medical records, multiple complex clinical practice guidelines, and an increased number of performance evaluations, could threaten resident curiosity during clinical encounters. In this age of anxiety and distraction, acknowledging these threats to our attention and well-being while fostering curiosity has likely never been more relevant. Job satisfaction has been linked to burn-out in numerous studies; therefore, training engaged and curious clinicians is essential to the future sustainability of the system.^{3,4}

Work hygiene versus motivation

Although working conditions—more formally known as *hygiene factors* in occupational psychologist Frederick Herzberg's 2-factor theory—are important to occupational satisfaction, *motivational factors*, while less tangible, are similarly important.⁵ In supporting motivational factors, such as helping learners to appreciate the complexity of the clinical encounter, we provide a dual opportunity to improve not only patient care outcomes but also learner well-being. By giving support to both reducing learners' dissatisfaction with working conditions and increasing learners' satisfaction with motivational factors—such as curiosity—we help to balance some of the inherent hygiene challenges of contemporary residency that were mentioned earlier. For example, advances in technology and patient safety requirements mean that learners likely spend progressively more time with computers and less time with mentors and patients. As a result, learners might have fewer opportunities for human contact, autonomy, and entrustment of professional activities, which could decrease their satisfaction. Trying to address motivation by stimulating curiosity is one potential way to improve career satisfaction when faced with negative hygiene factors that are impractical to eliminate.

Concrete strategies

Although curiosity has an innate component⁶ and trainees enter medicine with varying degrees of openness to novelty, there remain practical ways to foster or improve learners' current curiosity (Table 1).

Model inviting pleasant uncertainty or "wondering." To seek certainty is a natural drive for many, but efficient and artful primary care often means embracing uncertainty.⁷ When reviewing a case, saying "I wonder about What do you think?" models curiosity and puts a tacit or gentle social stress on learners to connect with their own curiosity.

Model enthusiasm for common cases by getting excited by the complexity of the everyday. Getting excited about every case will not seem authentic, or even if it does, it will ultimately decrease learners' responsiveness to this approach. However, picking a case per clinic and showing how the ordinary can be extraordinary can be a powerful tool in illustrating the art of medicine. Some of the most common problems, such as hypertension, depression, and pharyngitis, have many nuances that are not always apparent to learners. Rather than looking for learners' failure to appreciate these nuances, we as supervisors can focus on sharing our own appreciation of the complexity of the case by saying, for example, "What is interesting about this case is" Similar to "wondering," this approach puts a soft social stress on the resident to appreciate clinical complexity positively.


Model "seeing" or sharing what you saw and how it changed the interview. The goal of this approach is to promote "seeing narrative" rather than only documenting data.⁸ It would be hard for an author to write while doing data entry, and the same applies for physicians interviewing a patient. Patient narratives are unique and full of twists and turns. Modeling to learners what you as the supervisor saw by observing the patient, and how

Table 1. Three approaches to fostering curiosity in clinical supervision

APPROACH	EXAMPLE
Wondering	I wonder about What do you think?
Appreciating hidden complexity	What I find intriguing about this case is
Seeing narrative	When I saw <i>this</i> , I wondered about <i>that</i>

that changed the story, helps learners to appreciate the dynamic complexity of the patient encounter. “When the patient said ... the look in the patient’s eyes and tone of voice made me want to know” “The hesitation in the patient’s voice when the patient answered about ... made me curious about” The goal is to show how one’s powers of observation influence the narrative that is constructed. In contrast to the strategies of wondering and getting intrigued by complexity, seeing narrative requires direct supervision of learners or requires learners to shadow supervisors, and thus is more resource-intensive but likely also more powerful.

Conclusion

There are many threats to learner curiosity in modern medical training. However, there are time-efficient ways that clinical preceptors can promote curiosity during daily supervision through modeling and sharing certain techniques. This article presents 3 such practical strategies and key phrases associated with each to address learner curiosity: wondering, appreciating complexity, and seeing narrative. 

Dr Daniel James Ince-Cushman is Assistant Professor, **Dr Marion Dove** is Chair, **Dr Catherine Jarvis** is Assistant Professor, and **Dorothy Opatowski** is a psychologist, all in the Department of Family Medicine at McGill University in Montréal, Que.

Competing interests

None declared

Correspondence

Dr Daniel James Ince-Cushman; e-mail d.ince.cushman@gmail.com

References

1. Dyche L, Epstein RM. Curiosity and medical education. *Med Educ* 2011;45(7):663-8.
2. Laramée J, Kuhl D. Suicidal ideation among family practice residents at the University of British Columbia. *Can Fam Physician* 2019;65:730-5.
3. Visser MR, Smets EM, Oort FJ, De Haes HC. Stress, satisfaction and burnout among Dutch medical specialists. *CMAJ* 2003;168(3):271-5.
4. Rutherford K, Oda J. Family medicine residency training and burnout: a qualitative study. *Can Med Educ J* 2014;5(1):e13-23.
5. Herzberg F. Motivation-hygiene theory. In: Miner JB, editor. *Organizational behavior 1. Essential theories of motivation and leadership*. Armonk, NY: M.E. Sharpe; 2005. p. 61-74.
6. Gallagher MW, Lopez SJ. Curiosity and well-being. *J Positive Psychol* 2007;2(4):236-48.
7. Malterud K, Guassora AD, Reventlow S, Jutel A. Embracing uncertainty to advance diagnosis in general practice. *Br J Gen Pract* 2017;67(659):244-5.
8. Charon R. The patient-physician relationship. Narrative medicine: a model for empathy, reflection, profession, and trust. *JAMA* 2001;286(15):1897-902.

Can Fam Physician 2022;68:783-4. DOI: 10.46747/cfp.6810783

La traduction en français de cet article se trouve à <https://www.cfp.ca> dans la table des matières du numéro d’octobre 2022 à la page e296.

Teaching tips

- ▶ Negative working conditions such as competing stresses and cognitive loads are often impractical for clinical preceptors to eliminate, yet can threaten learners’ attention and well-being. Conversely, motivational factors, such as curiosity, can be nurtured by clinical preceptors through a few concrete and time-efficient strategies.
- ▶ Efficient and artful primary care often means embracing uncertainty. Modeling curiosity with “I wonder ...” statements puts a gentle social stress on learners to connect with their own curiosity.
- ▶ Picking a case per clinic and showing how the ordinary can be extraordinary can foster curiosity and be a powerful tool in illustrating the art of medicine.
- ▶ Preceptors can promote “seeing narrative” rather than only documenting data; although this approach is more resource-intensive, requiring supervision or the learner to shadow the supervisor, it can also be more powerful.

Teaching Moment is a quarterly series in *Canadian Family Physician*, coordinated by the Section of Teachers of the College of Family Physicians of Canada. The focus is on practical topics for all teachers in family medicine, with an emphasis on evidence and best practice. Please send any ideas, requests, or submissions to **Dr Viola Antao**, Teaching Moment Coordinator, at viola.antao@utoronto.ca.