

2020

Time to Bring Curiosity Back into the Practice of Medicine

Robert Bing-You
Maine Medical Center

Follow this and additional works at: <https://knowledgeconnection.mainehealth.org/jmmc>



Part of the [Medical Education Commons](#)

Recommended Citation

Bing-You, Robert (2020) "Time to Bring Curiosity Back into the Practice of Medicine," *Journal of Maine Medical Center*. Vol. 2 : Iss. 1 , Article 1.

Available at: <https://knowledgeconnection.mainehealth.org/jmmc/vol2/iss1/1> <https://doi.org/10.46804/2641-2225.1043>

The views and thoughts expressed in this manuscript belong solely to the author[s] and do not reflect the opinions of the Journal of Maine Medical Center or MaineHealth.

This Letter from the Editor is brought to you for free and open access by Maine Medical Center Department of Medical Education. It has been accepted for inclusion in the Journal of Maine Medical Center by an authorized editor of the MaineHealth Knowledge Connection. For more information, please contact Dina McKelvy mckeld1@mmc.org.

FROM THE EDITOR

Time to bring curiosity back into the practice of medicine

Bob Bing-You, MD, MEd, MBA | Editor-in-Chief

Department of Medical Education, Maine Medical Center, Portland, ME

I recently spoke with a group of clinicians about Continuing Professional Development (CPD), traditionally known as Continuing Medical Education (CME), and the important need for curiosity and reflective practice in developing expertise. Although many of the clinicians seemed engaged and wishing to learn, one clinician shared how they had not been curious since they were in medical school. How disheartening! With competing productivity stresses, burnout, disengagement, regulatory burdens, and family demands, no wonder clinicians have little time, will, or cognitive capacity to be curious.

Why should we care about curiosity in medicine? At its core, being curious about our patients and our practice of medicine may drive us to learn more. Such learning can improve clinical competence, and better yet, expertise. Without curiosity, we may become complacent about our ways of patient care and not wish to know what we do not know. Our patients and communities can only benefit if we, as clinicians, remain curious.

Supporting a culture of curiosity for clinicians may help to address growing concerns about burnout. Self-determination theory suggests that clinicians have strong motivating needs for competence, autonomy, and purpose.¹ I believe that clinicians have a strong desire to be good at what they do. They also want to have a choice in what and how they learn. Reconnecting to the purpose of why one entered medicine is critically important in these stressful times. Research in nonmedical organizations also suggests that curiosity in the workplace has many benefits, including fewer decision-making errors, more innovation and positive changes, reduced group conflict, more open communication, and better team performance.²

How do we bring curiosity back into medicine? Imagine that we have the time and space to be curious every day. I believe that having learners in our midst certainly supports curiosity. The power of a learner asking “Why do you do what you do?” should not

be underestimated. That said, working with learners is not enough. My hope is that the *Journal of Maine Medical Center* will foster a state-wide community of curious learners. Furthermore, we need to build the infrastructure and support mechanisms that intentionally sustain a culture of



curiosity in our clinical learning environments. A futuristic healthcare system that reinforces clinician curiosity may look like this:

...professional development is most effective when the clinician is engaging in it for a purpose and when the material is meaningful and relevant to her or his scope of practice; is presented by a trusted authority; engages learners actively; and includes feedback, reflection, and reinforcement.... In an evolved system, a community of practice supports clinicians not for their resistance to change but for their active participation in interventions that drive measurable improvement. Clinicians should engage in CME activities intentionally; they should be able to easily find activities that meet their needs; there should be a convenient, online system for tracking and reporting participation; and participation should count for multiple regulatory expectations.³

Simple approaches to support being curious might include a health care team having “what if days”² in which they ask themselves what if they took care of a particular patient a different way or changed their office practice to improve a specific process. I also imagine a “curiosity app” that periodically pings clinicians to ask what they are curious about and quickly provides the answer or resources. What if every clinician had dedicated (i.e., RVU adjustments) “curiosity days” throughout the year? With support from others and the system, clinicians could develop a personalized learning plan for these curiosity days, focusing on what they are passionate about learning

and doing in medicine. For the good of our patients *and* our clinicians, we need to be innovative about ways to build curiosity back into medicine. Let's take a step forward and work on this together.

With that, I leave you with the question: what are *you* curious about today?

REFERENCES

1. Lyness JM, Lurie SJ, Ward DS, Mooney CJ, Lambert DR. Engaging student and faculty: implications of self-determination theory for teachers and leaders in academic medicine. *BMC Med Educ.* 2013;13:151. doi: 10.1186/1472-6920-13-151
2. Gino, F. The Business Case for Curiosity. *Harvard Business Review.* September-October 2018;96(5):48-57.
3. McMahon GT. Inspiring curiosity and restoring humility: the evolution of competency-based continuing medical education. *Acad Med.* 2018;93(12):1757-1759. doi: 10.1097/ACM.0000000000002339.”