

and its related Pathways framework, the ACGME hopes to motivate the GME community and the leadership of U.S. teaching institutions to enter a national conversation. Our goal for this conversation is to advance clinical learning environments that meet the public's need for physicians who are prepared not only to deliver excellent technical and humanistic care but also to participate in or lead constructive change in the quality and safety of our delivery system throughout their careers.

Disclosure forms provided by the authors are available with the full text of this article at NEJM.org.

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BECOMING A PHYSICIAN

Caring for William

Robert Jones, B.A.

Shaving William is something like performing surgery, and when the weather permits, the back porch becomes our operating room. Before each procedure, I drape him in standard fashion, with a nylon hairdresser's cape he scavenged from our neighbor's garage sale. Like any operation, the procedure itself is sequential and ritualistic. Pulling taut his wrinkles, we start with his neck and move upward, trimming even his ear hair and eyebrows.

As I unplug the clippers, William lifts his hands to his face, manually inspecting my work. Most sensible 67-year-olds would be grateful just to have a free barber, but William remains surprisingly critical. Every time, he finds a spot that I missed. Almost unexpectedly, the allure of "surgery" becomes its greatest downfall — despite the shakiness of human hands, the idea that perfection is possible.

My life is divided between two very different worlds: a hospital, where I'm a medical student, and a homeless shelter, where I live and work. But the boundaries often blur, and I sometimes catch myself thinking of William as one of my patients. I worry about his unexplained weight loss, his persistent cough and pack-year history, his talking to people who aren't really there.

But William won't let me listen to his heart or lungs with my stethoscope. He changes the subject when I bring up smoking cessation or suggest dietary modifications. And even now, when I remind him that I'll soon be a doctor, he furrows his brow and shakes his head dismissively. "Not on me, you won't," he always grumbles.

I graduated from college with a lot of ideas about poverty and privilege in America but little real experience. This idealism of mine

was earnest enough, but it was foolishly certain, detached from reality, and driven by guilt. More than anything, it was rooted in my reaction to a simple but frightening realization — that I'd become insular, judgmental, afraid of my own shadow. I needed something drastic to snap me out of my own small world. So when I was offered the chance to live and work at St. Francis House, a shelter for mentally ill men, I jumped at the opportunity.

As I began to experiment with facing my own fears, St. Francis House turned out to be the perfect Petri dish. I played card games with crack addicts. Former felons taught me how to change the oil in my car. And sitting down for dinner every night, I'd look around the table at a room full of people I had grown to care about but whom I might have previously avoided altogether.

William quickly became my

favorite guest. There is something special about him that defies logic, an endearing quality I can't seem to categorize. He started calling me Jimmy, for no apparent reason. He often laughs and mumbles to himself. His clothes never seem to match the weather.

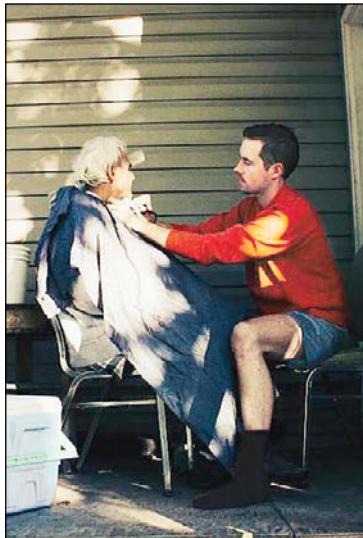
Even through the boggy Missouri summers, William is rarely seen without a stocking cap, often slanted and covering only the rims of his ears. "It keeps the heat off," he explains matter-of-factly. At least once a week, William barges into my room, demanding my immediate attention. I'll look up from my book or computer to see him standing in the doorway, pointing to his uncovered head. "Jimmy, somebody stole my cap!" he announces, distraught. Did you retrace your steps? "Yes." Are you sure? "Yes." Go look again. "It ain't there!"

We go downstairs together and usually find it wedged between the cushions of his favorite couch or lying abandoned on the living room floor, more often than not in plain sight. On the rare occasions when our search turns up nothing, I ask him the color, run up to his bedroom, and find a match from the top shelf of his dresser, filled to capacity with willing doppelgangers.

We often joke that for William, there's no news like bad news. His hat's been abducted. His radio's run out of batteries. A guest is passed out drunk in the backyard bushes. These are the minor life complications he quietly relishes, eager to seek out assistance from the rest of us.

Still, as compared with the evening news or even my own personal problems, William's crises feel refreshingly finite and con-

querable. Every time I find his missing hat, or even surreptitiously replace it, his wide, edentulous grin makes me feel practically heroic.



Shaving William on the Back Porch.

Courtesy of Britt Hultgren.

When much of my life consists of seemingly endless battles — dense textbooks or mounds of patient notes — I find solace in these moments. They punctuate my day with at least some sense of accomplishment, small achievements to cling to as I settle in for bed at night.

Most evenings, as I walk up to the house in my scrubs or short white coat, William is there to greet me, chain-smoking on the front porch. "Hey Jimmy! Who'd you kill at that hospital today?" he always asks with a sardonic smirk. Over time, this recurrent joke of his has taken on a deeper irony: while I somehow think of him as my first real patient, he thinks of me as his punch line.

It would be too easy to write off William's deep distrust of modern medicine, and even of

me within that context, as delusional thinking, a direct result of the excessive dopamine bathing his brain's mesolimbic synapses. But William's reality is much more complicated. At an early age, he was abandoned by his family and institutionalized for schizophrenia, in an era when mental illness was poorly understood and often barbarically treated. Although he avoids talking about his years in the asylum, I've gathered enough to recognize his fears for what they are — well founded, almost surprisingly sane.

Last year, I did a research fellowship at Johns Hopkins through a program called CUPID — Cancer in the Under-Privileged, Indigent, or Disadvantaged — that included lectures from some of the brightest minds in health care policy and practice. Virtually all of them stressed a similar theme: the necessity of universal coverage for the poor. I left Baltimore inspired, only to return to a state where legislators were using any means at their disposal to obstruct the implementation of the Affordable Care Act — even its most diluted and bipartisan measures. On my return, I learned that one of our former guests had just lost his own battle with cancer. Another had his Medicare coverage revoked for not returning a simple form in the mail. We've had patients, disoriented and still in hospital gowns, dumped on our front lawn by taxicabs. This is the system I'll soon be a part of.

Like William with his weekly shave, I also have the unfortunate tendency to expect perfection. Health care reform is bound to be a work in progress, with the byzantine regulations of the old

system complicating those of the new. Still, it's hard not to become cynical, even alarmed, when the people I live with and care about continue to quietly suffer, sometimes even die, without proper access to health care in the richest country in the world. What makes William's situation both unusual and particularly tragic is that he almost seems to prefer it this way.

Throughout the past 3 years

of medical school, I've vacillated between trying to make a difference and just trying to survive — given the constant fear of failure, the stress placed on personal relationships, and the frustrations engendered by a system that often neglects those who need it most. It's in my most jaded and defeated moments that the guests at St. Francis anchor me in reality, William most of all. I help him find his hat. And he helps

me find perspective. But more than anything, he pushes me to become the kind of doctor that, just maybe, he might someday choose to trust.

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