

Other

When patients become teachers: perspectives from surgical residents and students

Daniel Kohn¹, Judaja Prescott², Amulya Alapati¹, Youssef Mourad¹, Patrick Kiarie²,
Camille Mai-Phuong Tran Quang^{3*}, Michael Jasmin¹, Martine A. Louis¹

¹Department of Surgery, Flushing Hospital Medical Center, Flushing, New York, USA

²St Georges University, True Blue, St. George's P.O. Box 7, Grenada

³Ross University School of Medicine, Two Mile Hill, St. Michael, Barbados, Caribbean

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*Correspondence:

Dr. Camille Mai-Phuong Tran Quang,

E-mail: camillequang@gmail.com

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ABSTRACT

The medical field is evolving rapidly, with an increasing focus on technology to address complex medical issues. In the traditional clinical encounter, the physician's role is often seen as providing one-way technical expertise. However, every patient-physician interaction is a two-way relationship with the potential for reciprocal learning. In the relational model of patient-physician relationships, the patient is more than a passive bystander but also an integral participant and a teacher from whom physicians can learn invaluable insights, such as the interplay of emotional intelligence and the healing process. These insights can add to the heart of the profession beyond purely academic pursuits. From a senior surgical resident's point of view, we explore the question: What do physicians learn from patients during the therapeutic relationship that extends beyond our technological tools?

Keywords: Patient-physician relationship, Social exchange, Reciprocity, Human connection

INTRODUCTION

The word 'doctor' derives from the Latin word 'docere,' which means 'to teach.' At the heart of the medical profession, residents in training learn to acquire and share knowledge for the good of the profession and the wider population it serves. In the twenty-first century, the focus is more than ever on technology, the tools needed to solve the most complex medical conditions, and on cost-effectiveness. With increasing intellectual advancement and dependency on technology, the relational model of patient-physician relationships- which involves the nuances of emotion, compassion, respect, and mutual understanding- seems to have become less critical. In the relational model, the physician's role is often perceived as providing one-way technical expertise and knowledge within the two-way relationship centered on exchanging disease-related information.¹ Physical pain is not the only ailment patients face, and physicians often help patients

develop coping mechanisms and see through their painful journey the potential for growth.² Empathy- the ability to understand and communicate an understanding of another person's perspective- has been linked to a positive effect on patient outcomes.³ Compassion means being moved to show how deeply we care for patients.

However, parallel to empathy and compassion, another dimension to the relational model should be explored. As doctors, we can transform a patient from a passive bystander into an active and integral participant, helping the patient become an invaluable teacher of the interplay of emotional intelligence (EI) with their physician. The layers of EI have only recently been considered in the surgical world, as it can be even more difficult in this specialty to provide this level of patient-centered care due to long work hours, the nature of the work itself, emotional stress, limited patient continuity, teaching, and research responsibilities.⁴ By engaging with surgical residents, we

can explore this new dimension of the patient-physician relationship. As surgical residents allow themselves to explore individual experiences with patients who left the most lasting impressions on them throughout their years of training, on a personal level, they offer a rich narrative of lessons learned.

LESSONS LEARNED: CHIEF SURGICAL RESIDENTS IN THEIR OWN WORDS

It takes a village

"Surgery: STAT to labor and delivery." Whenever I hear these words, I always think about one patient. This was the beginning of a journey, first in the operating room, then in the ICU, and then a prolonged hospital stay for this young mother, desperately trying to survive for her three children. I will never be able to erase from my memory that first night, my worst yet most rewarding night in the unit, this night of touch and go, and the relief of seeing the sunrise with her alive! I will never forget her husband's gratitude and watching her tachycardia resolve as one of my teammates spoke to her in her language. I will never forget her parents praying at her bedside every day. After an extended stay in the surgical intensive care unit (SICU) and weeks on the floor, this mother of three pulled the entire team together as, days and nights for weeks, we all persevered. She survived and left the hospital on foot! This was the patient who had the most profound influence on me as I transitioned from PGY-4 into my chief role."

The effect of a father-daughter bond

"This patient spent weeks with us from the ICU to the floor, but no matter how difficult the day he was having, seeing his eyes light up when he video-called his daughter on the other side of the world just made my day! Across the miles, that bond made a huge difference in the healing process."

Family power, accountability

"His family support throughout his odyssey still haunts me. I felt such a strong connection with him that, for weeks, the first thing I did when I woke up was to check his chart from home early each morning. Then, one morning, he was gone. This was my first experience where a patient "broke my heart." He taught me the valuable lesson of limiting expectations. I will never forget when he passed away, his family told me, 'You promised...'"

Human connection

"A true survivor": He had been dealt a terrible deck of cards with gastrointestinal and pulmonary complications from COVID-19, resulting in a tracheostomy and artificial nutrition. He was the toughest patient (in a good way) that I had to take care of. He was eventually discharged. But he later came back to the ED. "I will never forget his eyes across the room when I saw him as he was being

readmitted. He could not speak but he physically reached out for me, looking for a familiar face. He squeezed my hand the hardest he ever did", looking at me desperately I told him, "You are safe here," and he smiled.

The balance of 'living and being alive'.

"On my less busy calls, a patient and I watched 'Pawn Stars' on TV and talked about football (he used to be a coach). He taught me that small things go a long way. We discussed the delicate balance of 'living and being alive' and how one problem can snowball into a prolonged course. He exemplified the virtue of patience. He made it!"

Mental fortitude and faith

"Why do bad things happen to good people? This was the fight of a mother of four with an unbreakable faith. This patient made me think. Her mental fortitude and desire to push forward inspired me daily. She spent months in the hospital, underwent multiple procedures, and was unable to eat for weeks. She always told me, the team, her husband, and her children not to fear because she knew the Lord would carry her through, and she eventually won the fight. She celebrated Mother's Day at home and attended her children's graduations."



Figure 1: A physician interacting with a patient in a hospital bed. The original drawing was by Patrick Kiarie for the study "When patients become teachers: reflections by surgical residents."

DISCUSSION

Patient-physician relationships are built during residency training, during which physicians learn the craft of providing technical expertise and knowledge. Physicians approach the therapeutic relationship based on their ability to solve problems, which often can be at the expense of the bidirectionality of the relationship. The 'softer' interpersonal aspects involving emotion, compassionate listening, and reciprocal learning can easily be overlooked. Empathy, i.e., the ability to understand and communicate another person's perspectives, and compassion, through which one shows deep care for patients, is being studied more in residency training. The surgical world has been

traditionally considered more challenging to provide this level of patient-centered care due to long work hours, the nature of the work itself, emotional stress, limited patient continuity, and teaching and research responsibilities.⁴ However, perhaps another dimension to the relational model may not have been explored. As doctors- the known teachers in this therapeutic relationship- transform a patient from a passive bystander into an active and integral participant, can the patient become an invaluable teacher of the interplay of emotional intelligence (EI) for their physician, especially in the stereotype of the surgical specialty, this 'softer' qualitative exploration is either frowned upon, deemed as a 'weakness', or felt to require more time than a busy residency day provides.⁵ However, the focus on 'softer' aspects of the emotional reality of the profession can transform the patient's role from a passive bystander into an active teacher of the interplay of emotional intelligence and the healing process for the residents beyond their academic pursuits. Patients' strong resolve and resilience can profoundly impact the resident's personal growth, serving as a unique armor against challenges such as burnout.

As general surgery graduate education continues to evolve, these candid reflections remind us that the emotional intelligence gathered through patient interactions is a welcomed addition beyond medical knowledge. Residents should be encouraged to enter this safe space, sitting across from patients, where beyond the disease to be treated, they can grasp aspects of humanity that significantly add to the heart of the profession and can improve patient morale and outcomes.

The above reflections explore an often forgotten, immutable reality. Surgical resident physicians are human, too, and as they spend countless hours of training as active witnesses of the most-dire times in people's lives, they, too, experience pain, uncertainty, and fear. These reflections show that patients' mental fortitude on their healing journeys can inspire compassionate residents. There is an invaluable benefit from cultivating compassionate care in the patient-physician relationship, as its extension into patient satisfaction and trust is immeasurable. Its impact on prognosis may be underestimated. Compassion in the face of the adversity patients face in the foundation of patient-centered care plays a crucial role in improving patient care and clinical outcomes while reducing caregiver burnout and the risk of malpractice litigation.⁶ Increasingly, compassion is universally recognized as a multi-faceted concept motivated by an individual's virtues, personal qualities, and beliefs in response to another person's suffering through the provision of emotional support and physical acts to help the person in need. Parallel to the benefit of compassion and empathy, surgical residents may look up to their patients for inspiration to see things from different perspectives, finding in their journey a way to make their journey more 'bearable'.

CONCLUSION

The bulk of medical training is spent learning organ systems and their functioning so that we can adequately assist patients in healing. In the patient encounter, it is essential to remember that learning may also come from what patients can teach the physician about the real-time embodied healing process. Healthcare workers come face-to-face with human emotion, struggle, resilience, pain, life, and death. Thus, it is vital to create space for clinicians to feel comfortable reflecting on their profession's emotional reality. Residents' interactions with patients can offer a bi-directional refuge from loneliness, an insight into their vulnerabilities, strengths, and weaknesses, and provide a source of rejuvenation during dreadful call nights, hope and light at the end of long shifts, and an armor against burnout. Residents may realize that as they save their patient's lives, their patients save their souls. It is uncertain if patients fully recognize the value of what they teach throughout their healing journey. However, the insights gained can significantly shape how residents care for patients, offer personal enrichment once they are open to exploring them, and transform into the physician they will become.

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REFERENCES

1. Chipidza FE, Wallwork RS, Stern TA. Impact of the Doctor-Patient Relationship. *Prim Care Companion CNS Disord.* 2015;17(5):10.4088/PCC.15f01840.
2. Ponka D. The suffering of all patients. *Can Fam Physician.* 2004;50(12):1637-9.
3. Han JL, Pappas TN. A Review of Empathy, Its Importance, and Its Teaching in Surgical Training. *J Surg Educ.* 2018;75(1):88-94.
4. Scire E, Morales CZ, Herbst A, Goldshore M, Morris JB. The Center for Surgical Health: A Compassion-Driven Urban Surgical Mission. *Linacre Q.* 2021;88(4):409-415.
5. Berger R, Bulmash B, Drori N, Ben-Assuli O, Herstein R. The patient-physician relationship; an account of the physician's perspective. *Isr J Health Policy Res.* 2020;9(1):33.
6. Watts E, Patel H, Kostov A, Kim J, Elkbuli A. The Role of Compassionate Care in Medicine: Toward Improving Patients' Quality of Care and Satisfaction. *J Surg Res.* 2023;289:1-7.

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