

This free student-managed clinic was initiated as a collaboration between Baylor College of Medicine, The University of Texas Health Science Center at Houston's Medical School and School of Public Health, the University of Houston Graduate College of Social Work, and the University of Houston College of Pharmacy and provides students the opportunity for hands-on clinical training in a multidisciplinary setting. Subsequently, the HOMES LACE (Longitudinal Ambulatory Care Experience) track was developed as an option for third-year medical students with the desire to practice underserved medicine. This track provides students the opportunity to work at the HOMES Clinic as part of a 1-year course focused on homeless health care. The HPATHI is administered to students on the track before and after experiencing at least 10 clinical visits to HOMES and explores if, in fact, such clinical experiences changed the attitudes of the students.<sup>3</sup>

We have found that knowledge and encouragement matched with a positive experience for the student results in increasing the self-efficacy of both patient and provider.<sup>4</sup> For the provider, this is done by teaching the practice of goal-negotiated care (GNC).<sup>5</sup> The model used at Healthcare for the Homeless-Houston clinics engages patients in their treatment plans in a way that traditional models of care, which are largely physician-led encounters, may fail to do. GNC shifts the encounter to a patient-centered approach, incorporating the patient's experience of illness, psychosocial context, and shared decision making. The process includes actively negotiating with patients how to connect their goals with their health care plan. This aids in the development of a sense of ownership and buy in, which in turn provides them opportunities to experience personal successes rather than failures. We have found

that this process reinforces the success of both the student and the patient. The students are not frustrated by what they see as the patients' inability or unwillingness to adhere to the treatment plan they prescribed. Further, unanticipated failure to attain goals is an opportunity to identify barriers or misunderstandings.

Woodhead et al propose that "Attitudes might change more notably in the positive direction if we expanded the clinic experience to include more didactics and personal experience with the homeless population."<sup>1</sup> It has been our experience working with medical students in the HOMES Clinic experience, and didactic classes must be combined with improved self-efficacy to positively impact students' attitudes. Over the years, through input from the students and examination of the results of the HPATHI, the class has evolved to provide a more rich experience in terms of how to be successful in providing care for this population. The class is shaped in a way that combines both the clinical and didactic so students feel armed with the tools needed to work with a population who undoubtedly faces numerous barriers to care, lack of preventive care, rampant mental health and substance abuse issues—"the difficult patients."

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#### Authors' Reply:

We appreciate Dr Buck's and Ms Brown's response to our letter. Indeed, it seems likely that enhancing family medicine residents' patient-centered communication skills and self-efficacy regarding care of the homeless would bolster positive attitudes toward these patients.<sup>1,2</sup> The authors' point underscores the challenge in identifying and measuring the variables that promote attitude change and behavior change. We look forward to the continued integration of existing and new research, particularly related to developing and refining training experiences for family medicine residents.

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## Comment

### The Family Doctor's Pledge

#### To the Editor:

After reflecting upon years of patient care in diverse environments and considering recent commentaries and conversations about the future of family medicine, I propose a new "pledge" for our profession, one that embodies established family medicine's values

while also embracing recent trends and concerns:

I am your family doctor.

I look at you as a whole person. I understand that your health exists in the context of your family, your work, and your community. My goal is for you to be in optimal health and to live a normal life. If I discover disease I will find the most effective and cost-conscious way of treating it. I want you to be functioning at your maximum potential and will only prescribe therapies when your own body is not able to heal itself. I will avoid unnecessary medications; I will incorporate natural therapies when possible and will do my utmost to keep you out of the emergency department and hospital by providing easy access to my care.

The care I provide you is not corrupted by any corporate influence, whether insurance industries, pharmaceutical companies, or medical product manufacturers. I will promise to only provide these therapies if they are in the best interest of your care and after thoughtful consideration of your circumstances.

I will do my best to understand your body, your mind, and your spirit and will engage all possible resources to prevent disease therein. I strive to detect the earliest signs of disease, to recognize habits, diets, situations, and lifestyle choices that will lead to illness, injury, cancer, and disease. With these tools I will work with you to create a personalized plan for a healthy, fulfilling life.

I want to care for your entire family—for you, your children, your parents, your grandparents, your friends, your community—and I want each of them to know me like a family member. By understanding all of these relationships in your life, I will have a better understanding of you and your health. By helping to coordinate your care, I will be a central pillar in your medical home.

I will help transition you into life, through life, and to the end of life.

I am your partner in health—I am your family doctor.

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## New Research

### A Trial of Virtual Hypnosis to Reduce Stress and Test Anxiety in Family Medicine Residents

#### To the Editor:

By the time physicians enter a residency program they have taken many examinations, and it would be expected that they would be comfortable with the process. In fact, for many, the anxiety of test taking continues to increase as the stakes get higher. Test-taking anxiety may affect performance, and some family medicine residents in our training program expressed high levels of anxiety prior to taking the Family Medicine In-service Training Exam (ITE). Hypnosis has been used to alleviate test-taking anxiety, but sessions with a therapist can be expensive and interfere with clinical schedules. We tested an innovative Web-based stress reduction program to see whether it would be acceptable to residents and whether it would decrease measured levels of anxiety. The objective of this study was to evaluate the acceptance and effectiveness of an open-source virtual hypnosis program to relieve test anxiety in residents preparing for the Family Medicine ITE. We hypothesized that residents would find the program beneficial, and it would lower validated measures of test anxiety.

#### Methods

This was a randomized controlled clinical trial involving 16 family medicine residents. Eight were randomly selected for virtual hypnosis and eight for usual preparation. The primary outcome

measure was the change in scores on the Test Anxiety Inventory (TIA) and State-Trait Anxiety Inventory (STAI) before and after the allotted time for the intervention. We compared the change in scores between groups using a two-sample Wilcoxon Rank Sum exact test. We also reported the results of a post-participation survey. All the residents were given two pretests, the State-Trait Anxiety Inventory for Adults (STAI) and the Test Anxiety Inventory (TAI). The standard preparation for the ITE for the previous 2 years was a sequence of three didactic lectures on study skills. This series of lectures was presented to all residents as the control intervention. Both groups received this preparation.

The Virtual Hypnotist (Virtual Hypnotist: Version 5.41, Boston, Follow the Watch Software, 2005) is an open-source program designed to simulate hypnosis sessions. It was intended as a general self-help or experimental program. This program allowed for a self-write application, which we wrote to specify both positive self-regard and confidence in test taking. Each test subject was scheduled to sit in a quiet, softly lit room with a computer and view and listen to the hypnosis program. They were then given a computerized disk (CD) with the audio of the program for reinforcement.

#### Results

There was no statistical difference in any TIA subscale or STAI. Six out of the eight residents who completed the program reported that it reduced stress, was relaxing, and they enjoyed participating in the program. Five reported a reduction in test-taking anxiety, and only three felt it improved test scores. On average, participants in the intervention group used the reinforcement CD on 76% of the scheduled days.

This is a small study so the power to show a difference in anxiety level