



Vulnerability and the beginner's mind

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Faced with the challenge of teaching pre-medical students about narrative and cultural competence, I decided to take a chance. I walked into the room for the first class sensing that all eyes were on me, and hearing a buzz. I was self-conscious but fully expecting this attention. After all, I was wearing a kimono. I smiled at their anticipating faces and began speaking...in Japanese. I noticed their energy, facial expressions, bodily movements.

After a few minutes I finally spoke in English, 'Is everyone okay so far?' Several students laughed or smiled, and I asked, 'How are you feeling? Please share your thoughts.' Their responses were candid: 'Confused', 'Frustrated', 'Helpless', 'Engaged', 'Aware', 'Anticipating', 'Excited', 'Listening', 'Curious', 'Awake'.

I explained that their reactions were what I had hoped to

induce, and had begun the class in this manner as a way of challenging them to be mindful, fully present and attentive – truly listening – because this would be crucial in their work as a health professional. I asked them to reflect on the assumptions made in a clinical encounter, because the patient's assumptions may be quite different from the health professional's, and the greater the cultural difference, the greater the gap that needs to be bridged. The kimono also brings awareness to our reliance on visual cues and the related assumptions, attributions, and stereotypes that lead to biases of clinical judgment and disparities in treatment.

I told the students that the experience of vulnerability helps to develop humility for a lifelong commitment to self-reflection, rather than a detached mastery of a finite body of knowledge. Vulnerability brings the lightness

of the beginner's mind rather than the heaviness of needing to be competent, appreciating mystery as much as mastery, and listening more than speaking. I encouraged them to be comfortable with not knowing, ambiguity, uncertainty, and complexity and to cultivate awe, wonder and humility, which deepen rather than diminish our knowledge. I explained that this is what they will confront in clinical practice with diverse patients, and although their feelings of vulnerability may be unsettling, they are a way to understand how important it is to balance a sense of cultural competence with cultural humility. I asked them to remain open to the complexity of culture despite their desire for simplicity.

This simple and brief use of performance has become a powerful teaching tool, and a way of engaging students in difficult topics like cultural

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sensitivity. It draws them into the moment: they experience the feeling rather than being told about it. Evaluations have described the performance as engaging and instructive, and me as 'charismatic' – for the first

time in my career. Performance may not be for everyone, but as someone often described by others as shy and introverted, it has been a great way for me to challenge myself to be more open and present, much as my students

and I need to be in the clinical encounter. I tell myself that every day we are performing in life, and to do it in class as a teacher is just starring in a new role.

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