

**Just a spoonful of sugar helps  
the medicine go down...**

**Integrating the humanities into a  
family medicine clerkship**

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# Rationale for including a spoonful of humanities to help the family medicine clerkship go down

- Declining interest in family medicine and primary care
- Decreased satisfaction of doctors
- Increasing frustration of medical students in the education process
- Increasing frustration of medical students with their patient/student interactions

# What can we do during the family medicine clerkship to rid ourselves of dissatisfaction?

- Incorporate humanities into the family medicine clerkship, of course!

# 3<sup>rd</sup> Year Student Needs Assessment Survey 2000

- Sixteen items rated 1-7
- Interest in using literature to
  - Increase empathy
  - Improve understanding
  - Reduce frustration
- Administered to all 88 3<sup>rd</sup> year students
- Response rate 90%

**Table 1**

**Survey 1: Student Interest in Uses of Literature in Medical Education**

***Interest in using literature to:***

	Students
Increase empathy for patients	4.5 (sd=1.9)*
Improve understanding of pt. experience	4.7 (sd=1.9)
Reduce work-related frustrations	5.0 (sd=1.9)
Learn more about:	
Doctor-patient relationship	4.8 (sd=2.0)
Difficult patients	5.0 (sd=1.8)
Cross-cultural issues	5.3 (sd=1.7)
Minor acute illnesses	4.3 (sd=1.6)
Geriatrics	4.9 (sd=1.7)
Domestic violence	5.2 (sd=1.7)
Chronic illness (diabetes, hypertension)	4.9 (sd=1.7)
Alcohol/substance abuse	4.6 (sd=1.7)
Depression/anxiety	4.9 (sd=1.5)
Enjoy reading literature	5.5 (sd=1.3)
Like poetry	4.5 (sd=1.8)
Kept a personal journal	Yes=21; No=58
Done creative writing	Yes=21; No=58

\*Rating scale 1-7, 1= not at all, 4=moderately, 7=a great deal

# Guiding Recipe

- Refurbish and enhance student empathy
- Keep it simple, short... and sweet
- Make it enjoyable
- Make it useful
- Remind students of the “big picture” of doctoring



# **A Tale of Two Clerkships**



- 2001-2002 Academic Year our clerkship was longitudinal
- 2002-2003 Academic Year our clerkship is the standard 4 week block rotation

# Sprinkling of humanities phase one (Longitudinal Clerkship)

- The students were given two cases, one on *dermatitis* and one on acute sinusitis. These are cases from their \_\_\_ Vignettes. In addition to reading the case and answering the specific questions from that case, the students were also given a short story and poem to read that had to do with the case. We asked the student to tell us: “how did reading Psoriasis help you with your treatment plan?” They were to write a one to two sentence response. This is what we found
- Ali, try to make this slide less narrative, more bullet

# The Common Cold - Ogden Nash

Go hand yourself, you old M.D.!  
You shall no longer sneer at me  
Pick up your hat and stethoscope,  
Go wash your mouth with laundry soap;  
I contemplate a joy exquisite  
In never paying you for your visit.  
I did not call you to be told  
My malady is a common cold.

By pounding brow and swollen lip;  
By fever's hot and scaly grip;  
By these two red redundant eyes  
That weep like woeful April skies;  
By racking snuffle, snort and sniff;  
By handkerchief after handkerchief;  
This cold you wave away as naught  
Is the damndest cold man ever caught.

Give ear, you scientific fossil!  
Here is the genuine Cold Colossal;  
The Cold of which researchers dream,  
The Perfect Cold, the Cold Supreme.  
This honored system humbly holds  
The Supercold to end all colds;  
The Cold Crusading to end Democracy  
The Fuhrer of the Streptococcracy.

A common cold, forsooth, gadzooks!  
Then Venus showed promise of good looks;  
Don Juan was a budding gallant,  
And Shakespeare's plays showed signs  
of talent;  
The Arctic winter is rather coolish,  
And your diagnosis is fairly foolish.  
Oh what derision history holds  
For the man who belittled the Cold  
of Colds!

# SOAP NOTES QUESTIONS

- How did the humanities reading influence the formulation of your treatment plan?
- What did you learn from the humanities reading that might be helpful in the care of the vignette patient?

# Results \* Rash, URI SOAP Notes

- Rash (n=44)
    - Nonresponders 7
  - Express empathy 11\*
  - Incorporate psychosocial insights and issues 24
  - Recommend counseling 7
  - \*Numbers add up to more than 100% because students often wrote comments codable in more than one category
- URI (n = 44)
    - Nonresponders 9
  - Express empathy 29\*
    - pt. perspective (16)
    - effects daily living (7)
    - pt. frustration/dr (6)
  - Take pt. seriously/ focus on symptom relief 21
  - Educate & reassure 12
  - Consider differential more carefully 4

# Examples of Student Comments about SOAP Note Humanities

- *The poem helped me in the treatment plan in showing how this is really affecting the patients life and seems paramount - the worst cold ever, the dominating event in her life right now - whereas to the doctor it can just seem like the 10th cold he or she has seen that day.*
- *I found no meaning or guidance in my plan with regards to the literary poem. I am not big on literature and found no usefulness in reading it.*

## Extra sprinkling of sugar phase one point five:


- Throughout the academic year, the students' met in small groups with a faculty preceptor four times. During these sessions, disease / topic specific humanities readings were made available. The students and preceptors were encouraged to include these in the discussion. These are didactic sessions but are supposed to be very interactive. For these sessions, we did not require that the students hand in an assignment. There are no data.
- Ali, less narrative, less bullet

# Heavier dusting of sugar phase one point seven five:

- During the small group session on depression and the difficult patient, the students were asked to write a line or two on how the depression and difficult patient reading helped them with their treatment plan for this patient. They were asked to turn these in but they were not required to do so. The data are incomplete as not every preceptor asked for these nor did all the students turn them in. They “passed” the session merely by attending
- (Again, make all these slides less narrative)



# **Third Year Medical Students' Difficult Patients**



# *Second Thoughts*

It's five o' five  
day's almost done.  
All the patients seen  
but one.

I stand outside  
the exam room door,  
read the nurse's note  
with horror.

"New patient says  
teeth itch at night,  
stomach aches when shoes  
too tight.

"Numbness starting  
In the knee,  
dizziness  
Since '63.

"Food goes up  
instead of down,  
always tired,  
Lies around..."

Tears start to fall.  
I just can't hide 'em.  
The note goes on  
Ad infinitum:

**“...climbing stairs  
causes gas,  
no sense of smell  
when driving fast.**

**“Left hand hurts  
and right hand’s weak  
sneeze sends pain  
from hands to feet.**

**“Last week had  
a pain in chest...”  
Stop! No more!  
Can’t read the rest!**

**I think business school  
would have been wiser,  
‘cause they don’t have  
somaticizers.**

**- Tillman Farley, M.D.**

# Examples of Written Comments about Depression/Difficult Patient Readings

Reading the first hand accounts of various doctors as they struggle with common hazards of the job gives me an opportunity to step into their shoes, at least for a few moments. Experiencing the frustration in interacting with difficult patients and the emotional fatigue that comes with seeing depressed patients also helps me prepare myself for my own experience that is yet to come. These humanities readings are both educational and enjoyable for me.

\* \* \*

The difficult patient reading echoes the frustrations of dealing with a litany of non-specific physical complaints. What can I say? It's funny because it's true. Physicians must learn to put their personal feelings aside until they can get to their journal!

\* \* \*

The readings represented my experience well. They exemplified the list of complaints that one can be assaulted with and how easy it is to be defeated.

# Teaspoon of sugar phase two

- During their Clinical Physical Exam, an 8 station standardized patient exam, in June of 2001 at the very end of the clerkship and the academic year, we incorporated a poem into the inter-station exercise. The students were not graded on their replies. For this inter-station exercise, we asked the student to read a short poem
- More bullet, less narrative

## Female Ingrid Hughes

At the doctor's office where I went about the pebble in my breast,  
I looked with jealousy at the lovely clothes of other women,  
fear pumping through me. I tried to tell whose breasts were real.  
A woman about my age, her eyes riveted to a magazine,  
had prominent breasts so bound and anchored  
that I thought they weren't alive.

I could see the doctor was a knowledgeable man, and kind.  
His fingers working the flesh mine had probed and pressed,  
he said, "It's probably nothing, but it should come out."  
Can the person announcing you just might die be kind?  
It's small, I protested. He agreed: a small olive.

At dinner my friend said that when she had her cancer scare  
she occupied herself with thoughts of dying nobly.  
But I'm damned if I'll let go without a struggle.  
Sweet or mean, I'm greedy for this world,  
and both my breasts, marked only by my times of nursing.  
Darlings, I pray, holding one with each hand,  
Good globes of sex and life, fight on my side.

# OSCE Questions – Breast Mass

- Did reading FEMALE influence the way you presented your patient with her test results?

1

2

3

4

5

Not at all

Very little

Somewhat

A fair amount

A great deal

- Did reading FEMALE help you to empathize with the patient and her possible diagnosis?

1

2

3

4

5

Not at all

Very little

Somewhat

A fair amount

A great deal

# Student Perceptions of Effects of Reading a Poem about a Breast Mass at an OSCE Station on Giving Bad News

## Poem influenced presentation of test results to patient

	Not at all	Very little	Somewhat	A fair amount	A great deal
Male (29)*	6.9%	27.6%	44.8%	13.8%	6.9%
Female (25)*	16.0%	20.0%	32.0%	20.0%	12.0%
All students(91)	7.7%	19.8%	35.1%	28.6%	8.8%

## Poem increased empathy for patient

	Not at all	Very little	Somewhat	A fair amount	A great deal
Male (29)*	3.5%	6.9%	31.0%	34.5%	24.1%
Female (25)*	4.0%	12.0%	24.0%	24.0%	36.0%
All students (91)	2.2%	6.6%	28.5%	29.7%	33.0%

\*A computer malfunction resulted in a loss of data such that we were only able to compare gender breakdowns for 54 of the 91 students.



# Tablespoon of sugar phase three

- For each of the \_\_\_ vignettes Dr. Shapiro found a corresponding reading. These readings were then incorporated into the Vignettes Handbook. This handbook was ready for the 2002-2003 academic year

# Family Medicine Clerkship Vignettes and *corresponding humanities readings*

## 1. Adolescent Pregnancy

• *Rubbers and Foam* by Vincent Hanlon, M.D.

## 2. Alcohol Abuse

• *The Spiritis Funnel* by Mladen Seidl, M.D.

## 3. Anemia

• *The Bleeding Girl* by Frank Huyler, M.D.

## 4. Asthma Pediatric

• *Wheezers from Baby Doctor* by Perri Klass, M.D.

## 5. BPH

• *Intoxicated by My Illness* by Anatole Broyard

## 6. Depression

• *A Measure of My Days* by David Loxterkamp, MD

• *Manuel* by Rafael Campo M.D.

## 7. Diabetes

• *Diabetes* by James Dickey

## 8. Difficult Patient

\**Second Thoughts* by Tillman Farley, MD

## 9. Domestic Violence

- *Dr. Harris's Residence* by Gillian Kendall
- *Keeping Secrets* by Suzanne Summers
- *Rose* by Andre Dubus

## 10. Elevated Blood Pressure

- *Renascence* by Margaret Robison
- *Relearning to Speak* by Gerry Sloan
- *Five months After My Stroke* by Margaret Robison
- *Stroke* by Arthur Ginsberg

## 11. Failure to Thrive

- *Failure to Thrive* by Ron Charach, M.D.

## 12. Headaches

- *Doc in a Box* by Robert A. Burton, M.D.

## 13. Low Back Pain

- *Back Pain* by Johanna Shapiro

## 14. Obesity

- *The Six Hundred Pound Man* by Jack Coulehan, M.D.
- *Fat Lady* by Irving Yalom, M.D.
- *The Fat Girl* by Andre Dubus
- *Walking the Dog* by John Wright, M.D.

15. *Polypharmacy in the Geriatric Patient*
  - *My Weekend(4 days) with my Mother - Anon*
16. *Principles of Family Planning*
  - \* *I Hear the Cries of Women -*
17. *Rash*
  - *Psoriasis by Kathleen Newroe*
18. *Smoking Cessation*
  - *Antonio by David Watts, M.D.*
  - *July 16th by David Watts, M.D.*
  - *Black Lung by Erick L. Dyer, D.O.*
19. *Sports Medicine—Knee*
  - *Dear Left Knee by John Davis*
  - *On Losing My Anterior Cruciate Ligament by B. Cooke*
20. *URI Sinusitis*
  - *Stricken by Flu by Mladen Seidl, M.D.*
  - *Mid-Winter Flu by Brian Cronwall*
  - *The Common Cold by Ogden Nash*

# Our medicine...bitter sweet

- We asked the students during their fourth year right before the match whether sneaking a little poetry and prose into their family medicine clerkship made a difference to their practice of medicine, to their perception of patients or into their over all well being and the answer was:

# Data from our 4<sup>th</sup> year students



# The second tale of the UCI Family Medicine Clerkship

- Perhaps in honor of this Vignettes/Humanities/CAM Handbook, we changed our clerkship from longitudinal to the more classic block rotations. 2002-2003 is the first year that we have had the third year family medicine clerkship students in the clinics daily for a mere four weeks. This is a huge change. Faculty was definitely on edge about what sort of impact to their practice, their patients and the students this change would have. A good time to add some more humanity to the clerkship—both for the faculty and the students
- Again, maybe more bullets

# One teaspoon of humanities

- During the 2 hour Depression and the Difficult Patient session, the students were asked to read the humanities readings for depression and the difficult patient. They were to come to this small group session with a written soap note from a depressed clinic patient and a difficult clinic patient. Difficult was defined not as a complex medical condition that was difficult to diagnose or treat but a patient who was “emotionally” trying. Examples, such as the angry/hateful patient; the demanding patient, the non compliant patient. We specifically wanted to focus on this as it is not covered during any other clerkship and goes to our rationale, how can we improve the doctor/patient relationship and have happier more fulfilled doctors. Because “The Somatisizer” poem is so short, even though the students were asked to read it prior to the session, I also read it to them at the end of the session. Even if they didn’t want to read poetry during a clerkship, they were going to at least twice
- Ali, maybe change this slide so it’s not so narrative, and put this in the Notes section



# Two teaspoons of humanities

- That same CPX that was offered at the end of the year, now needed to be offered every four weeks. As we worked out the kinks in this process, we were ready to try another humanities station. This time we chose an ortho station and a very short poem.

## Dear Left Knee

By John Davis

Take this surgery as my apology,  
my benediction to our ten thousand  
running miles of charging pavement  
and mountain hillsides, cushioning me over  
boulders, frozen trails, and the all-night run  
over Death Valley roads. Forgive me  
for judging the world the way a knee bends.  
By jolt, by jar, by quick jumps I  
abused you. A man is killed for less.  
still, there was no sadness in shoes hitting  
pavement. I admit I wanted my body  
to be a guitar, scream high notes, float up  
to rising dusk. I admit my knees were no  
more than a clock's face in my mind, no brighter  
than yappy dogs chasing us through downtown  
streets on our runs to the mountains. Forgive me.

But damn we cursed those trails into blessings,  
turned ourselves streetwise racing marathons  
in American cities. No one passed us up  
Heartbreak Hill. How you flexed and grinded.  
You had more kneed grind than winter had snow.  
All your bruises spread like broken words no language  
could accept. Until I watched the arthroscopic  
screen, I never knew the pain that raced  
through you like riptides. Sorry. You are numb tonight.  
Call it Percoset holiday, knowing nothing  
of polar bear-sized pain that pulses  
inside your tendon. You'll like the incisions,  
narrow as indigo leaves. In time we'll probe  
the still earth, the reefs and volcanic ash  
in our blood, in a pale gold summer,  
in a moment, in a cloak of snow, in our running  
world without end, Amen, Left Knee. Love, J.D.

# Results of Combining Poetry and an OSCE Knee Exam Station

	Satisfaction Score (1-5)	Interpersonal Total* (0-25)	Treatment (1-5)	Empathy (1-5)
<b>Student 1</b>	<b>5</b>	<b>22</b>	<b>1</b>	<b>2</b>
2	5	21	4	4
3	4	20	3	4
4	4	20	3	4
5	4	19	3	4
6	4	17	1	1
7	3	15	3	4
8	3	15	3	3
9	3	15	3	3

\* active listening, rapport, explored patient perspective, addressed feelings, met patient needs

# DEAR LEFT KNEE - RESIDENT/ STUDENT COMPARISON

1. Did reading "Dear Left Knee" help you with your treatment plan?

Resident Mean = 2.6

Student Mean = 2.7

	1 Did not help	2 Helped slightly	3 Helped moderately	4 Helped quite a bit	5 Really helped a lot
RES	11.1%	33.3%	33.3%	22.2%	
STU	22.2%		66.6%	11.1%	

2. Did reading "Dear Left Knee" make you feel more empathetic toward this patient?

Resident Mean = 3.1

Student Mean = 3.2

	1 Did not help	2 Helped slightly	3 Helped moderately	4 Helped quite a bit	5 Really helped a lot
RES	11.1%		55.5%	33.3%	
STU	11.1%	11.1%	22.2%	55.5%	

## **Night on Call**

**Rita Iovino, M.D.**

**There are sometimes such moments of magic,  
when the sky and mountains melt into the dawn,  
when the blue-purple horizon yields to the sun,  
and the trek home  
becomes a moment of epiphany.**

**Everything's still**

**And only the faint noise of sparrows  
permeates the air.**

**The exhaustion and sweat and scrubs  
become an exclamation of rebirth.**

**The gift of being a doctor**

**is magnified like dandelions blowing in the wind,  
and one knows the skill of giving life,  
the gift of alleviating pain;**

**the long night suturing becomes a dream  
because now one more person  
becomes whole by your latex gloves.**

**The sun breaks into a million bright lights  
as you go home to sleep.**

# **Results of Combining Poetry with an OSCE STATION**

**DATA COMPARING NIGHT ON  
CALL SCORES WITH SP  
RATINGS**

# NIGHT ON CALL: RESIDENT/STUDENT COMPARISON

- 1. Did reading “Night on Call” help put the OSCE in perspective for you?

Resident Mean = 3.3

- Student Mean = 2.7

	1 Did not help	2 Helped slightly	3 Helped moderately	4 Helped quite a bit	5 Really helped a lot
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RES			66.6%	33.3%	
STU	11.1%	22.2%	55.5%	11.1%	

- 2. Did you feel more relaxed during the remaining OSCE stations after reading “Night on Call”?

Resident Mean = 2.8

- Student Mean = 1.9

	1 Not at all	2 Slightly	3 Moderately	4 Quite a bit	5 A great deal
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RES		44.4%	33.3%	22.2%	
STU	22.2%	66.7%	11.1%		



# One last teaspoon

- We hope to help our students become good doctors, clinically competent and caring; we hope that this experience, both in rather routine setting and in a stressful testing setting, will give them a place to look for comfort when the pressures of being good doctors seem a little overwhelming. That balance of dedication, hard work and sanity...will humanities help to keep these bright young doctors practicing the “art” of medicine for their life times?
- More bullet, less narrative!

