Literature and the Arts in Medical Education

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Feature Editor

Editor's Note: In this column, teachers who are currently using literary and artistic materials as part of their curricula will briefly summarize specific works, delineate their purposes and goals in using these media, describe their audience and teaching strategies, discuss their methods of evaluation, and speculate about the impact of these teaching tools on learners (and teachers).

Submissions should be three to five double-spaced pages with a minimum of references. Send your submissions to me at University of California, Irvine, Department of Family Medicine, 101 City Drive South, Building 200, Room 512, Route 81, Orange, CA 92868-3298. 949-824-3748. Fax: 714-456-7984. jfshapir@uci.edu.

Facilitating the Emotional Education of Medical Students: Using Literature and Film in Training About Intimate Partner Violence

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Studies indicate that intimate partner violence (IPV) is one of the most prevalent public health issues worldwide and a commonly seen problem in primary care.[1-3] Despite an estimated lifetime prevalence of 25%–30%,[4] IPV often goes undetected, and the effectiveness of universal screening remains somewhat controversial.[5-7]

The health and mental health consequences of IPV have been well documented. Traumatic injuries, disfigurement, and death are readily identified as sequelae of violence. However, for the primary care physician, it is important to understand the broad range of health care effects associated with psychological and physical abuse. These include decreased self-care (especially related to chronic illness), multiple somatic complaints, and mental health issues (depression and suicidality, anxiety, posttraumatic stress disorder).[8-10]

Educating medical students about IPV is a crucial curricular responsibility. Teaching about IPV is part of most medical school curricula and is one of the objectives for Healthy People 2010. Standard methods for IPV education generally include a combination of large-group and small-group didactic sessions, in which students learn about definitions of IPV, incidence and prevalence, the cycle of violence, comorbidities, batterer typologies and characteristics, screening tools, detection and management, legal issues, and community resources. Traditional IPV education may also include experiential components such as role-plays or communication training to improve skills in IPV detection and management. These educational efforts provide much-needed information to learners about how to identify and respond to domestic violence experienced by their patients, and, according to Association of American Medical Colleges statistics, overall learners are satisfied with the information they receive.

Despite the usefulness of didactic and skill-based methods, they are less successful in helping learners recognize and address difficult emotional and psychological issues triggered by the topic of IPV. For example, notwithstanding detailed analyses of the longlasting negative consequences of emotional abuse, some students continue to minimize its seriousness and do not consider it to be "real" abuse. Even after education about the legal requirements of reporting suspected incidents of IPV, some students still express reluctance about this procedure, fearing to "make the situation worse." In spite of reading about the cycle of violence and the Stockholm syndrome, some students do not understand "why the victim doesn't just leave."

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Although they have studied the historical factors of abuse, neglect, and negative modeling that can lead to battering, students are sometimes so overwhelmed by rage at the perpetrator that they find it difficult to function in a professional manner. A further issue not well addressed by informational material alone is how to integrate cultural differences into situations involving suspected IPV. Students often feel sadness and helplessness triggered by the ripples of patient and family suffering that is an inevitable consequence of IPV, as well as frustration at the limitations of medical intervention to ameliorate such injustice. Finally, students can be intensely uncomfortable in a situation such as IPV that lacks certainty and definitiveness, when there is so much at stake.

These aspects of the emotional education of medical students, while less tangible than informational mastery of reporting procedures or community resources, nevertheless are critically important. Without giving students the coping skills to recognize and come to terms with the fears, anxieties, and negative judgments often generated by IPV education, we run the risk that these learners will continue to avoid the possibility of domestic violence in clinical settings and persist in taking refuge in the apparent safety of the biomedical model.

California law mandates that all patients in a health care setting be screened for IPV. Therefore, it is imperative to teach medical students and residents in this state to identify potential victims and how to intervene on their behalf. Family violence is a core content area for medical students at the University of California, Irvine (UCI) School of Medicine. First-year students attend a lecture panel involving police officers and survivors of IPV and also interview a standardized patient in a case that requires them to address the issue of mandated reporting. Police officers participate in this session and demonstrate how they interview suspected victims of violence. A family violence "selective," a 15-hour course, which includes a ride along with the Santa Ana Police Department's family violence emergency response team and a half day of medical care at a women's shelter, is offered to first-year students as well. In the second year, medical students have a problem-based learning assignment related to screening for IPV. In 2004–2005, a 2-hour lecture/discussion was added to the curriculum for third-year medical students participating in the family medicine clerkship

Although the UCI School of Medicine clearly provides much-needed information about IPV using a variety of teaching modalities, the hard-to-teach emotional and psychological aspects of IPV education listed above remain difficult to convey through even these diverse methods of instruction. We speculated that the arts and literature could provide a useful supplement to other methods of teaching about IPV. To explore this potential, the family medicine clerkship added a 2-hour humanities-based session as part of the standard IPV training. Through film clips, role-plays, and poetry, this seminar demonstrates how use of the humanities can facilitate the emotional education of learners, enabling them to recognize and resolve complex personal reactions that might otherwise impede the clinical encounter.

In the 2-hour period, we show two film clips, read several narrative excerpts and poems, and have students participate in a role-play. The film excerpt from "Sleeping With the Enemy" focuses on psychological control and manipulation; the clip from the movie "Enough" introduces the element of actual physical violence, as well as examines the way in which others collude to isolate and blame the victim. The role-play is an adaptation from the book *Missing Pieces* by Joy Fielding, a psychotherapist who herself grew up with an abusive stepfather, which viscerally demonstrates the escalating cycle of violence and its impact on children. Other excerpts, highlighting the crucial importance of recognition of abuse by the medical community, come from Roddy Doyle's book *The Woman Who Walked Into Doors*. The poems, from a variety of sources, including a point-of-view poem by this article's second author, reflecting on a failed encounter with a victim of domestic violence, all address various aspects of physical and emotional abuse.

These humanities "triggers" are used to generate awareness, exploration, and resolution of student concerns. Discussion is compelling and strongly felt. Students disclose personal experiences with domestic violence, encounters with IPV in clinic settings, their desire to become advocates for victimized patients, and fears that they will not be effective in rendering help or that imperfect health care and legal systems will ultimately fail the victim. Through film and literature, students learn to recognize subtle signs of IPV, as well as develop skills in understanding IPV from the perspective of the victim and even from that of the perpetrator. They are able to enter into the world of patients experiencing abuse with greater empathy and less condemnation. Out of this empathy, they become more likely to craft interview questions and interventions that protect the dignity of the patient and avoid facile judgment. Practical strategies, such as using a restroom to speak in private to a woman with a hovering husband or wearing buttons with the message "Ask me about domestic violence," also emerged from these sessions.

The seminar has been evaluated very positively by students, who insist that its humanities-based approach enables them to connect

with their own emotional responses to IPV, examine their stereotypes and assumptions, and develop a more knowledgeable and humane attitude toward this pervasive problem. We conclude that in this seminar, learners work at a deep subjective level, with the opportunity to explore fears, anxieties, anger, failures in empathy, and other vulnerable emotional responses. As a result of this exposure, students appear to move closer and more authentically toward examining, understanding, and resolving the complex issues involved in IPV, both for themselves and for their patients.

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