

Really Good Stuff

The resident as teacher of medical humanities

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Context and setting In 1999–2000, two members of faculty decided to offer a course on literature and medicine to preclinical students at a major public medical school in southern California. A third-year family medicine resident suggested using her elective time to participate as a co-instructor. The result was a spontaneous $n = 1$ 'experiment' in utilizing a resident as teacher of medical humanities.

Why the idea was necessary Residents-as-teachers programmes have become more common, but the potential of residents as teachers of medical humanities has not yet been explored. Still, teaching medical humanities can provide residents with creative opportunities to explore issues such as the patient's experience of illness and the doctor–patient relationship from a unique interdisciplinary perspective.

What was done Faculty met weekly with the resident for a 6-week period of course planning. The resident was actively involved in the development of specific learning objectives, choosing appropriate study materials, developing student study guides, and designing a course evaluation instrument. The planning group defined the primary course objective to be the enhancement of student empathy for patients through skills of close textual analysis, emotional connectivity with fictional characters and reflection on narrative. Topics addressed through poetry, short stories and drama included difficult patients, cross-cultural issues, cancer, disability, death and dying. The resident co-facilitated eight 90-minute sessions with a small group of medical students ($n = 10$) who chose to participate in this elective. She generally spent 30 minutes after each session reflecting with faculty co-leaders about the teaching process.

Results Student feedback indicated that participants found the course valuable and informative. Students stated they would be very eager to take such a course again (mean = 5.0 on a 1–5 point Likert scale), and would be likely to recommend it to other students (mean = 4.88). Students also reported that they increased their empathy for patients (mean = 4.25), improved their ability to listen carefully (mean = 4.25), and developed new ways of understanding the doctor–patient relationship (mean = 4.50). Student evaluations of the instructors were high and did not differ between faculty and resident. Students commented positively on the resident's contributions.

Faculty members found the resident's teaching involvement to be of clear benefit. Her interpretation of readings was often very different from those of faculty members, due to on her clinical experiences 'in the trenches'. As a result of this elective, the resident developed useful teaching skills, including small group facilitation, a Socratic teaching method, experience in negotiating with learners, and the ability to focus on emotional as well as intellectual learner development. The humanities orientation of the course also allowed her to convey insights about patients and doctors more fully and richly than she would have found possible as a clinical preceptor.

Conclusion Successful implementation of a resident elective in teaching medical humanities requires a highly motivated, enthusiastic resident with some understanding of and interest in the humanistic arts. It also requires a receptive group of medical students. Nevertheless, such a programme can be both feasible and beneficial. We plan to continue to offer this experience to residents in the future, and to study its effectiveness on a broader scale.

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