The authors contributing to this issue's Medical Humanities section, Van Winkle et al. and Winter, tackle a persistent challenge in medical education: how to translate the abstract humanistic values and ideals that undergird clinical medicine into concrete contexts that can inform and inspire medical learners' attitudes and practice. A subset of medical educators has maintained a longstanding interest in using literature and the arts to examine such difficult-to-teach issues in medicine (Charon, 2000; Shapiro, 2003; Halperin, 2010). Following others in the field (Wald, 2010), Van Winkle believes that developing reflective capacity (Wald, 2010) in medical students is an essential piece of this puzzle. Robyn Winter, himself an academic family physician, starts from the assumption that, essentially, happy doctors make for happy (in the sense of better satisfied and better cared for) patients. Each of their papers presents innovative ideas for integrating the arts and humanities to further their educational goals.

Van Winkle et al. introduced individual and team reflection on poems written by physicians to a medical school biochemistry course. Building on the work of Wear and others (Wear & Aultman, 2005), Van Winkle et al. used literature to "unbalance" their learners, to make them feel uncomfortable about a perceived gap between their own or others' (in this case, physicians') behavior and the values the students espoused. This emotional and cognitive dissonance caused students to engage in reflection in order to either "reconcile" the contradictions between behavior and ideals or to "preserve" values in the face of discordant messages or behaviors from others. In Van Winkle et al.'s research, a little over half of the 30 reflecting teams exhibited at least one example of "critical reflection," or the capacity to think about the material presented in ways that developed patient-centered attitudes; and about a third of the teams demonstrated numerous instances of CR.

This is an exciting study for several reasons. Despite reporting findings from a single institution, it possesses a robust sample size not often seen in medical humanities research. More importantly, it begins to parse the concept of reflection by making an essential distinction between simple and critical reflective processes, a difference identified in the theoretical literature (Mann, 2009), but rarely brought to bear in research efforts. It also ventures into intriguing territory by examining the potential benefits of group reflection, which some previous studies have shown to offer added value to the reflective process (Platzer, 2000). Finally, it makes the essential point that, while fostering reflection has an important place in the classroom, this activity can profitably be extended through learning opportunities that encourage additional informal reflection and group discussion. It is thought-provoking to see that, with appropriate structure and guidance, medical students can work together without direct faculty supervision in ways that promote professional integrity.

How can we teach intangible, but crucial, dimensions of medical practice, such as patient-centered attitudes of altruism, empathy, respect, and commitment? Didactic learning has obvious shortcomings that distance students from the material or make them feel preached to. The arts offer intriguing possibilities for engaging students emotionally, as well as intellectually, by making abstract value concepts seem both relevant and meaningful. Future research needs to establish clearer connections between critical

reflection, demonstration of humanistic attitudes in actual patient care contexts, and (the gold standard) improved clinical outcomes. Nevertheless, this study makes an important contribution to our understanding of why the humanities belong in medical education.415

Van Winkle et al. focus on integrating the humanities at an early stage of the medical learners' training. Winter is interested in using music, movies, and literature to highlight the importance of resident physicians'[1] wellbeing. The professional literature documents that physicians, especially ones early in training, are at considerable risk for burn-out (comprised of the triad of emotional depletion and cynicism, depersonalization of patients, and feelings of inefficacy about their clinical performance [Campbell, Prochaszka, Yamashitq, & Gopal, 2010]) (Shanafelt, Sloan, & Haberman, 2003) and compassion fatigue (Benson & Magraith, 2005). Resident wellbeing affects patient care, communication with patients and colleagues, and overall professionalism (Ratanwongsa, Wright, & Carrese, 2008), as well as medical error (West, Huschka, Novotny et al., 2006). Physicians who are satisfied with their work and content in their lives are not only happier, but are better able to care for their patients.

Instead of a didactic presentation enjoining residents to simply "take care of themselves" in order to avoid burnout, Dr. Winter reports on an innovative approach that employs music and film excerpts to focus attention on happiness. In doing so, Winter raises the intriguing possibility that "wellbeing" consists not only of "balance" in personal and professional spheres (Ratanawongsa,Wright, & Carrese, 2007) or an adequate "coping reserve" (Dunn, Iglewicz, & Moutier, 2008) but also of that ephemeral, but essential quality, "happiness." The experiential approach adopted in this seminar cognitively considers the construct of happiness, but also allows participants to directly experience happiness through listening to the song Don't Worry Be Happy and watching clips from movies such as Mary Poppins and The Lion King.

However, beyond the fleeting pleasures embedded in this pedagogy, participants also have the opportunity to deepen their understanding of what truly comprises happiness. Whereas at the start of the seminar, they may see happiness as embodied in the "pleasant life," as they proceed through the various activities, they begin to discover the higher value of a "good," or engaged and meaningful, life (Seligman, 2002). Once residents begin to reconceptualize what they do on a daily basis as contributing, rather than detracting, from their personal happiness, they may form a very different understanding of what it means to be a physician, one that complements their quest for personal meaning.

It is clear from Dr. Winter's account that this educational session involving cinematic and musical arts has a profound effect on medical learners. They appear inspired to seek meaning and engagement in their work – helping the underserved, returning to one's community as a healthcare provider. The "message" conveyed through viewing different manifestations of happiness is that this elusive quality is found in commitment to

[1] Individuals who have just completed their M.D. degree and who are now completing additional residency training in order to qualify for board certification in the specialty of their choice.

something beyond oneself. That residents leaving the session feel not burdened but enthusiastic and happy is a testament to the value of this kind of teaching.

These articles point us in intriguing directions. They raise at least as many questions as they answer. Are the humanities and arts an effective way of encouraging learners toward reflective capacity and happiness? Are reflection and happiness even *important* in being a good doctor? What *is* a good doctor? The great value of such efforts is that they encourage medical educators to continue to explore what constitutes best practices in the interpersonal, attitudinal, and value domains of medical education and to pursue them reflectively – and happily!

References

Benson, J. & Magraith, K. (2005). Compassion fatigue and burnout: the role of Balint groups. *Australian Family Physician, 34,* 497-8.

Campbell, J., Prochazka, A.V., Yamashita, T., & Gopal, R. (2010). Predictors of persistent burnout in internal medicine residents: a prospective cohort study. *Academic Medicine, 85,* 1630-1634.

Charon, R. (2000). Literature and medicine: origins and destinies. *Academic Medicine, 75*, 23-7.

Dunn, L.B., Aglewicz, A., Moutier C. (2008). A conceptual model of medical student well-being: promoting resilience and preventing burnout. *Academic Psychiatry, 32,* 44-53.

Halperin, E.C. (2010). Preserving the humanities in medical education. *Medical Teacher, 32,* 76-9.

Mann, K., Gordon, J., & MacLeod, A. (2009). Reflection and reflective practice in health professions education: a systematic review. *Advances in Health Science Education, 14,* 595-621.

Platzer, H., Blake, D., & Ashford, D. (2000). Barriers to learning from reflection: A study of the use of group work with post-registration nurses. *Journal of Advanced Nursing, 31,* 1001-1008.

Ratanawongsa, N., Wright, S.M., & Carrese, J.A. (2007). Well-being in residency: a time for temporary imbalance? *Medical Education, 41*, 273-280.

Ratanawongsa, N., Wright, S.M., & Carrese, J.A. (2008). Well-being in residency: effects on relationships with patients, interactions with colleagues, performance, and motivation. *Patient Education and Counseling, 72,* 194-200.

Seligman, M. *Authentic Happiness : Using the New Positive Psychology to Realize Your*

Potential for Lasting Fulfillment. (2002). New York: Free Press.

Shanafelt, T.D., Sloan, J.A., & Haberman, T.M. (2003). The well-being of physicians. *The American Journal of Medicine, 114,* 513-518.

Shapiro, J. & Rucker, L.(2003). Can poetry make better doctors? Teaching the humanities and arts to medical students and residents at the University of California, Irvine, College of Medicine. *Academic Medicine, 78,* 953-7.

Teekman, B. (2000). Exploring reflecting thinking in nursing practice. *Journal of Advanced Nursing, 31*, 1125-1135.

Wald, H.S. & Reis, S.P. (2010). Beyond the margins: reflective writing and the development of reflective capacity in medical education. *Journal of General Internal Medicine, 25,* 746-9.

Wear, D., & Aultman, J.M. (2005). The limits of narrative: medical student resistance to confronting inequality and oppression in literature and beyond. *Medical Education, 39,* 1056-1065.

West, C., Huschka, M., Novotny, P. et al. (2006). Association of perceived medical errors with resident distress and empathy: A prospective longitudinal study. *JAMA, 296*, 1071-1078.