

Literature and the Arts in Medical Education

Johanna Shapiro, PhD
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.

Molly Sweeney: Using a Theatrical Performance to Orient Medical Students

Neal Whitman, MD

First-year medical students at the University of Utah begin their medical school experience with a 2-week course titled Introduction to Medicine. The goal of the course is to help students become familiar with the overall structure of the curriculum and the clinical disciplines that comprise the practice of medicine. Introduction to Medicine was inaugurated in 1997. In 2001, the performance of a play, followed by a small-group discussion, was added to the course. This article describes the use of *Molly Sweeney* as an instructional tool.

Course Objectives and Overview

The Introduction to Medicine course has five objectives. At the end of the course, students are to (1) accept their role as active learn-

ers and feel ready to take charge of their own learning, (2) recognize their duty now (as medical students) and later (as practitioners) to use information tools to stay up to date with medical knowledge, (3) begin the process of getting to know fellow students and appreciate the importance of mutual respect and cooperation, (4) value the importance of professionalism and identify the role that ethics plays in the practice of medicine, and (5) appreciate the patient as a whole person and view medicine as a team effort that requires forming partnerships with patients and other service providers.

Presentations by the 15 clinical department heads form the backbone of the course. Each speaker describes the past, present, and future of his/her discipline. Other presentations include topics such as women's health, domestic violence, the role of community resources in the care of patients, and the development of a professional identity. Small-group activities include a problem-based learning experience supplemented by an orientation to

medical library resources. The course culminates in the "White Coat Ceremony." The following week, students begin the first block of basic science courses.

The Introduction to Medicine course has been well received by medical students. The overall course ratings by students for the 4 previous years were: 1997=3.3, 1998=3.0, 1999=3.1, and 2000=2.9 (4=excellent).

Following the 2000 course, I (the course director) reviewed the course with the associate dean of student affairs, the assistant dean for medical education, and course faculty. I concluded that more could be done to address course objectives #3, #4, and #5. With the support and agreement of these peers, I added to the 2001 course the performance of the play *Molly Sweeney*, followed by a small-group discussion.

Play Selection and Synopsis

I met with the artistic staff of the Emily Company, a professional acting company in Salt Lake City, to elicit their suggestions for a play that would stimulate discussion of

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professionalism and medical ethics (course objective #4) and the patient as a whole person (course objective #5). Course objective #3 would be addressed by a small-group discussion following the play. An additional criterion was to select a play that would be easy to produce on the stage of a medical school auditorium. The actors recommended *Molly Sweeney* by Brian Friel.¹

The play takes place in Ireland and portrays a story from three points of view. Molly has been blind since early infancy (retrolental fibroplasia). She describes her life before and after the surgery that restores her vision. Her husband, Frank, pushes Molly into surgery to correct her “handicap.” The third character, Mr Rice, is the surgeon who seeks to restore a failed career—if only this surgery is a success! (More information on restored blindness is available in a review by neurologist Oliver Sacks.²)

This 2-hour play is easy to produce because the three characters do not interact; they take turns telling their sides of the story. There is no need for scenery or lighting, and, in fact, the play can be performed as a reading with each character sitting on a stool with the script. If that is the case, students must be forewarned that we are aware that we are asking a “blind” person to read. The need for Irish accents to maintain the integrity of the locale does require some rehearsal time; however, for a professional acting troupe, this play is relatively easy to perform. In addition to a fee of \$1,000 to the Emily Company, the only other cost was \$60 to Dramatists Play Service, Inc, for the licensing royalty.

Implementation

Molly Sweeney is a 90-minute play performed with no intermission. The play was staged in the auditorium where the students regularly meet. Following the performance, students were organized into eight groups of 12 or 13 students each. Each small group was jointly facilitated by a faculty member and a volunteer upper-class student, who also attended the play. These group leaders were deliberately not given a predetermined list of questions. Instead, they were asked to be true facilitators, taking their group in a direction chosen by the students.

The group session lasted an hour. As course director, I visited the groups briefly but did not interrupt or participate. Issues I heard students discuss included (1) Who sets the agenda for medical care: the physician, the patient, or the patient’s family? (2) What is a handicap? (3) What is the ethical obligation of a physician to help a patient cope with the social consequences of a medical or surgical procedure? One group felt that the play was an excellent metaphor for their initial experiences in medical school. They made the connection between the newly sighted person overwhelmed by sensory images and the new medical student overwhelmed by medical information.

Evaluation

The student rating of the play and its discussion in small groups was 3.4 (4=excellent; 96 of 102 students responded). Representative student written comments included:

What an incredible play. So many issues addressed by only three characters!

It was interesting to see the different issues that different people saw in the play. Just goes to show that there are always different angles on shared experiences.

I really enjoyed the discussion and the direction it took. It was nice to hear the thoughts and feelings of classmates.

I thought the play was great. It brought up some ethical issues that have wide application beyond blindness.

In addition to the student ratings and comments, a student evaluation committee (a student committee for each School of Medicine course independently writes its own evaluation report) identified the play as one of the course strengths.

The overall course evaluation was 3.3. Other changes were made in the course, so we cannot say that the play caused the increase from 2.9 in 2000. However, the rating of the play, the student written comments, and the student evaluation committee report all support the plan to repeat this activity in 2002 and to recommend it to other medical schools.

Correspondence: Address correspondence to Dr Whitman, University of Utah, Department of Family and Preventive Medicine, 50 North Medical Drive, Salt Lake City, UT 84132. 801-587-3393. Fax: 801-581-2759. neal.whitman@hsc.utah.edu.

REFERENCES

1. Friel B. *Molly Sweeney*. Old Castle, Colo: Gallery Books, 1995.
2. Sacks O. To see and not to see. In: Sacks O. *An anthropologist on Mars*. New York: Vintage Books, 1995.