

Training the Clinical Gaze: Uses of the Arts in Medical Education

Needs Assessment

Needs assessment requirements for this conference were fulfilled in two ways: 1) Survey of prospective participants in the UCI College of Medicine 2) Literature review.

Survey data. A 5 item email survey was sent to the approximately 500 faculty members of the UCI College of Medicine. 48 individuals returned the survey, representing approximately 10% of the prospective audience. Faculty who completed the survey tended to express a high level of interest and need concerning the topic of the uses of visual and performing arts in medical education. Specifically, respondent means on a 5 point Likert scale (1= not at all; 3 = somewhat; 5 = extremely) were as follows:

- a. Interest in learning more about the ways in which the visual and performing arts can be integrated into medical education: mean=3.98
- b. Interest in exploring relevance of the arts to “hard-to-teach” clinical competencies such as compassion, altruism, and empathy: mean = 3.98
- c. Interest in how the arts can be used to improve students’ observational and interpretive skills: mean = 4.02
- d. Interest in opportunities for collaborative projects and research with arts faculty: mean: 3.85
- e. Interest in participation in a conference addressing the above issues: mean = 4.0

Literature review. Empirical evidence and anecdotal observation suggest that the arts can play an important role in healing of and adaptation to illness (1-4). Especially in Europe, many hospitals have experimented with introducing patient programs in dance, theater, and clowning to create a therapeutic milieu (5,6). The American pediatric oncologist Graham-Poole (7) recently published a book encouraging patients to explore the arts as a way of understanding and integrating the illness experience. Although there has been longstanding interest in integrating the arts into medical education (cf.8,9), work in this area has been sporadic and largely anecdotal, with little effort made to apply the insights from the realm of patient care to that of medical education.. Nevertheless, reports that have emerged investigating the potential benefits of exposing students to the arts as part of their medical education have been intriguing. In general, the theoretical rationale for inclusion of the humanities and the arts in medical school curricula emphasizes their ability to help students access the patient’s subjective experience of illness as well as to provide a psychological space for students to reflect on their own professional experience (10). The arts and humanities are typically viewed as a way of humanizing medical education (11).

Considering first the visual arts, medical scholars argue that the study of art is a way to better understand the complex meaning of human experience, including illness (12). Two recent studies (13,14) conclude that exposing medical students to classical paintings under the guidance of art educators and medical school faculty can improve their empirical observational skills as well as their sensitivity to emotional and character expression. Theater has been used to help medical students understand difficult subjects such as grief (15) and death and dying (16). Other medical educators have explored “medi-dramas” as a way to teach about the doctor-patient relationship (17,18).

These reports and investigations, while not comprehensive, suggest that much valuable work remains to be done in terms of bringing together the worlds of art and medicine.

References

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Learning Objectives:

.By the conclusion of this program, participants will be able to...

- 1) **Refine the intellectual basis for inclusion of the arts in medical school curricula**
- 2) **Identify pedagogical strategies that successfully develop applications of the arts in medical education**
- 3) **Explore research methodologies appropriate to this interdisciplinary activity**
- 4) **Consider new conceptual models that reformulate the fields of both medicine and the arts**
- 5) **Identify opportunities for collaborative research in evaluation and assessment of arts-based curricular innovations as well as other aspects of the interface between the arts and medicine.**

Purpose: The purpose of this conference is to examine ways of integrating the visual and performing arts into the education of medical students and residents. We will address the question **“What theoretical, conceptual, pedagogical, and research approaches are necessary to build usable bridges between arts scholarship and medical education?”** Expert presenters will discuss how exposure to visual art, theater, and dance can contribute to the education of physicians, in particular their pertinence to “hard-to-teach” clinical competencies such as compassion, altruism, and empathy. Specifically, experiential and research evidence will be presented arguing that well-targeted study of the arts can 1) improve students’ ability to observe carefully and draw accurate conclusions 2) enhance students’ understanding of and empathy for the patient experience, thus contributing to the professionalism of learners 3) encourage students to consider the role of creativity and imagination in patient care 4) enlarge students’ understanding of the human condition. A working lunch will explore opportunities for collaborative projects and research involving faculty from a spectrum of disciplines.

Format: In the main body of the conference, speakers will present research and/or curricular models for examining the efficacy of the fine arts, theater, and dance to enhance observational and empathic skills in medical students. Each presentation will be followed by a 10 minute Q&A opportunity with participants. During the working lunch, small group discussions facilitated by the presenters will develop ideas for interdisciplinary research in the arts and medicine based on the expert presentations.

Schedule:

8:00-8:15 Coffee

8:15-8:30 Welcome and introductory remarks – Dr. Shapiro

8:30-9:00 “Medical Clowning and Medical Education” Dr. Duel

9:00-9:05 Q&A Dr. Duel

9:05 – 9:50 “Art and the Art of Medicine” Dr. Braverman

9:50 – 10:20 "Visualizing Medicine: Fine Art, Observational Skills, and Medical Diagnosis" Dr. Dolev

10:20 – 10:30 Q&A Drs. Braverman and Dolev

10:30 – 10:40 Break

10:40 – 11:20 “Wit in Medicine: Using the Humanities to Enrich Our Understanding of the Experience of Illness” Dr. Lorenz

11:20-11:30 Q&A Dr. Lorenz

11:30-11:40 “The Body in Dance: Dance and Doctoring” Dr. Kuo

11:40-12:20 “Aging, Disability, and Dance” (tentative title) Professor of Dance

12:20 – 12:30 Q&A Dance Professor

12:30 – 1:30 Working lunch; small group discussions to initiate interdisciplinary dialogue and brainstorm collaborative projects and research

Audience: All members of the UCI and UCI-COM communities are welcome to attend, including faculty from the Schools of Medicine, the Arts, Humanities, Education, and Social Ecology. In particular, the conference targets faculty members of COM-OCA (Office of Curricular Affairs), because of their interest and expertise in medical education. Members of the community and other interested individuals are also welcome to the presentations. The working lunch following the presentations is by-invitation only.

Speakers:

Irwin Braverman, M.D., Professor of Dermatology, Yale University School of Medicine,

Jacqueline Dolev, M.D., PGY I, Internal Medicine, Stanford University School of Medicine

Karl Lorenz, M.D., MSHS, Los Angeles Veterans Administration Hospital, Assistant Professor, UCLA Geffen School of Medicine, Consultant, RAND

Barry Duel, M.D., FACS, FAAP, Assistant Professor of Pediatric Urology, UCI-COM

Jeffrey Kuo, M.D., Associate Clinical Professor of Radiation Oncology, UCI-COM

Professor of Dance, UCLA (not confirmed)