

WEBINAR PRESENTATION

- I. Career Path – Katherine asked me to say a few words about my career path**
- A. At first, didn't know I had one**
 - B. Certainly not every path is a straight one!**
 - C. Trained as a counseling psychologist, became licensed in clinical psychology, started working in health psychology in the Division of Physical Therapy at Stanford, then joined the Department of Family Medicine at UCI as a behavioral scientist. My interests always focused on the patient-doctor relationship and patients' subjective experiences of illness. About 13 years ago, I decided that those goals could best be met through teaching that incorporated literature and the arts. Over time, this led to the development of the PMHA program at UCI-SOM**
 - D. Hope this gives encouragement to those of you out there who have not always hewed to the straight and narrow**

II. Writing Life – Katherine also asked me to saying something about the writing life

- A. I have always written academic articles and published in peer-reviewed journals**
- B. I've always been a good editor of others' work; and have been involved in several journals editing poetry, literature and the arts in medical education, and narrative medicine columns**
- C. After challenging medical events in my personal life and in my children's lives, I began writing poetry to express my feelings, regain some sense of control over uncontrollable situations, and try to create something beautiful – or at least humorous - from pain and suffering.**

III. Finally – a book: The Inner World of Medical Students

- A. Why inner worlds? I've always been interested in inner lives, my own, my kids, and because I am so invested in the medical students whom I teach, their inner lives as well**
- B. It seems to me that it's important in becoming a professional, especially one in such a complex and demanding profession as medicine, to know thyself in order to be the best possible person one can be**
 - 1. Reflection**
 - 2. Self-awareness**
 - 3. Clinical translation – awareness to action!**
- C. So inner worlds matter**
- D. From many, many informal chats with medical students, I'd discovered that they wrestled mightily with many of the questions I'd always thought were most important in life –**
 - 1. who are we and how do we become who we are?**
 - 2. How can we best understand others? What is happening around us?**
 - 3. How can we respond meaningfully to pain and suffering?**

- E.** But much of this wrestling only occurs in that “inner world,” so we have to look behind the façade of certainty, competence
1. That’s what I wanted to do with this book

IV. But Why poetry?

- A.** Many of you are likely familiar with the personal statement required by medical schools and residency admissions committees. Of course, many of these are beautiful, heartfelt expressions of one’s desire to serve others through a career in medicine. But having read many hundreds, probably thousands of these essays over a lifetime of applicant interviewing, I noticed that they often became somewhat formulaic. The intention and emotions underlying them may well have been sincere, but they were full of pat, conventional phrase and predictable structure
- B.** I had long thought that poetry unleashed the unconscious better than prose
1. Its reliance on imagery and metaphor increases the likelihood that it will reveal things beyond the ordinary
 2. Poetry can even surprise the person who writes it
- C.** So I thought an examination of student poetry would be an ideal way to penetrate more deeply into their experience. ...
- C.** Plus I like medical student poetry!

V. How I chose the student poetry

- A.** Finding poems was easy
- B.** For years, I had encouraged students to write poems as part of various medical humanities course components. And I had kept many of these poems, which were interesting because they were not necessarily written by students who fancied themselves poets
- C.** Also fortunately, over the past 15 years, many medical schools have started in-house literary journals, and these also were full of poems
- D.** In total, I reviewed almost 600 poems that had either been submitted for a class or were in the public domain
- E.** The difficult part was tracking down students to obtain their permission to quote poems in full. I ran across many extraordinary poems that I could not include in the text because I could not locate the authors.

VI. The topics in the book

- A.** I approached the poems not as a literary scholar (which I am not, a profession I somehow overlooked on my windy career path, although I was an undergrad English major) but more as a qualitative researcher
- B.** The topics grew out of an inductive analysis of the poems themselves.
- C.** The book itself addresses many topics: 1) The life-altering experience of anatomy 2) What it’s like to become a doctor 2) The patient-doctor and patient-medical student relationships 3) The patient’s experience of illness 4) social and cultural issues and 5) personal reflections about love and life.
- D.** In addition to a content analysis, I also tried to categorize poems using a narrative typology that considered whether a poem was telling a story of chaos, restitution, journey, witnessing, or transcendence

1. Chaos – overwhelmed, confused, lost (adjusting to medical school, death of a patient)

2. Restitution – find it and fix it (pt was sick, got diagnosed, and treated, got well)

3. Journey – Joseph Campbell’s hero journey (unassuming hero [read med student] chosen to accomplish a noble task [becoming a doctor]; along the way meets tests and challenges [sleep deprivation, shelf exams]; battles monsters [read mean attendings]; and ultimately returns to the world a better, wiser person who can now help others [i.e., patients])

4. Witnessing – the concept of bearing witness to the suffering of others, offering testimony to the suffering of self and others even when that suffering cannot be erased or changed, grew out of the Holocaust literature; in this context, it describes poems in which students could not change either their own misery or that of their patients but attempted to authentically report it

5. Transcendence – those experiences that uplift, inspire, enlighten, transform, and help us see the world in new and unexpected ways

E. The two most common types of narratives were those of chaos and of witness

VII. Poem – The Hand

A. Addresses theme of patient-medical student relationship

B. Includes elements of all narrative typologies

C. Shows a journey from emotional distance to solidarity with patient

VIII. My conclusions

A. I think medical students for the most part are very bright, very committed, and very brave

B. At a young age, they are forced to confront

1. The necessary suffering of illness, decline, and death...

2. and the unnecessary suffering brought about by a broken health care system and sometimes by the shortcomings of the very people designated to care for those in need

C. I was impressed that, despite their own struggles and concerns, students so often

1. Choose to sort out complex, nuanced dimensions of emotional proximity and distance

2. Strive for emotional steadiness and tenderness (Jack Coulehan)

3. Connect and to commit, in the words of Jack Coulehan, to adopt a position of compassionate solidarity with their patients

IX. Final thoughts

A. Now of course, these are only poems

B. Who knows if there is a link between what a student writes in a poem and clinical practice?

C. However, I choose to believe that writing a poem is connected with real life;

1. A form of catharsis

2. A way of forging something meaningful out of a challenging or significant experience

3. A kind of exploration or rehearsal

D. Students can become better doctors – and better people – through reflecting on their lives in poetry.