

## Poetry in Motion: Listening to the Voices of Medical Students

**I. The Inner World of Medical Students:** Where do students' deepest thoughts and feelings about their medical education emerge? What do they worry about, what frightens them, and what do they aspire to?

A. Students talk among themselves, but often use humor or a certain macho toughness to mask serious emotion.

B. They can talk to friends, family, and significant others, but usually these people do not have an insider's view and do have a lot invested in these future doctors, so it is difficult to be completely honest.

C. Faculty and residents are generally not perceived as safe recipients for students' doubts and disclosures, because of their evaluative functions.

D. In fact, we leave students very much to their own devices to resolve their confusion and ambivalence, or even to celebrate their joys.

E. I believe one of the few outlets students have is reflective writing that gives them space, if they choose, to wrestle with and look deeply at their own ongoing experience.

F. Poetry in particular, because of

1. how different it is from standard forms of medical communication,
2. its capacity to include the language of emotion,
3. its ability to address issues of meaning,

makes an ideal window through which to look for the minds and hearts of medical students.

### II. Methods:

A. I reviewed 220 poems written by first, second, and third year medical students written over a two-four year period

B. I used a qualitative content analysis to understand what questions and themes concerned these students.

C. In total, I identified 12 major and 20 sub-themes. I would like to present four of the areas about which students appeared to have most concerns and to struggle with the most.

**III. Education and Socialization:** The medical education process tells students that they will learn a specialized body of knowledge, so they are prepared to absorb facts, information, and knowledge. They are not prepared to be completely consumed and, in a sense, colonized by the system responsible for "educating them. Thus one of their biggest concerns is what is happening to them personally in the process of learning to become physicians.

A. Students see medical education as engulfing, all-consuming

1. They complain about lack of sleep, constant testing, non-stop tasks
2. Invasion of all aspects of their lives

B. They also see it as degrading and humiliating

C. They compare medical education to

1. Corporate malfeasance
2. Slavery

3. The army
4. Warfare

D. In their view it is a system that teaches harshness and discourages compassion

**IV. Role-Models and Anti-Role Models.** Students are told that they will be trained to be physicians, and medical education has always stressed the importance of positive role-models, who are supposed to surround the learner like a protective blanket. But often what students see are anti-role models. Their poems are filled with the following kinds of images:

- A. Residents are almost never cited as positive role-models
- B. Attending are perceived as
  1. lacking compassion; not empathetic, not listening to what patient says or wants
  2. Ignoring economic constraints of patients
  3. Culturally insensitive, indifferent to patient's pain
  4. Judgmental
  5. Hurried
  6. Insensitive and callous
  7. Indifferent to patient's suffering
- C. To be fair, they also do find positive role models.
  1. The kinds of physicians students admire listen well, don't rush, take the patient seriously
  2. Are gentle, thorough, caring toward patients, ready to make the hard decisions

**V. Patients and Doctors.** Students are told that they will learn about diseases, but they worry that they are losing sight of the people who have the diseases.

**A. Imagining the lives of patients.** Many poems are written from the point of view of the patient, trying to imagine the experience of the patient.

1. Poems explore patient suffering
2. They recount the patient's tears and fears
3. They especially focus on difficult patients
  - a. Alcohol and drug addictions
  - b. Psychological disorders
  - c. Medically complex and dying patients

**B. Solidarity with patients**

1. Students saw both themselves and patients as suffering, victimized, exploited by those more powerful in the medical hierarchy ("cry inside")
2. In several poems, students and patients speak with one voice
3. Students identify with patients, seeing themselves as basically the same people, but for different circumstances – "There but for the grace of God..."
4. Patients' and students' lives are entwined
5. They are embarked on a lifelong journey together
6. One of the potential outcomes of this relationship is the possibility of mutual healing
7. This solidarity is especially apparent in the presence of dying patients

### **C. Patients as the enemy**

1. Occasionally, students have already begun to see patients as the other, as the enemy

2. This appears to be especially true for noncompliant or demanding patients

### **D. Emotional connection and professional detachment**

1. Students know patients want doctors who care

2. They understand that physician compassion is what patients expect to address both their hopes and their vulnerability

3. Students want to be kind and caring physicians, but

4. They are terrified that having an emotional connection with a patient will devastate them, and make them unable to take care of patients in a professional manner

5. They struggle with this simultaneous attraction and repulsion

## **VI. Spirituality and Rationality**

A. Students are told that medicine is a science, but they sometimes find they need the spirit as well as the intellect.

B. Three examples of supplications for guidance in their careers and lives