DEPARTMENTAL GRANT – MEDICAL HUMANITIES SECTION

The poet's business (is) not to talk in vague categories but to write particularly, as a physician works upon a patient, upon the thing before him, in the particular to discover the universal - William Carlos Williams, M.D.

Through my patients' stories, I learn how and why people suffer, and why they heal - Harriet Squier, M.D.

The patient's story will come to you, Like hunger, like thirst – John Stone, M.D.

RATIONALE: ***Why teach literature to physicians?*** "The call to stories" (Coles, 1989 - 1) and the plea to attend to the patient's narrative (Kleinman, 1988 - 2) have been present for the past decade in medical education, but by and large they have remained lonely voices. While training in "communication skills" and "empathic behavior" has flourished, the uses of literature in medical education remain marginalized. This is not surprising, as the "skills-based" approach to communication, rapport and empathy derives from empirical social science data that are familiar, at least in their assumptions and methodology, to biomedical scientists. Literature, by contrast, represents a very different way of knowing (Tsouyopoulos, 1994 -3) that seemingly has little place in the world of high-tech medical education except as an occasional respite from "real learning."

Yet an attempt to systematically adapt and integrate literature into all levels of medical education may have more value than we realize. In ways that the basic, biological, and even social sciences never can, the study of literature may be able counteract, as one author put it, medicine's current "breathless expediency (to) convert mystery into meaning, suffering into disease, and pain into pathology" (Schweitzer, 1995 - 4). In an era when the focus (in many ways, appropriately) is on population-based medicine, literature remains stalwartly idiographic (Poirier, 1991 – 5), relentlessly focused on the unique experience of the individual. At a time when physicians struggle with competing obligations to patients, insurance companies, and managed care organizations, literature reminds us of the primacy of the connection between doctor and patient. While evidence-based medicine makes clinical practice scientifically sound and generalizable, literature highlights the idiosyncratic subjectivity of patient experience.

Assumptions about literature. Sometimes literature is dismissed as a fiction that has no resemblance to reality. On the contrary, literature is not independent of reality, but rather closely related to reality (Trautmann, 1982 - 6), and is often judged by its correspondence with known experience. However, as has been noted, the best literature is "not a mirror, but a lamp" (Jones, 1994 - 7). It does not merely state what is, but illumines possibilities for the reader. The underlying assumption justifying the use of literature in medical education is that systematic exposure to the voice of the patient (and other physicians) stimulates the moral thinking (Jones, 1995 - 8) and empathic imagination of the learner (Pellegrino, 1995 - 9).

What literature teaches. Although it is difficult to quantify the "outcomes" of the study of literature (10), still this study generates unique ways of knowing (what have been referred to as "hard-to-teach clinical competencies" [11]) which in turn produce beneficial effects for both patient and doctor. First among these skills is the ability of literature to facilitate our **entry into another's point of view** (Coulehan, 1995 - 12), not as a cognitive exercise, but as a felt experience. By standing in another's shoes, seeing

with another's eyes, the student thereby develops a true **empathy** "of the heart and the imagination" (Coulehan, 1995a - 13). This ability to assume the stance of the patient, albeit temporarily, is a profoundly important consequence of humanities teaching, as it is promotes deep connection between doctor and patient.

Secondly, the study of literature helps us to be aware of, investigate, and ultimately learn to be comfortable with the phenomenon of **emotional engagement (Coulehan, 1995a – 13)**. The vast majority of medical training, even in the behavioral sciences, is designed to dampen, avoid, and diminish emotion, and conversely, to create objectivity and distance. By contrast, literature encourages, even demands, emotional response (Downie, 1991 - 14). However, because literature serves as a transitional object for learners, (ie., dealing with "real" feelings, experiences, and people, but at one remove), it provides a safe environment in which physicians can explore the meaning and possibilities inherent in the strong emotional reactions patients and their illnesses evoke (Stein, 1996 - 15).

A third "skill" imparted by a study of literature is the ability to engage **in close textual analysis**, a technique easily transferred to patients (Epstein, 1993 – 16), who themselves have sometimes been analogized as "texts" (Daniel, 1986 -17; Charon, 1988 - 18). Understanding a poem, for example, requires unswerving attention, an extreme alertness involving all the senses, and a sensitivity to minute, inferential nuances of language, imagery. It has been pointed out that, even more than compassion, what patients need is the focused attention of their physician (Broyard, 1992 - 19), the knowledge that the physician is doing his or her utmost to "recognize" the other's unique humanity (Berger, 1967- 20). Careful textual analysis heightens the learner's ability to recognize ambiguities, interpret signs and cues, form conclusions from incomplete data and understand meanings hidden beneath the surface of things (Charon, Banks, Connelly et al, 1995 - 21).

Fourth, literature helps the learner develop "a **whole person understanding**" (9,14). Since literature inevitably tells a kind of story, it encourages the location of individual experience within a longitudinal, historical, and idiosyncratic context (Helfrich, Kielhofner, 1994 – 22; Mattingly, Garro 1994 - 23). This aspect of literature has been noted as especially important in the development of the field of narrative ethics (Jones, 1997 - 24). Literary approaches interpret ethical dilemmas within the life history of the patient, and thus can develop new insights into ethical decision-making by creating imaginative sympathy with patients' biographies (Charon, 1994 - 25).

Finally, the study (and creation) of literature provide an opportunity for **reflection on experience** (Wear, Nixon, 1995 - 26; Shapiro - 27). Both the reading and the writing of an imaginative work require distance as well as engagement (Charon, 1986 - 28, Mishara, 1995 - 29; Weisberg, Duffin, 1995 - 30), emotion tempered by analysis. From this process of reflection come greater self-understanding for the physician (26) and insight and renewed understanding into what is hidden in the patient (Bouchqrd, Guerette, 1991 - 31).

The consequences of these five ways of knowing have great relevance to medical practice. Their mastery contributes to increased empathy, restoration of connectedness with patients (Brody, 1987 - 32), greater appreciation for conflicting and multiple meanings, more sensitive ethical reasoning, heightened observational and interpretive

ability, reduced frustration, symbolic healing (Pennebaker, 1990 - 33; Coulehan, 1991 - 34) and enhanced appreciation for the experience of the patient.

Why use literature with physicians across different levels of training? Historically, literature has been viewed as tangential and marginal in medical education. Literature and medicine courses typically appear as electives, and are often offered at the undergraduate level (ie., open only to *pre*medical students). While literature is only one tool in the vast armamentarium of medical education, its uses should be explored systematically and integratively.

For medical students in their preclinical years, it provides a direct link between them and the two worlds they are just beginning to bridge – the world of "real people" and the world of medicine. At this point in their training, literature (in the form of stories about others' journeys to become physicians) can help them address the conflicts and concerns they feel about the socialization process and their acquisition of various physician role (Swick, 1995 - 35). Stories can also help explain the world of medicine (Anderson, 1998 - 36).

Later in medical training, literature serves as a valuable ballast to the necessary bioscientific education students must acquire. The voice of the patient with metastatic cancer reminds the medical student that the differential diagnosis is not the be-all and end-all of the doctor-patient encounter (Hunter, 1992 - 37). As medical students proceed through training, fiction-writing exercises from the point of view of the patient can counteract the dehumanizing transformations that can occur in medical training (18, 28). Literature also exposes students to a wider range of people and events than their life experience has given them (14; Squier, 1995 - 38). As students in their third year form the impression that the chart represents the totality of the patient's story, literature can help remind them that the patient has another voice (chart ref).

Residents participate daily in the process of crafting their professional identity. Using literature to remind them of the doctors they wanted to be and the doctors they are afraid they might become helps provide a different vantage point by which to evaluate their behavior than their current rotation or the clinic's productivity requirements. Howard Stein (15) has introduced the idea of the study of literature at the residency level as play, a safe environment in which residents can decompress and explore their relationships with patients without consequences.

Experienced physicians may struggle with burn-out or boredom. Literature is a way of infusing new meaning into their profession, or helping them to discover the original meanings that drew them toward their life-time pursuit. Stories are a way of helping to heal (36) what is broken for physicians as well as patients. In the era of managed care, productivity guidelines offer less time to develop the trust that allows the patient's story to be interpreted with confidence (Donley, 1995 - 40). Yet understanding of patient narrative is particularly important in situations where patients are perceived as difficult and frustrating by their physicians (12, 28).

ANTICIPATED PROBLEMS AND SOLUTIONS: The primary problem in attempting to introduce a coherent, integrated medical humanities program into medical training is the perception that such an approach is tangential at best and at worst irrelevant to preparation for becoming a physician. This perceptual problem will be addressed in a variety of ways: 1) Medical humanities training will be comprised of both

free-standing and integrated components in the ongoing curriculum. This will convey the impression that medical humanities is a pertinent aspect of already established approaches to training, and also has sufficient substance so that it can be taught independently in a more in-depth manner 2) Medical humanities will involve both required and elective components, to suggest that a core exposure is considered essential for all physicians-in-training, with more focused study a desirable option. 3) All medical humanities courses or components will be co-taught with physicians, to communicate credibility and role-modeling. 4) The curriculum itself will draw heavily on the writings of actual physicians and patients, again to enhance credibility.

OBJECTIVES: ***The overall goals of this program are, through an integrated curriculum, to provide physicians and physicians-in-training with new literature-based tools, such as ability to adopt the patient point of view, understanding of emotional engagement, skills of close textual analysis, reflection, and narrative reasoning, that will help increase empathy for patients, heighten understanding of ambiguous or conflictual situations, develop sensitivity to hidden as well as stated meanings, and improve clinical problem-solving of ethical dilemmas. Program objectives by category of learner are as follows:***

Faculty development - a) Train clinical, full-time, and Egyptian exchange faculty in family medicine in the uses of literature in medical practice and teaching b) Provide intensive training for a subset of full-time family medicine and other primary care faculty in facilitation of medical humanities discussion groups.

Residents – a) Educate family practice residents regarding the relevance of literature to areas of practice addressed specifically by behavioral science training b) Help residents address issues of professional values and identity through literature

Medical students – a) Help students see the potential of literature to increase both empathy and insight by incorporating literature and imaginative writing into core medical education course b) Help students develop more advanced skills of close textual analysis and narrative reasoning as a further means of achieving the goals stated in (a).

YEAR ONE: ***Overall objectives*** – To develop an expert understanding of and familiarity with cutting edge developments in the field of literature and medicine; develop and pilot-test materials and methods for the proposed literature and medicine courses and workshops across the three levels of training specified below.

Faculty development: Teach practicing family physicians (full-time and volunteer faculty) how literature can be used to increase empathy, develop new understandings of difficult patient care situations, and enhance doctor-patient relationships.

Residents: a) Train residents to use literature as a vehicle for developing understanding in areas of training addressed by the behavioral sciences, specifically the doctor-patient relationship and the nature of common psychopathologies seen in primary care b) Train residents to use literature to explore issues about their own relationships with patients and their own professional identity from a personal perspective.

Medical students: a) Train first year students to use literature to reflect on the socialization process in medicine and the roles of the physician b) Train students in the second year to use literature to improve understanding of the experience of the patient c)

Provide more in-depth training for a subset of students to develop skills of detailed recognition and understanding of emotional engagement, close literary textual analysis and narrative ethical reasoning.

YEAR TWO: ***Overall goals*** - Assessment of successes and failures of the pilot programs and workshops introduced in Year One; refinement and modification of these courses and programs

Faculty development – a) Continue training of full-time and clinical faculty in the uses of literature in medical practice, based on modifications from evaluation data from Year I b) Teach Egyptian exchange faculty how literature can be used in medical practice and education

Residents - a) Train residents to use literature as a vehicle for developing understanding in areas of training addressed by the behavioral science, specifically the illness experiences of special populations (ie., AIDS, disability, chronically mentally ill, geriatrics, cross-cultural) b) Introduce creative writing about patients into the curriculum as a vehicle for self-expression, frustration reduction, problem resolution, and perceptual transformation c) Train residents to use literature to explore issues of personal values and balance between family and career.

Medical students – a) Continue to teach students in the first and second years to examine issues of physician socialization and the experience of illness through literature b) Continue to provide in-depth training for students in skills of emotional engagement, textual analysis and narrative reasoning c) Teach third year students to reflect on and analyze their clinical experience using literary sources as a prompt.

YEAR THREE: **Overall goals** – Dissemination of materials, methods, and results through professional conferences; preparation of summary report assessing uses of literature across all levels of training; modification and refinement of existing curriculum

Faculty development – a) Continue training for full-time, clinical, and Egyptian faculty in the uses of literature in medical practice and medical education b) Provide a subset of full-time primary care faculty with process and content skills to successfully engage in medical humanities small group facilitation as part of the COM effort to develop medical humanities teaching.

Residents - a) Train residents to use literature to explore the management of difficult patients, adherence and compliance issues, ethical dilemmas, and dealing with chronic illness b) Modify and continue use of creative writing d) Train residents to use literature to explore personal feelings about medical mistakes, difficult emotional responses to patients, and the meaning of medicine e) Expand this process of personal exploration through literature to residents in other primary care specialties, specifically general internal medicine and general pediatrics.

Medical students –a) Continue the using literature to have medical students in Years 1, 2, and 3 reflect on issues of socialization, the illness experience of the patient, and the experience of the physician in the clinical encounter b) Continue student skill-building in emotional engagement, textual analysis, and narrative reasoning c) Train students in the fourth year to use literature as a way of consolidating and expanding on their understanding of the doctor-patient relationship.

CRITERION 4 INDICATOR 3 SPECIAL POPULATIONS: One important use of literature is to highlight special populations, and to develop empathy, understanding, and compassion for these populations. The medical humanities curriculum for medical students will include readings on AIDS patients, patients with disabilities, and cross-cultural medicine. The residency curriculum will include selections on chronic mental illness, domestic violence, alcoholism, AIDS, geriatrics and cross-cultural medicine. The faculty workshop materials will incorporate cross-cultural topics.

METHODOLOGY:

YEAR ONE: To accomplish the overall objective of developing additional expertise in the field of medical humanities, the department will use the consultants identified in the grant to provide guidance about the latest theoretical and curricular developments. Regular perusal of the University of New York's literature and medicine website and communication through the litmed list serve will also address this objective.

Faculty development: To achieve the first year objective (***expose physicians to the uses of literature to develop empathy, increase understanding of difficult clinical situations, and improve the doctor-patient relationship)***, we will develop and present a two-hour workshop examining the beneficial effects of reading literature related and engaging in creative writing related to the practice of medicine. This workshop will be appropriate for both full-time and volunteer faculty in family medicine (expected attendance 25 people), and will be derived from existing literature and consultation with experts.

Residents: To achieve the first objective (***provide training in the uses of literature in areas of medical practice addressed by the behavioral sciences, specifically doctor-patient relationship and common psychopathologies),*** we will design and pilot-test the first year of a required three-year curriculum in medical humanities, coordinated with the behavioral science program. Currently, over a period of three years, through a series of weekly noon lectures, the behavioral science program devotes one month each to a series of psychosocial and psychological topics such as depression, anxiety, domestic violence, death and dying etc. We will take one noon lecture each month from this series for literature and medicine, and coordinate the readings and discussion to coincide with the assigned behavioral science topic.

To achieve the second objective (***train residents to explore personal issues about patient relationships and professional identity using literature***), we will develop and implement a Balint-style discussion group, modified to incorporate a literary rather than an actual patient focus, to examine these themes.

Medical students: To accomplish the first objective (***train first year students to use literature to explore issues of professional socialization and roles of the physician),*** we will work with the course directors for the first year Patient-Doctor I course to develop systematic goals and objectives in the selection and uses of literature, including organizing optional discussion sections to help students integrate the literary selections with other aspects of the course. Similarly, to accomplish the second objective (***train students in the second year to use literature to improve understanding of the illness experience of the patient in relation to the differential diagnosis process),*** we will work with the course directors for the second year Patient-Doctor II course to develop

appropriate curriculum and readings integrated with the eight course modules, each of which is focused on a particular clinical condition (ie., heart disease, COPD, diabetes, stroke, HIV disease etc.).

To accomplish the third objective (***provide in-depth training for a subset of students in the development of emotional engagement, close textual analysis, and narrative reasoning***), an elective seminar on the doctor-patient relationship and the experience of illness will be offered to all first and second year students. This elective is currently being pilot-tested (March-May, 1999), and will be revised and modified based on student evaluation.

YEAR TWO:

Faculty: To accomplish the first objective (continue ***training full-time and clinical faculty in the uses of literature),*** we will provide one 3 hour workshop modified in accordance with the evaluation feedback from Year 1 and input from consultants (expected attendance 25 people).

To achieve the second objective (***expose Egyptian family medicine exchange faculty to the uses of literature)***, we will develop a workshop on literature and creative writing for these physicians (expected attendance 16 people). This workshop will be similar to that for Objective 1; however, it will be developed in consultation with Tahany Habashy, M.D., an Egyptian physician in our department, and will incorporate Arabic literature and have a more cross-cultural emphasis.

Residents: The first objective (***train residents in the uses of literature as a vehicle for understanding the illness experiences of special populations)*** will be achieved by development and implementation of the second-year behavioral science medical humanities curriculum in coordination with the behavioral science program, and will emphasize the patient experience of AIDS, disability, chronic mental illness, aging, and cross-cultural issues

The second objective ***(introduce creative writing about patients into the curriculum as a vehicle for self-expression, frustration reduction, problem resolution, and perceptual transformation)*** will be achieved by requiring each resident on an annual basis to participate in an imaginative writing assignment about a patient. A mini-workshop on creative writing for physicians will be offered to provide guidelines and assistance in this task.

The third objective (***train residents to use literature to explore issues of personal values and balance between family and career***) will be accomplished through the continuation of the Balint-style discussion group, with an appropriate alteration in themes and reading material.

Medical students: The first objective (***continue to enable students in the first and second years to examine issues of physician socialization and the experience of illness through literature***) will be achieved by continued modification of the literary component of the Patient-Doctor I and II curricula, in coordination with the course directors and consultants.

To accomplish the second objective (***continue to provide in-depth training for students in skills of emotional engagement, textual analysis and narrative reasoning),*** the elective course in literature and medicine will again be offered to first and second year students, incorporating modifications based on student and consultant feedback.

The third objective (***train third year students to reflect on their clinical experience through the use of literary readings and imaginative writing***) will be achieved by the introduction of a Humanities Day into the Family Medicine Clerkship. To prepare for this experience, students will be required to write a short story or poem about a patient encounter or select a literary excerpt that pertains to their experience. These imaginative works will be shared among all clerkship participants in a 3-hour session.

YEAR THREE:

Faculty: The first objective (***continue training for full-time, clinical, and Egyptian faculty in the uses of literature in medical practice and medical education)*** will be achieved by offering one workshop each on this topic to full-time and clinical faculty and to visiting Egyptian physicians, incorporating modifications based on evaluation data and consultant feedback.

The second objective ***(provide a subset of fulltime primary care faculty with process and content skills to successfully engage in medical humanities small group facilitation),*** will be achieved by recruiting faculty through email announcements and personal contact to serve as small group facilitators at various points in the curriculum. A total of 5 faculty will be trained using a 2-hour program developed through a review of the literature, consultation with experts in the field, and the prior two years of teaching medical humanities. This manual will be available for distribution to any interested parties.

Residents: To accomplish the first objective (***train residents to use literature to explore the management of difficult patients, adherence and compliance issues, ethical dilemmas, and dealing with chronic illness),),*** the third year of the medical humanities curriculum will be developed and implemented in coordination with the behavioral science program. In addition, because the full cycle of this three year curriculum will have been completed, the entire curriculum will be revised and modified in preparation for its renewed implementation in July.

The second objective (***continue use of creative writing),*** will be accomplished by maintaining the requirement of an annual creative writing assignment to be incorporated into a behavioral science noon lecture.

The third objective (***train residents to use literature to explore personal feelings about medical mistakes, difficult emotional responses to patients, and the meaning of medicine***), will be achieved by continuation of the Balint-style discussion group with an emphasis on relevant topics, appropriately modified based on previous experience.

Finally, the fourth objective (***expand the process of personal exploration through literature to residents in other primary care specialties),*** will be accomplished through the introduction of similar literature-focused Balint-style groups in the divisions of general internal medicine and general pediatrics.

Medical students: To achieve the first objective (***continue using literature to have medical students in Years 1, 2, and 3 reflect on issues of socialization, the illness experience of the patient, and the experience of the physician in the clinical encounter)*** we will continue to modify and revise the medical humanities components in PDI, PDII, and the Family Medicine Clerkship.

To accomplish the second objective (***continue student skill-building in emotional engagement, textual analysis, and narrative reasoning***), we will continue to offer a first/second year elective in literature and medicine, modified appropriately according to evaluation feedback.

Finally, to achieve the third objective (***train students in the fourth year to use literature as a way of consolidating and expanding on their understanding of the doctor-patient relationship),*** working with the Assistant Dean for Medical Education we will introduce a medical humanities component as part of Patient-Doctor IV, in which literature will be incorporated in the discussion of case presentations.

CRITERION 4 INDICATOR 4 CURRICULAR INNOVATION: The methodology employed in this section of the proposal is innovative for several reasons: 1) At the medical student level, it is integrated vertically across years, rather than having piecemeal offerings. 2) At the residency level, it explores a natural, but little-examined, content and conceptual links between behavioral sciences and the humanities. 3) At the faculty level, it provides a comprehensive effort to educate primary care faculty about the medical humanities. Further, it pioneers the cross-cultural uses of literature with a group of Egyptian physicians, as well as using literature to enhance understanding of special populations. Finally, it provides specialized training for a subset of faculty to become knowledgeable in facilitating medical humanities discussion groups.

KEY PERSONNEL: ROLES/ RESPONSIBILITIES (***INDICATOR 2, CRITERION 4***)

Johanna Shapiro, Ph.D. – Dr. Shapiro is trained as a psychologist and has been a member of the UCI faculty for 21 years. She has served the department and College of Medicine in a variety of capacities, including behavioral science director, Patient-Doctor II course director, Predoctoral Director, and Acting Chair. She has published several articles on narrative approaches to patient care. As coordinator of the medical humanities initiative, she will be responsible for overall implementation of this component of the grant. Her responsibilities will include curriculum planning at all levels of training; intrainstitutional and extrainstitutional liaison; development of faculty workshops; teaching in faculty workshops and in the resident and medical student curricula; coordination of evaluation mechanisms. Twenty percent support is requested for Dr. Shapiro. She will donate an additional 40% time to this project.

Pat Lenahan, LCSW – Ms. Lenahan is the residency's behavioral science program director. She has particular expertise in cross-cultural medicine, domestic violence, alcoholism, substance abuse, human sexuality, death and dying, and geriatrics. She currently teaches in both PD I and PD II. Her responsibilities for this component of the grant will include participation in one faculty development workshop per year; participation in the development of curriculum and teaching materials for the residency-based component; and teaching in both the elective and required medical student components. Ten percent support is requested for Ms. Lenahan. She will donate an additional 10% to this component of the project.

Desiree Lie, M.D., M.S. Ed. – Dr. Lie is an associate clinical professor, co-director of the Patient-Doctor I course, and the director of the Egyptian Physician Training Program. Dr. Lie will serve as liaison to the PDI course. She will participate in one faculty