

SUMMARY OF OBSERVATIONS: MEDICAL HUMANITIES AT UCI

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- Elective Courses:

1. Art of Doctoring
2. Literature & Medicine

- Non-Elective Courses:

3. Pediatric Creative Project
(Anatomy of Anatomy)
4. Medical Readers Theater
5. Doctor-Patient Stories
6. Cross-Cultural Reflection

- Students Interviewed: n. 15*

(* 3 = Art of Doctoring

5 = Literature & Medicine

1 = Literature & Medicine / Pediatric Creative Project

3= Literature & Medicine / Anatomy of Anatomy

1 = Anatomy of Anatomy/ Medical Readers Theater / Cross-Cultural Reflection

1 = Anatomy of Anatomy / Doctor-Patient Stories

1 = Medical Readers Theater / Cross-Cultural Reflection

1 = Doctor-Patient Stories / Pediatric Creative Project)

8= female

8 = male

1 a.

Student 1: 26 years old; female

- Art of Doctoring

Student 2: 25 years old; male

- Literature&Medicine, currently Ph.D student

Student 3: 27 years old; female

- Literature&Medicine, currently Ph.D student

Student 4: 23 years old; male
- Literature&Medicine

Student 5: 26 years old; male
- Art of doctoring

Student 6: 25 years old; female
- Literature&Medicine, currently Ph.D student

Student 7: 25 years old; female
- Anatomy of Anatomy/ Medical Readers Theater / Cross-Cultural Reflection

Student 8: 24 years old; male
- Medical Readers Theater / Cross-Cultural Reflection

Student 9: 24 years old; female
- Literature & Medicine

Student 10: 26 years old; male
- Literature&Medicine and Pediatric Creative Project

Student 11: 26 years old; male
- Art of Doctoring

Student 12: 27 years old; female
- Anatomy of Anatomy / Doctor-Patient Stories

Student 13: 32 years old; male
- Literature&Medicine / Anatomy of Anatomy

Student 14: 31 years old; male (he took his Ph.D in Biomedical Engineer)
- Doctor-Patient Stories / Pediatric Creative Project

Student 15: 25 years old; female
- Anatomy of Anatomy / Literature&Medicine

Student 16: 28 years old; female
- Literature&Medicine / Anatomy of Anatomy

1 b-c. The students have chosen the elective course because:

- some of their friends gave them this advice or other students recommended it to be a very interesting course

- some of them have a passion for literature (n.2), played piano for the patients in the hospital (n.1), reading and writing during their free time (n.1), one student tells : “this Program was the reason of my choice to enrol in UCI. I wanted to continue my interest in humanities”.

- at the same time, some of them (n.3) think that this study is more light in respect to the normal studies in medicine and wanted take a break, a little vacation from medical studies (one of those said “that was a special place to be happy and where you can learn good communication with your patient”).

During the interview some of them (n.4, also have attended non-elective course) said that they believe it is absolutely necessary to have some form of art in your life especially in a field so difficult as a medicine.

- One student who attended 2 non-elective course (Doctor-Patient stories and Pediatric Creative Project) said: I did not choose these courses because I don't need it, they are not helpful in order to better understand myself and the patients, maybe they are useful if you have some problem or in order to think in general about life and death, but I don't think to them as something necessary for my training. Understand people is different than understand an patient"

1d. Everybody had familiarity with the term Humanities but they did not link it to medicine and now everybody is able to provide a personal definition of Medical Humanities and understand the meaning. All these definition are quite similar to each other.

Some definitions:

- The humanistic aspect of medicine and an help to better understand what the patient feels and how better communicate with him/her.

- Organizations of studies that help you don't forget that your patient is human and not just a disease. And also a way to be more open about the stories and about patient's needs and not only about medication

- Academic program that help you to see your patient in a different way and establish with him/her a good relationship

- All kind of studies that enrich medical education in order to better understand the patient's point of view

- “Philosophy, literature and other types of stuff like this, but I don't have a definition”

- Having ability in science but learning feelings and emotions

- Ability to respect your patient and remember that everybody is unique

- The practice of humanism in medicine and a way to don't see medicine in a mechanistic way, to don't see a people as a number, a field of study for create a laboratory to reminder that the people are human with emotions and feelings

- Think about medicine but not only in a scientific perspective...something behind the traditional definition of medicine, to consider it not just straight science.

1 e. When these students enrolled in Medical School, they did not know about the existence of the Program in Medical Humanities & Art directed by Prof. Johanna Shapiro and they had no familiarity with Plexus, the journal of original student and faculty work in arts and literature. Some of those students have received a copy of Plexus during their first interview (and they have thought this Journal was interesting and wanted to know more about it).

2 a-b-c. Variety of answers regarding both the feeling/emotion/thoughts during the period when the students participated in the courses and expectations:

- for those students of elective courses: no particular expectations or, in general, the idea was "I do not have to think about scientific things" or "We will speak more about our patients and we will share some information about them".

- those students of the non-elective course were surprise at the beginning. One of the students said that he thought that this course was a waste of time and was thinking "why do I have attended a class like this?" (but afterwards, he/she changed his/her mind about the course as he/she found meaning in the content).

- one student said: "No expectations: this class it is just one day and just one hour"

- one student tells: "I am not sure about my expectations, I knew that I love literature and I thought could be fun read poems and short stories, but I did not have a specific expectations"

The expectation for the most part remained the same during the course***, while especially the students who have attended not elective course have changed their idea (one student who attended in his first year literature and medicine with Dr.Shapiro. Now in his third year of Pediatric clerkship, he said that he was surprise to see Dr. Shapiro again. He thought that this class was only a reflection in a particular case in pediatric experience, and for this reason the expectation was low because the other clerkship rotation did not give him a lot of emotion. After this class he changed his mind ("...create something and share in front of your class is very powerful and great!").

*** Regarding the feelings/emotions/thoughts during the period when they participated in the courses they said:

- “the session was very emotional, I like discuss about different topics because sometimes we don’t have time to explore these”

- “I felt that I had a space to think”

- “a special place where I can share and talk. I found topics very appropriate and I would like continue in order to refresh my memory. I want to have a balance in my life but sometimes I'm exhausted and this class refresh my soul...I don't want to change (rip x2)”

- “This class expose me a different kind of medicine that I did not know before”

- “I think that it is hard to incorporate in your training the feelings...people sometime don’t speak. I felt very well because Dr. Shapiro have done a very good job, she brings us to share information and to start a conversation. I can share what I felt”.

- Maybe this class could be useful because Dr. Shapiro taught me to see some situations in a different way, in a psychological way BUT learn/hear/read stories is different than the action and when you are in front of your patient. Every situation is different and you have to be professional. There is not much time and you learn through the experience.

- “I think it is very important to have a class like this because we don’t have a time to reflect, we don’t have opportunity to understand what does it mean to be a doctor and what are the ethical implications about our profession. I am probably not a traditional medical student because my background is in Anthropology, but for me was more than one break, of course, just a little break too (Literature&Medicine in my first year was fun respect all science that I had) but more than just a rest. This class was a good preparation and now I am in my third year and sometime I connect the topic that I learned in that class in a real situation. I thought that Anatomy of Anatomy was really good because for the first time you are in front of a cadaver and it is a very strong experience that you never had before and it was good to reflect and say to yourself: ok, these are nerves and bones etc but this is a person as well”.

3 a. The definition of medicine are very similar.

Most of the students know that illness and disease could have a different meaning. The level of knowledge is different but almost everybody (8/15) has provided one definition of both.

All the sample believes that the technical skills are essential, but would require a thorough knowledge of the patients and the story they tell. In order to understand the patient the students believes that you must consider their situation and to know more about their culture in order to give the best patient care.

4 a. About if their basic training have provide them the tools to hear, receive and interpret patient’s illness story:

- One student answered: “No, we never talk about take care of the patients in regard their stories of illness” and another two students said: “there is not emphasis on stories but only about details and treatment. You learn only to memorize a lot of

things and your patient becomes only a symptom and a treatment. We trained to be able to recognize symptom and don't see behind the stories".

Similarly one student said: "we are able to listen the details of history but it is only a check-list and not a stories. The emotions are not considered professional in this culture and we trained in ACTION not in REFLECTION...this is sad"

- Most of the sample have responded "yes" but that they need more situations in which they have a contact with their patients.

One student said: "sometimes I feel frustrated because I don't know what I have to do and what I have to say to my patients and their families and how to talk with them"

- Some of the students have added that the problem is that they don't go deeply into understanding the emotions of their patients and that they think that as medical student all of the students have a different goals and different ideas about how communicate with the patient. "we need to explore more how communicate with our patient and we need more intensive training of communication".

- Some of the students believes that their basic training has provided them the tools to hear but not for appreciate the stories: "Sometime we pay attention only to one or two words thinking about the treatment plan. We don't talk about patient's stories, about what they feel". This student, moreover, added that there is a big difference between east and west coast in US about medical education but that the American system produce "doctor as robot" and he/she argued: "the education system in medical school does not give you time to grow up as a person and to explore your personality...most medical student regress and I think the medical school should "create" a doctor who thinks of the patients comfort and emotions instead of only following the rules".

- One student said: "no and I don't know if is necessary because you learn from your mistakes. Whatever you read, whatever you learn, could be wrong because everybody is different"

4 b-c-e-f. In light of these answers about their training both the students from elective course and the students from non-elective course said:

The Medical Humanities help them:

- with the communication with their patient and to feel more sure how to face some critical situations. This is possible because they remember what they learned in the class.

One of the students tells: "In a lesson of Art of Doctoring we spoke about one topic and the day after I have had the same situation with two patients and I was talking in the same way I learned during the class". I felt that I was speaking with my patient in a comfortable way".

- to have a more wide knowledge and perspective about their patients (including their emotions and feelings) and about their profession as well.

One of the students said: "this class has helped me to think 'outside of box' and has taught me that ask what is going on in the family or job in order to know your patient better". The medicine is not only medication, in front of you there is not a robot".

- to have a confidence with your patient and open your mind to another culture

- to express themselves, better organize the emotions/feelings, to keep in mind the human aspect of medicine, develop emotional skill, expand knowledge, awareness and perspective on the approach with the patient.

Some of those said:

- " I feel more comfortable because I feel that I can express my self and I feel more balanced. Even if it is not something that happened everyday I am more able to understand why I am here and why I want to become a doctor. This class was useful in order to reflect about myself";

- "I need to talk about this for digest my emotions in order to give the best to my patient"

- "After this class I felt more comfortable. I have to be honest with you: when I meet my patient for the first time the Medical Humanities are not the first things that I think but they suggest me to be deeper. I don't think differently but it is as **SHARPENING MY KNIFE**, and every time I attended this class I sharpen my knife again"

- "You learn in you books all day and never you take a moment to think about your experience. You think only about diagnosis and sometimes you are disconnected and you forget to be in touch with yourself. Poem, music etc are emotions and can help people to reflect"

- "I don't have specific skills but I am able to better understand the idea of medicine. **I feel able to reflect. To read or to heard the poems helped me to expand my perspective, my awareness and my knowledge in my approach with my patient. I feel more sensitive and more open**".

- One student, instead, tells: "It is very difficult translate the Medical Humanities in reality and **the people who study humanities usually don't have contact with patient**. A stories in a stories, you don't visualize patient. There are so many stories and everybody is different and these stuff are interesting but the reality is different.

4d-h. All the students think their approach with the patient will be different after this class and that the humanities can teach them something that may be useful in the daily management of patients but they are not able to explain well in which way Medical Humanities can promote the acceptance of illness, adherence to treatment, and/or impact the formulation of the patient's treatment plan.

They insist of the importance for the **communication** and in order to create a strong relationship between doctor and patient, **about the possibility to develop “emotional skills”** through of them **and to think, to reflect and to be more sensitive.**

4 g. All the sample believes that he use of fictional narratives such as literary texts or films have portrayed the history of illness, the patient and other medical professionals are important in their education but in the same time all students said that not all medical student have interest for the Medical Humanities and that many students are sceptics about their use in medicine (especially the future **radiologists** or **physiologists**, or **anesthetist** because they do not have contact with patients)***

This is a reason why all the students think that could be hard included the humanities in the core curriculum (**4i.**).

Almost all student interviewed, in the same time, think that it is necessary and important, **except one student who tells: “The main education for me is my patient. Medical Humanities courses doesn’t teach me and doesn’t give me one right direction. Maybe can help for the psychological aspect of doctor-patient relationship but maybe they have to be more specific”**

- one student tells: **“Maybe in the first two year is good as a elective courses but during the 3th year you need more especially during the clerkships and I think that sometime **could be helpful force people to sit down and attend this class.** In 3th year as a part of curriculum”**

(*All students link the Medical Humanities only to the doctor who has contact with his/her patient in order to provide the tools for a good communication)**

4l. In regard of the idea of many scholars that the medical students can have interesting discussions and might enjoy such courses but they come away lacking theoretical structures to understand what they have learned. All the sample not agree with this statement and they think that:

- this **depends on the student’s background** or on the teacher and how she/he organize the class

- one student think that could be an idea insert the Medical Humanities in pre-medical education in order to enhance their potentiality in the medical student understanding.

4 m-n-o. The most contradictory part of interview is about empathy.

Almost all the sample agree about two definitions provided and, moreover, they believe that:

- empathy should be a skill that the physician have to possess **and some of those students said that is very easy loose empathy in medical school.**

- the humanities can build or improve an empathetic relationships between patient and doctor but in the same time, some of those student said that “if you are radiologists or physiologists, or anesthetist you don’t need it”.

- one students, even if agree with the definition, said: yes, good definition but my job is not to fix everything about my patients, my job is understand”.

- another student said: “ I don’t think the patient want that doctor walk in his/her shoes, he/she wants to know what is wrong in his/her. I cannot walking in the shoes of the patients who have a long cancer but I can take care of them and help them to feel better”

Almost all students are not able to say if it is possible to teach empathy (but in the same time they think that these courses have taught something useful and connected with their emotions) that but they said that the Medical Humanities courses absolutely help them don’t lose it even if not everybody is empathetic.

One of those students tells: “It is impossible to teach empathy and also happens that it becomes normal speak about cancer, about people who are sick and if the first time that you see a cadaver is weird, the second time is absolutely normal. You have to be sensitive and some topic is important to better understand but you cannot to be depressed everyday. I don’t want empathize, I don’t want feel what and how patients feel...this is not healthy for me and not healthy to my patient”

The students in the same time have a different reactions about Jane Macnaughton's statement. they argue:

- "I think often about how much my empathy could be improve because I do not know if it is possible teach empathy...not everybody is empathetic and could be hard to teach the feelings"

- "This statement is too strong. Could be not easy understand what your patient feel but empathy is not a dangerous practice"

- "I agree, I cannot understand but I can try to do my best for understand"

- “I don't know exactly what my patient are feeling but it is important that the doctor is aware and that knows what his/her patient is going through”

4p. The adjectives used in order to describe the use of Medical Humanities are: useful, important, helpful, understanding, powerful, positive, lacking, “mental masturbation” even if could be interesting and important for the society (this student tells: “I am not humanities person, I am a big science person”. I waste my time with this stuff... because everybody have different values and different stories...I have mine), reflecting.

About the question on: suggestions/ideas/corrections for integrating the use of Medical Humanities in medical education to improve the benefit for their future as a doctor, almost all students said:

- almost all students think that it is good have a small-group but this elective could be more useful in their 3-4 year when they have a contact with “true” patient. One student also suggest to have this elective during the clerkship and to organize a separate group once a month in order to have a discussion.
- more topics
- Anatomy of Anatomy was a important course for all students who have attended it.

During the interviews the students added:

- the Medical Humanities are more useful for understand patients with the chronic illness