

MEDICAL HUMANITIES PARAGRAPH

*The patient's story will come to you
Like hunger, like thirst.*

- John Stone, M.D., physician-poet

Medical humanities is a broad area of study that includes bioethics, health economics, history of medicine, medical sociology/anthropology, spiritual issues, as well as the relationship of literature and the arts to the practice of medicine. With the support of a HRSA federal grant, the Department of Family Medicine recently has begun to implement a medical humanities initiative, with particular emphasis on literature and medicine, at UCI-COM. The purpose of reading (and writing) imaginative fiction is to increase empathy for and compassionate understanding of ourselves and others. Literature achieves this goal by developing moral imagination, encouraging awareness of language and its meanings, and stimulating sensitivity to other people's experiences and points of view. Literature helps us to simultaneously risk emotional engagement and step back to reflect on our experiences, both essential skills in promoting good patient care.

Several activities already have resulted from this new initiative. At the medical student level, an eight-week elective for first and second year students, "Doctor Stories/Patient Stories," was developed, approved, and taught last spring. Currently, Dr. Johanna Shapiro is responsible for the medical humanities component of Patient-Doctor II, and has launched a supplementary literature and medicine elective for this second year course that is attended by both students and small group leaders. Dr. Shapiro is also working with a group of first year students to design a literature and medicine elective for spring of 2000. In addition, she is assisting Dr. Lloyd Rucker in refining the Medicine Clerkship's clinical humanities sessions, which ask students to produce creative projects that express their feelings and thoughts about patient encounters. A recently conducted needs assessment survey of 1st-3rd year medical students will help guide further curriculum development in this area. Other aspects of the medical humanities initiative encompass the educational spectrum from a premedical undergraduate honors elective to curriculum targeting residents and faculty.

Anyone interested in learning more about medical humanities at UCI-COM is very welcome to contact Dr. Shapiro, jfshapir@uci.edu, or 949-824-3748.

**PATIENT-DOCTOR I REQUIRED MEDICAL HUMANITIES COMPONENT
AND LINKED LITERATURE AND MEDICINE ELECTIVE**

Johanna Shapiro, Ph.D., Director of Medical Humanities; Elizabeth Morrison, M.D., MS.Ed., Director, Patient-Doctor I; Department of Family Medicine, University of California, College of Medicine

Description: Patient-Doctor I is a required 60 hour course taught in the first year of medical school. Its emphasis is on training in doctor-patient communication skills as well as providing an introduction to particularly problematic aspects of doctor-patient communication, such as taking a sexual history, pain assessment, cross-cultural and cross-language interviewing, geriatric encounters, and promoting positive health and lifestyle change. During each course module, students meet with faculty in small groups to discuss relevant issues. As part of this activity, a literary selection is included that must be read by both students and faculty and then incorporated into the discussion. Students are also required to complete two point-of-view writing assignments, in which they first read a poem about a patient's account of illness and then write a paragraph which describes and expands on the perspective of the patient.

Participants: Required component – 92 first year medical students; Elective component – approximately 10 first year students

Faculty: Johanna Shapiro, Ph.D., Director of Medical Humanities in Family Medicine; Elizabeth Morrison, M.D., MPH, Director, Patient-Doctor I; guest physician faculty

Objectives: By the end of the course, students will have developed the following skills:

- Improved ability to recognize the importance of listening to and attentiveness toward patients
- Improved ability to identify difficulties inherent in addressing sensitive and subjective issues in medical interviewing
- Increased empathy for the patient experience in medical interviewing

Format: Monthly small group discussion in which a literary selection is used to represent one form of knowledge about patient and physician experience. In addition to reading and discussion, students are asked to keep a journal of their experiences during the year.

Readings:

Module 1: Learning to Listen (Doctor-Patient Communication)

Required: “When You Come Into My Room” Stephen Schmidt

Elective: “Taking the History” David Watts; “Learning to Listen” David Frankel; “The Knitted Glove” Jack Coulehan; “A Good Story” Michael Crichton

Module 2: Pain

Required: “Pain” Emily Dickinson; “Bad Days Are No Fun At All” Linda Martinson

Elective: “Musee des Beaux Arts” W.H. Auden; “The Pain” John Graham-Pole; “The Patient” Peter Meinke; “I can't feel your pain” Linda Martinson

Module 3: Sexuality

Required: "Invasions" Perri Klass

Elective: "A Medical Diptych" Ronald Pies; "Nighttime Travelers" (excerpt) Ethan Canin; "Your Voice" Rafael Campo; "Tell Me, Tell Me" Kenneth Zola

Module 4: Cross-Cultural Medicine

Required: "The Appointment" Lawrence Schneiderman

Elective: "What is Lost" Peter Pereira; "H.I. Vato" Alberto Antonio Araiza; "Medicine Stone" Jack Coulehan; "Fathering" Bharati Murkhajee

Module 5: Geriatrics

Required: "Aging Gratefully" John Graham-Pole; "First Visit" Maurice Schwartz

Elective: "Lousy on Admission" Michael Crichton; "Forsythia" James Sedwick; "Nursing Home" Barry Spacks; "Old Man in Bedclothes" Jeanne LeVasseur

Module 6: Health Promotion

Required: "The Promise" Veneta Masson

Elective: "Diabetes" James Dickey; "Two Suffering Men" Eugene Hirsch; "Rubbers and Foam" Vincent Hanlon; "Walking the Dog" John Wright

Evaluation: The course employs a standard end-of-year evaluation questionnaire. Specific questions are included that address the utility and value of the literary readings and the journaling for enhancing communication skills and improving empathy for the patient's experience in the interview process. The elective is evaluated using a separate questionnaire designed to explore these issues in depth.

**Medical Humanities in Patient-Doctor II:
Required Course Component and Linked Elective**

– Desiree Lie, M.D. M.S.Ed., Course Director
Johanna Shapiro, Ph.D. Medical Humanities Content Area Expert
University of California, Irvine College of Medicine

Description: Patient-Doctor II is a year-long, required course for all second year medical students (n = 92). The course is organized into eight modules, each of which is built around a patient case. Students working in small learning groups interview a Standardized Patient and then identify specific learning issues that will help them to better understand and care for the patient. Content areas include behavioral science, cross-cultural medicine, palliative care, complementary and alternative medicine, environmental and occupational medicine, epidemiology, ethics, medical economics, medical informatics, nutrition, and sexuality, as well as medical humanities. More information can be obtained from the PDII website: www.com.uci.edu/pd2.

Medical humanities are integrated into the PDII course through a required literary selection that reflects the topic for each of the given modules, which are organized around different organ systems or patient categories (ie., mental health, heart, pulmonary, liver and abdomen, pregnancy and gynecologic exam, pediatric illness, neurology, and geriatrics). Each module also includes a required point-of-view writing assignment, in which students use the humanities reading to write a brief essay that describes and expands on patient, family member, and physician points of view. This exercise incorporates an element of graduated complexity by starting with straightforward patient point of view and progressing to interactions among patient, family member, and physician perspectives.

Participants: 92 second year students

Faculty: Desiree Lie, M.D., MS.Ed, Course Director; Johanna Shapiro, Ph.D., Director of Medical Humanities in Family Medicine

Objectives: At the end of the course, students will be able to

- Use creative imagination to understand the experience of illness
- Enter into other points of view
- Demonstrate understanding of the uses of language and tone
- Empathically analyze complex interactions between physicians and patients as portrayed through literature
- Use writing as a tool to reflect on and organize experience

Format: Each module has a required literary reading assignment to be completed by students and small group co-leaders. These are typically very brief (a single poem, a short short story, or excerpts) and reflective of issues raised in the module. Students are required to respond to the selection by completing the written point-of-view essay described above. Explicit directions for this assignment, as well as examples of other

students' writing, are provided at the start of the course. Co-leaders provide written feedback on the assignment by suggesting additional or alternative aspects of point of view that the student might consider. Students and co-leaders also incorporate discussion of the literary selection into the final group discussion of the module.

Required reading(all excerpts):

Module 1: *Darkness Visible* William Styron; *The Legacy* Judith Minty

Module2: *Heartsounds* Martha Lear; *EKG* Paula Tatarunis

Module 3: *The Patient Examines the Doctor* Anatole Broyard; *I Stepped Past Your Room Today* Gerry Greenstone

Module 4: *Imagine a Woman* Richard Selzer; *F.P.* Rafael Campo

Module 5: *If The River Was Whiskey* T. Coraghessan Boyle; *Two Suffering Men* Eugene Hirsch

Module 6: *Autobiography of a Face* Lucy Grealy

Module 7: *On Being a Cripple* Nancy Mairs; *Nursing Home* Barry Spacks

Module 8: *Dr. Cahn's Visit* Richard Stern; *Foreign Body* Vincent Hanlon

Evaluation: The medical humanities component of the course is evaluated through an interstation exercise during an OSCE (Objective Structured Clinical Examination) evaluation at the end of the year. In this computerized exercise, students first read a brief fictional work, then write a response designed to elicit both empathic reactions and ethical decision-making. The criteria for evaluating this writing assignment include assessment of key words connoting empathy and point of view, as well as a global appraisal.

Elective Link: A medical humanities second year elective is thematically linked to the PDII course.

Description: This elective is thematically linked to Patient-Doctor II in that its content closely parallels that of the larger course and meetings occur monthly after each final module session of PDII. The class is intended to supplement exposure to the medical humanities for students with a particular interest in this area. Readings consist of poetry and brief excerpts from longer works that will help participants deepen their understanding of patients' experience of illness, and patients' and doctors' experience of each other..

Participants: 10 second year medical students

Faculty: Johanna Shapiro, Ph.D., Director of Medical Humanities in Family Medicine; Desiree Lie, M.D., M.S.Ed., Course Director, PDII; Jeffrey Kuo, M.D., associate professor, Radiation Oncology; various guest physician faculty

Objectives: At the end of this elective, students will

- Develop increased empathy for people experiencing illness
- Develop increased empathy for physicians
- Improve their ability to pay attention to language, tone, and point of view

- Be better able to explore personal feelings evoked by different illness experiences and different doctor-patient relationships
- Develop new insights into understanding doctor-patient dynamics

Format: Students meet monthly with faculty for a total of eight sessions 1 ½ hours in length to discuss readings. No outside reading is required. Typically, a role-play, an excerpt from a short story, or poetry is read aloud. A discussion guide is provided to stimulate comments if necessary.

Reading:

Module 1: *An Unquiet Mind* Kay Redfield Jamison; *Therapy* John Wright; *The Legacy* Judith Minty; *The Bell Jar* Sylvia Plath

Module 2: *Epstein* Philip Roth; *The Senescent Heart* Michael Gravanis; *Intensive Care* Diane Ackerman; *The Woman Who Could Not Live With Her Faulty Heart* Margaret Atwood

Module 3: *The Cancer Match* James Dickey; *Here and There* Helene Davis; *What the Doctor Said* Raymond Carver; *Chemotherapy* Aimee Grunberger;

Module 4: *AIDS Test* Ellen Samuels; *How To Watch Your Brother Die* Michael Klein; *F.P.* Rafael Campo; *Gay Men's Chorus* Paula Tatrunis; *H.I. Vato* Alberto Aontonio Araiza

Module 5: *Two Suffering Men* Eugene Hirsch; *She Was My Mother Bless Her Soul* Jane, ACA; *The Power of Inclination* Jack Coulehan; *The Spirits Funnel* Mladen Seidl

Module 6: *Children Like These* Lorrie Moore; *Fathering* Bharati Mukherjee; *Sugar* Barbara Anderson; *How To Win* Rosellen Brown

Module 7: *Sal doesn't shake* Richard Donze; *Spastics* Vassar Miller; *Stroke* Susan Rea; *Love for the Dog* Gerald Stern

Module 8: *Lousy on Admission* Michael Crichton; *Aging Gratefully* John Graham-Pole; *Forsythia* James Sedwick; *Nursing Home* Barry Spacks

Evaluation: A class evaluation is completed at the end of the year. In addition to assessing faculty knowledge, commitment, and performance, the evaluation asks students to estimate to what extent the elective has increased their ability to empathize with patients; improved their ability to understand language, tone, and point of view; helped them to imaginatively recreate the lives of patients; and helped them to locate disease within the context of the patient's life.

Medical Science, Medical Humanities, and the Quest for Empathy

Lloyd Rucker, M.D., Assistant Dean for Medical Education, Program Director, Department of Medicine; Johanna Shapiro, Ph.D., Director of Medical Humanities, Department of Family Medicine; University of California, Irvine, College of Medicine

Description: Two three-hour clinical humanities sessions as part of an eight session didactic series required for all third year medical students participating in the Junior Medicine Clerkship. (Other sessions include communication skills, bioethics, and four case discussions examining doctor-patient communication, clinical reasoning, and medical decision-making).

Participants: Approximately 18 students per quintile; total of 92 third year students

Faculty: Lloyd Rucker, M.D., Medicine Clerkship Director, Assistant Dean of Medical Education; Johanna Shapiro, Ph.D., Director of Medical Humanities in Family Medicine

Objectives: At the end of the clinical humanities sessions, students will

- Understand the role of the humanities in a) developing insight into the doctor-patient relationship b) cultivating understanding and empathy for both patients and physicians
- Discover how to use expressive art, literature or music to better understand the patient, the physician, and the physician-patient relationship with special emphasis on the medical student experience
- Recognize the humanities as a resource for maintaining empathy, understanding, and compassion throughout careers in medicine

Format: *Session I: Group discussion.*

In preparation for this discussion session, we will distribute a series of brief literary essays, writings, and poems. Students should read these materials before attending the session, and be prepared to discuss them in the context of their experiences with patients or their experiences as a patient, patient's relative, or patient's friend.

Required Reading:

"A Good Story" (book chapter) Michael Crichton: humorous account of Crichton's experiences as a medical student; explores the various meanings of patients' stories, and the importance of close listening to patients

"Morning Report" (poem) – Veneta Masson: a student describes an encounter with a patient early in her training that raises issues about life and death and what the patient can give to the physician

"The Log of Pi" (poem) – Marc J. Straus: talks about how to respond to the really important, difficult-to-answer patient questions that cannot be answered solely by "facts," but involve hope and faith

“I Stare Out” (poem) – David Kopacz – a third year medical student expresses anger both toward a demanding resident and a stressful on-call situation, and uses distancing and detachment as coping mechanisms

“Transformation” (poem) – Michelle Steele Rebelsky: a medical student struggles with her conflicting roles as daughter and physician when her mother undergoes a breast biopsy and waits for the results

“Invasions” (book chapter) – Perri Klass: written when Klass was a third year student at Harvard, this essay explores intimacy and privacy issues in clinical practice and warns against callousness

“On Being a Patient” (essay) – Allison S. Clay: a third year student suddenly becomes a patient and discovers life looks very different from the other side of the doctor-patient relationship

Session II: *Group presentations.*

Each student will prepare a project or presentation. This may consist of

- a presentation of the relevant work of another person
- personal essay
- creative writing or poetry
- movie or video
- artwork
- music

The presentations may be verbal, visual, performance, or analytical. For instance, students may choose to write an essay or poem about their own experience or they may choose to read a poem or essay written by someone else about their experience as a patient or as a medical student. Students may also choose to describe their own experience as a patient or the experience of someone close to them.

The only requirements are these:

1. Every student must do something
2. Every student must turn in something: either the original work or a brief written description of that work, including a description of its significance to the student.
3. Oral anecdotes or stories about encounters with patients are acceptable. These must be accompanied by a written document describing the incident or relationship; please no spontaneous oral presentations.
4. No single work should be longer than 5 minutes. Students may work together in groups, in which case they can pool their time and use multiples of the 5 minutes. However, when working in groups, each of the participants must demonstrate a significant contribution to the project.

We will not engage in criticism or dissection of the work. Instead, students will practice attentive listening and being fully present while creative works are shared. Our goal is not literary or artistic analysis. Rather, it is to provide students the opportunity to understand their patients, their roles, and themselves through the humanities.

Evaluation: Students complete a brief pre-post self-report questionnaire at the introductory session to the clerkship, immediately after completion of the final

humanities session, and at the end of the third year. Items focus on the perceived usefulness of the humanities to increase understanding of and empathy for patients and physicians, and whether medical humanities should be a required component of the medical school curriculum.

The Uses of Literature in Behavioral Science Training

Johanna Shapiro, Ph.D., Director of Medical Humanities; Patricia Lenahan, LCSW, Behavioral Science Director; Department of Family Medicine, University of California, Irvine, College of Medicine

Description: Literature and medicine is a required component of the behavioral sciences curriculum in the UC Irvine Department of Family Medicine. The curriculum is organized in a three year cycle (corresponding to the residency training period) and covers topics such as doctor-patient relationship, common psychological disorders, domestic violence, death and dying. Each behavioral science topic is explored during a weekly noon conference for either a 4 or 8 week period, during which time a series of lecture/discussion groups is presented examining the topic at hand from a variety of perspectives. For each topic, at least one of the required presentations is a literature and medicine session.

Participants: All 36 family practice residents.

Faculty: Johanna Shapiro, Ph.D., Director of Medical Humanities in Family Medicine; and guest faculty, including the program's behavioral science director and family physician faculty.

Objectives: The goals for participants in this component of the behavioral science training program are as follows:

- To learn how reading fictional work can supplement understanding of common psychosocial aspects of primary care medicine
- To learn about behavioral science topics from a perspective that is particular, local, and subjective
- To develop skills of emotional self-exploration and self-disclosure
- To develop increased empathy for patients and medical situations that are often perceived as difficult and frustrating
- To link insights of literature to clinical experience

Format: Approximately 15 residents per session participate in a monthly, 50 minute noon "conference." During this time, brief fictional literary selections that can be read on-site are distributed. Sometimes a "mini-lecture" (10 minutes) is presented that highlights the main teaching points for each selection. Residents take turns reading aloud and discussing. Readings favor contemporary poetry and role-plays developed from longer fictional works.

Required Reading: The following modules have been developed and taught

Beginning internship: "Gaudeamus Igitur" John Stone

Stresses in residency: "Technology and Medicine" Rafael Campo; "The Log of Pi" Marc Straus; "Clinic Blues for a Warm Friday in February" Richard Donze; "The Promise" Veneta Masson; "Who Looks After Your Kids?" Kristen Emmott; "Magic" Louis Alper; "Chromatic" Stacy Keen; "Curandero" Rafael Campo; "Postcall" Rachel Rose

Doctor-patient relationship: "Doctor" David Ignatow; "The Doctor Who Sits" Josephine Miles; "The Patient Examines the Doctor" Anatole Broyard; "Outpatient" Rosalind Warren; "Fetishes" Richard Selzer

Difficult patients: "Brute" Richard Selzer; "The Use of Force" William Carlos Williams; "Doc in a Box" (excerpt) Robert Burton; "Case History" Danny Abse; "Free Health Care" Mark Ziloski; "Case Study" Christine Parkhurst; "Old Lady Patient" Courtney Davis; "The Basic Question" James Black; "Diabetes" James Dickey; "Second Thoughts" Tillman Farley; "Slap Those Doctors" Jack Coulehan; "F.P." Rafael Campo; "Maria" Rafael Campo; "The Conversion" Howard Stein

Doctor as healer: "Shamanic Journey" Kristen Emmott; "Magic" Louis Alper; "The Knitted Glove" Jack Coulehan; "Therapy" John Wright; "Delivery" Erin

Alcoholism: "I Won't Tell" Joan, ACA; "She Was My Mother, Bless Her Soul" Jane ACA; "Daughters of the Bottle" Jane ACA; "Old Doc Rivers" (excerpt) William Carlos Williams; "Two Suffering Men" Eugene Hirsch; "Keeping Secrets" (excerpt) Suzanne Somers; "If the River Was Whiskey" T. Coraghessan Boyle; "The Power of Inclination" Jack Coulehan

Geriatrics: "John Doe" Rafael Campo; "Lousy on Admission" Michael Crichton; "Old Lady Patient" Cortney Davis; "Sunsets" Jack Coulehan; "Dr. Cahn's Visit" (excerpt) Richard Stern; "Aging Gratefully" John Graham-Pole; "Nursing Home" Barry Spacks; "Forsythia" James Sedwick

Taking a sexual history: "A Medical Diptych" Ronald Pies; "Love-Sickness" Jack Coulehan; "Your Voice" Rafael Campo; "Sonnet" Elizabeth Barrett Browning; "Invasions" Perri Klass; "Tell Me, Tell Me" Irving Zola; "We Are Nighttime Travelers" (excerpt) Ethan Canin

Eating disorders: "Hunger Point" (excerpt) Jillian Medoff; "Inner Hunger" (excerpt) Marianne Apostolides; "Eve's Apple" (excerpt) Jonathan Rosen; "Goodbye, Paper Doll" (excerpt) Anne Snyder

Bad news: "What the Doctor Said" Raymond Carver; "Good News" Jack Coulehan; "Talking to the Family" John Stone; "The Origin of Music" Danny Abse; "Candor" John Graham-Pole

Death and dying: "If the Doctors Are Right" Aimee Grunberger; "Death Psalm" Denise Levertov; "Do Not Go Gentle" Dylan Thomas; "Stages of Grief" Linda Pastan; "My Death" Raymond Carver; "Last Will" Alvin Laster; "Skinwalkers" Jack Coulehan

Cross-cultural medicine: "Fathering" (excerpt) Bharati Mukherjee; "The Appointment" Lawrence Schneiderman; "Medicine Stone" Jack Coulehan; "What is Lost" Peter Pereira; "Barra de Navidad" Iris Litt; "Strong Horse Tea" Alice Walker

Evaluation: Residents complete a standard conference evaluation form that assesses the relevance of the material presented and the extent to which the experience has involved new learning.

UCI-COM MEDICAL HUMANITIES PERFORMING ARTS PROGRAM

The **UCI-COM medical humanities performing arts program** (currently in its conceptual stage) is envisioned as a unique educational activity sponsored by the Office of Medical Education and the Departments of Family Medicine and Pediatrics. The program is intended as part of a larger medical humanities curricular initiative begun four years ago in the College of Medicine.

The purpose of the medical humanities curriculum is to integrate literature and the arts as part of the education of medical students and residents to provide insights into the patient's experience of illness, the doctor-patient relationship, empathy, ethics, and other aspects of professionalism. The medical humanities initiative has developed by required and elective curricular offerings in all four years of medical school training, as well as in the family medicine residency program.

The medical humanities performing arts program is being developed to showcase the patient's experience of serious and life-threatening illness as interpreted through the performing arts. We believe that such cultural events examining topics of illness, suffering, death and dying have tremendous educational potential for both students and more experienced physicians. Because art and literature address questions of meaning in ways that necessarily engage the emotions as well as the intellect of the audience, the humanities are an excellent vehicle for enlarging the humanistic dimension of physician training.

We are currently attempting to develop two specific programs: The first is a one-hour program of personal reflection and song by Steve Schalchlin, a songwriter and performer who presents a funny, entertaining, and uplifting profile about what it means to be living with AIDS. The second is a one-woman show by Annan Paterson, who is a survivor of ovarian cancer. Each presentation will include educational handouts, and will be followed by a brief discussion period for teaching purposes. We are very interested in exploring other performing arts possibilities, including student-mounted performances, dance, art exhibits, and poetry readings.

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