

MEDICINE JUNIOR CLERKSHIP:

Session III (reflective writing/projects about patients)

Objectives: At the end of this session, students will

- Understand the usefulness of reflection and imaginative perspective in a) developing insight into the doctor-patient relationship b) cultivating understanding and empathy for both patients and physicians
- Discover how to use reflective writing or other creative activity 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

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

- personal "critical incident" essay
- excerpts from a personal journal about reactions to the clerkship
- poetry
- movie or video
- artwork
- music

Please note: Projects do not have to be "creative." It is perfectly acceptable to write a brief (one-page) essay reflecting on a disturbing, inspiring, or otherwise memorable patient encounter. You *may* use poetry or other forms of artistic expression to stimulate this reflection, but the important point is to pause and think about a patient encounter to examine more deeply the emotions it evoked, the questions it raised, how it affected you as a future physician, what you learned, and what remains unresolved.

The only requirements are these:

1. Every student must do original work prepared specifically for this clerkship. ***Please do not submit writing or other projects done for other courses. Please do not bring the writing of others, unless you have reflected in writing on this work, and tied it to a specific patient of your own.***
2. Every student must turn in either their original writing or a brief written description of their project, including a description of its significance to the student.
3. Oral anecdotes or stories about encounters with patients are acceptable ***only*** if they are based on reflective writing. ***Please no spontaneous oral presentations.***
4. The project should be the result of reflection on a specific patient, not on medicine or patient care in general.
5. 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 projects are shared. Following each presentation we will invite comments based on students' reactions to the project and their own personal experiences. Our goal is to provide students the opportunity to reflect on their patients, their roles, and themselves in order to deepen understanding of what kind of physicians they'd like to become, particularly regarding how they relate to patients.

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.

INTRODUCTION TO CLINICAL HUMANITIES

I. INTRODUCTION: As third year students, at last you have been thrust into the experience toward which all your prior preparation and training have been pointing – patient care. Your first encounters with patients can be overwhelming, awe-inspiring, frustrating, intimidating, uplifting, boring. The purpose of these two clinical humanities sessions is to enable you to reflect on and explore your feelings about what it is like to hear patients' stories, take on some of their suffering, and have some responsibility for ameliorating their conditions. We have chosen to use literature as a stimulus because it is a counterweight to the vast majority of your training, which relies on logico-scientific knowledge. Literature, by contrast, conveys narrative knowledge, the kind of knowledge that allows us to understand and be moved by the meanings of singular stories about individual human beings, and that hints at universal truths through an examination of the particular.

In this session, we will be reading and discussing literature about the experience of medical students in their clinical years; and in our next session, we will be listening to the writing that you all have done to reflect on and express some of your experiences. Both reading and writing imaginative fiction increase empathy and compassionate understanding – for ourselves as well as others. In particular, literature can help us develop ourselves as persons and professionals in the following eight ways:

- 1) Creative imagination – so we can see others' reality, understand their suffering
- 2) Perspectival vision – so we can see other people's point of view: how does someone else experience the events they describe? How does this view differ from the views of other people being described? From our own?
- 3) Sense of mystery – literature gives us some sense of the depth and complexity of experience, so that we can see the mystery rather than simply the puzzle of experience; helps us to retain our sense of awe
- 4) Capacity to be fully present, to give full attention – the phenomenon of bearing witness
- 5) Sensitivity to language, tone, repetitions, omissions, inclusions - helps in recognizing ambiguities, interpreting signs and cues, forming conclusions from incomplete data, and understanding hidden meanings
- 6) Emotional engagement – the risk of moving closer to, rather than farther from, the patient; as Anatole Broyard put it, the risk of not feeling anything is sometimes greater than the risk of feeling

7) Whole person understanding – the ability to place patients within the context of their life-story and personal values

8) Reflection on experience – the ability to make sense of and draw lessons from events that have occurred

II. CREATIVE EXPRESSION: A small but impassioned group of physician-writers continues to insist that writing about patients can help both patients and physicians. Creative writing combines the same emotional distance and engagement that is required in patient care – the discipline and steadiness not to be overwhelmed by the patient, and the empathy and tenderness to be willing to enter into the patient’s world. As Rita Charon has pointed out, by writing about patients it is possible to obtain new insights into the meaning of their illness which in turn lead to greater appreciation for patients; and even new ideas about patient management. Jack Coulehan has said that writing poetry makes physicians more sensitive and empathic, and also can heal some of the frustration, irritation, anger and helplessness they sometimes feel about patients.

Telling (or writing) one’s story can be therapeutic – there is a certain satisfaction that comes from transforming the chaos of experience into a coherent narrative; a way to make sense of a confusing or complex situation, a way to gain understanding and insight; a way to endow events with meaning