

# Poetry for Physicians: Developing an Integrated Medical Humanities Curriculum

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## *Goals and Objectives*

- **Understand relevance of medical humanities curriculum to medical professionalism**
- **Identify key components of an integrated medical humanities curriculum**
- **Construct appropriate medical humanities courses and course components**
- **Know how to instigate faculty development**
- **Plan successful implementation**
- **Develop systematic and innovative evaluation strategies**

## *Rationale: Theory*

- **Why teach medical humanities?**
  - **Appreciation for other perspectives and points of view**
  - **Understanding of illness within context of lived life of patient**
  - **Ability to listen as well as talk to the patient**
  - **Capacity for empathically imagining the patient's experience**

## *Rationale: Needs Assessment*

- **Two needs assessment surveys**
  - **Interest in using literature in medical education**
  - **Interest in humanities compared to interest in EBM, CAM**
- **Participants**
  - **Medical students, family medicine preceptors, family practice residents**
  - **N = 312; response rate = 68.3%**

**\* Results**

- Interest in medical humanities was moderate
- Perceived usefulness of medical humanities in future professional lives was rated significantly lower than EBM or CAM
- Hard-to-teach clinical competencies are appropriate areas for humanities instruction

***Rationale: Philosophical Pragmatic Issues***

**\* Content:**

- literature vs. visual/performing arts

**\* Structure:**

- elective vs. selective vs. required

***Overview of Medical Humanities Curriculum***

- Horizontal coherence
- \* Vertical complexity
- \* Graduated applications to patient care

**SPECIFIC COURSES AND COURSE COMPONENTS**

*What Medical Humanities Looks Like at UCI*

**Patient-Doctor I: Overview**

- Year-long introduction to clinical medicine for first-year medical students
  1. CLINICAL PROCEDURES/SKILLS
  2. MEDICAL INTERVIEWING
  3. BEHAVIORAL SCIENCE
  4. MEDICAL INFORMATICS
  5. EARLY CLINICAL EXPERIENCES

## **Patient-Doctor I: Required Humanities Components**

- Literature readings integrated into each course module
- Two point-of-view writing exercises
- Faculty development
  - Workshop on teaching medical humanities
  - Discussion guides for small-group sessions

## **Patient-Doctor I: Elective Course**

- Longitudinal lunchtime curriculum: literature linked with course modules
- Randomized, controlled cross-over study
- Outcome measures
  - Qualitative
  - Quantitative

## **THE PATIENT DOCTOR II (PD II) COURSE**

[www.uci.com.edu/pd2](http://www.uci.com.edu/pd2)

- \* 300 hour longitudinal PBL format with 8 cases (modules) using SPs
- Goal: prepare students for lifelong learning and clinical clerkships in year 3
- Content focuses on: communication, clinical reasoning, physical diagnosis and “hot topics”
- Required MHC introduced in 1998 with all 8 modules
- Student Evaluation is multidimensional and continuous

## **PD II MODULES**

- Module 1: Mental Health (Depression)
- Module 2: Cardiovascular (IHD, Anxiety)
- Module 3: Pulmonary ( End of Life Care)
- Module 4: Ob. Gyn. (HIV, Ethics)
- Module 5: Abdo. (ALD, physician impairment)
- Module 6: Pediatrics (Cultural diversity, CAM)
- Module 7: Neurology (bad news, disability)
- Module 8: Geriatrics ( caretaker burden)

## **ASSESSING THE MHC IN PD II: 2000-01**

- 92 students randomized into either pov written exercise or oral discussion of literary readings
- Year end skills appraisal: post-encounter exercise examines written student responses to a literary reading
- Use of quantitative instrument (Pennebaker) to evaluate student responses
- Faculty feedback on student participation elicited during the year
- Course evaluations include responses to MHC curriculum

## **PD II MHC SKILLS APPRAISAL INTER-STATION EXERCISE**

### Case

Middle-aged man with cardiac risk factors presenting with chest pain requiring diff. Diagnosis (30 minutes for history and physical)

### Post-encounter exercises

- Type and submit an A and P (15 minutes)
- Read short John Stone prose-poem, then type and submit a narrative pov response (15 minutes)

### Performance

- Checklist rating of A and P
- Item analysis of pov exercise

## **3rd Year Medicine Clerkship: Clinical Humanities Component**

- 2 sessions per clerkship (3 hr each)
- Readings and discussion
- Creative projects
  - Literary (poetry, short story, essay)
  - Artistic (photography, painting, drawing)
  - Performance (music, song, role-play)

## **3rd Year Medicine Clerkship: Clinical Humanities Component Evaluation**

- Quantitative evaluation
- Measured attitudes toward the value of humanities



- **Small is beautiful**
- **Bottoms-up faculty and administrative buy-in**
  - Pioneering and supportive faculty
  - Faculty in positions of influence
  - Support of chair, senior administrators
- **Critical mass**
- **Student involvement**
- **Funding and legitimacy**
  - Money helps
  - Respected inside and outside others

### *Faculty Development*

- **Informal - sharing enthusiasm, books, ideas**
- **Reading group**
- **Role-modeling - co-teaching**
- **Workshops**
- **All-day conference**

### *Evaluation*

- **Systematic and creative**
- **Quantitative**
  - Well-designed trials of specific interventions
  - Identification of valid and reliable measures
  - Borrowing innovative methodologies
- **Qualitative**
  - Open-ended interview
  - Focus-groups