Poetic License: Integrating the Humanities into Medicine
Introduction: Good morning, we're going to get started. My name is Johanna Shapiro, and I'm one of the presenters. So we have some idea of who you all are, how many people here are currently using humanities in their teaching?

Good, we'll look forward to hearing more about what you're doing at the end of our session.

I. Goals and Objectives – J

- **Hmm, what's this? Well, we do have regular goals and objectives, but I included this Pieta by Vincent van Gogh to emphasize the point that medicine must encompass multiple ways of knowing, so that this painting's depiction of suffering and ~~comfort~~ should be regarded as an equally legitimate objective as these:**
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- **Recognize the importance of**
  - **enlarging the scope of knowing in clinical medicine to include contributions from the humanities**
  - **Become better attuned to the depth and breadth of the experience of illness, the nature of healing, and the doctor-patient relationship through exposure to the humanities**
  - **Describe and analyze various philosophical and practical issues, problems, and concerns regarding the integration of the humanities into medical education and generate solution-oriented responses**
  - **Describe a range of innovative methods for working with the humanities and applying them in particular educational settings**

II. Overview of Session - J 5

- **Ways of Knowing in Clinical Medicine –**
  - **Howard Stein** 25

- **Teaching the Humanities: the medium is the message**
  - **Pam Schaff: Humanities on a Family Medicine Clerkship** 15
  - **Johanna Shapiro: Humanities on a Medicine Clerkship** 15

ways in which these may challenge, throw into question or simply expand traditional ways of knowing in medicine

- **Group Exercise: Creative Projects** 10
- **Sharing and Discussion** 20
  - **Presentation and discussion of projects**
  - **Discussion of participant humanities activities**
    - **What participants are doing or would like to do in medical humanities**
    - **Obstacles and solutions**

III. Humanities and Arts in a Third Year Medicine Clerkship
Five years ago, the 3rd year junior medicine clerkship introduced a humanities component as part of a weekly didactic series.

In its current form, the humanities component consists of two sessions:
1) Literary readings about becoming a physician paired with a discussion preparing students for a "paradigm shift" to ~~working within~~ the humanities and arts enable them to complete a project using

2) Group sharing of creative projects.

- **The medicine clerkship has two humanities sessions:**
  - **Readings of poetry and prose about becoming a physician/Discussion of how to approach creative projects**
  - **Sharing and receiving of creative projects**
- **Each session is 2 hours**
- **8-10 students participate in each session**
- **Ongoing since 1998**

IV. Creative Projects – What We Do
I'd like to provide a few more specifics about the creative projects.

First, the projects are required, not optional. Although they are not graded or evaluated in way, every student on the medicine clerkship must complete a project to receive credit for the clerkship.

Secondly, we define the projects as any sort of original work, ranging from creative writing to any sort of visual or performing arts.

- **Completion of creative project is required to successfully complete the clerkship**
- **Project is defined as any creative effort**
  - **Writing (poetry, short story, essay, letter, play)**
  - **Art (painting, drawing, collage, photography)**
  - **Music (songs and compositions)**
  - **Mixed media (video, performance art)**
  - **Miscellaneous (clay figures, shoebox art)**

V. Creative Projects – How We Do It
We give the students broad latitude in terms of the content of the projects. We instruct them only to reflect on a memorable encounter with a patient or supervisor, one that was either disturbing or inspiring, or a personal or familial experience with illness.

In the last hour of the session preceding the creative projects, we ~~share some examples of projects from prior years and~~ discuss why we want students to

participate in this activity. During these discussions, some or all of the following points usually come up.

- **Instructions: "Reflect on some memorable encounter with patient, or other personal experience during the clerkship, or having to do with illness generally either positive or negative"**
- **Student should use the project to explore some dimension of this experience**

VI. Reflection on Experience * pictures represent student projects

First, we make the point that medical training emphasizes action and doing, key attributes to be sure, but ones that need to be balanced occasionally by reflection on experience. The creative projects provide an enforced opportunity for students to step back from the immediate obligations and pressures of the clerkship to think about what's happening to them and how they feel about it.

VII. Counterforce to Socialization Process

- **Next we talk about the phenomenon of socialization, how becoming a professional, a physician, requires that students learn a certain vocabulary, a certain body of knowledge and, more importantly, a certain way of thinking about and analyzing patients and their illnesses.**

- **One purpose of the projects is to force the students into a different frame of reference, to break them free of the familiar orienting points they use to understand events, and to help them to think about familiar situations in a very different way**

- **Locating a different frame of reference**
  - **Loss of familiar anchors**
  - **Using different side of the brain to think about the same things**

VIII. Using all Parts of Self

Related to this is our assumption that learning to be a physician privileges certain kinds of knowledge and certain ways of knowing, while ignoring or repressing others.

We argue that being a truly excellent physician requires drawing on all one's personal resources, including creativity and imagination, and that the projects are one way of helping them to reclaim these dimensions, and place them in the service of patient care. students

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- **Using all resources as a physician**
- **Facilitate reconnection with creativity and imagination**

IX. Challenge to certainty/loss of expert role

As a further aspect of shifting students' frame of reference, we discuss how medical training encourages the adoption of a stance of authority, expertise, and certainty,

which while sometimes appropriate, is often at odds with the experience of physicians, and particularly student-physicians.

In choosing media in which medical students may have talent, but no real expertise, and in applying them to patient care situations, students can claim no authority beyond their own observations, insights, and emotions.

- **Emphasis on not-knowing**
- **Acceptance of ambiguity, uncertainty**

X. Engaged empathy

- **Feeling (as well as seeing) different perspectives**

We also discuss the possibility that the projects will help students explore their emotional reactions to patients, and what kind of emotional connection they wish to cultivate toward their patients.

XI. Risk-taking and vulnerability

- **A few other issues come up during these pre-project discussions.**
- **Students are encouraged to risk self-exploration. The vulnerability they feel in sharing previously unacknowledged aspects of themselves parallels the vulnerability we require of patients every time we take a history or conduct a physical exam.**

- **Encouraged to take risks of self-exploration**
- **Allow themselves to be vulnerable**
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XII. Limits to vulnerability

- **Cautions about self-disclosure**

However, we also stress that students should think carefully about establishing boundaries on their vulnerability, so that they do not disclose at a level they will regret later.

XIII. Being fully present

- **Attentive, focused**
- **Mind not wandering**

In terms of listening to the presentations of others, we stress two qualities that have relevance to clinical medicine, but are often inadequately discussed.

The first is the idea of being fully present. When a peer is sharing his or her deepest thoughts and feelings, or when a patient is disclosing doubts and fears, it is easy for the student-physician's mind to wander, to think about an upcoming SHELF exam or an EBM project. We emphasize the presentation of projects as an opportunity to focus attentively and respectfully

XIV. Witnessing
- Listening to and acknowledging the suffering of others

The final concept relevant to "receiving" the projects of others is the idea of witnessing, first developed in relation to the literature that emerged from the Holocaust.

Although time precludes a full discussion of witnessing, it includes the notion of acknowledging the legitimacy of the suffering of others, and a commitment not to turn away from such suffering. This attitude toward suffering is relevant to patients of course, but more immediately pertains to the disclosures of their fellow students.

XV. Initial resistance and disconnect
What happens when the requirement of the creative projects is presented to students?

Their initial response is usually resistance. Students who are bold enough comment that the projects seem like a waste of time, or something that they could do on their own.

Often students seem deeply skeptical that they can learn anything from this experience.

XVI. Seriousness of Purpose
Despite this resistance, judging by the themes represented in their projects and the range of tone they express, students tend to take the projects seriously.

- **Important themes**
  - **death and dying**
  - **doctor-patient relationship**
  - **patient's experience**
  - **coping with medical school**
  - **communication issues**
  - **patients as teachers**
  - **student/patient parallels and conflicts**
- **Variety of tone**
  - **reflective**
  - **ironic/humorous**
  - **sorrowful/tragic**
  - **compassionate**
  - **positive/hopeful**
  - **guilty/helpless**
  - **frustrated/angry**
  - **fearful/worried**

XVII. Emotional release and identification

During the group sharing of projects, remarkable things happen as well. The level of emotion expressed by both the presenting student and the peer audience is surprising and moving. Students cry - and laugh - as they present and listen.

Students frequently comment that, when they hear the presentations of their peers, they realize their experiences and feelings about their experiences are not unique, but shared.

XVIII. Group bonding and positive feedback

The result is students say they feel less alone and more valued by their peers. Overall, the result of the sharing process is an intensification of group bonding among the students and the exchange of positive feedback about showing vulnerability, emotional engagement, and uncertainty

XIX. Additional reflection

In addition to the initial reflection on experience, the presentation of projects precipitates a further round of reflection as other students comment on similarities and differences with their own experiences, and explore different responses and reactions.

XX. Faculty loss of expert role

Finally, it is worth noting that the unbalancing of relationships extends beyond the students to encompass faculty as well. For a few hours, faculty lose their privileged position of invulnerability, certainty, authority, and power.

XXI. Mutual struggle for understanding and emotional resolution

Like the students, we become part of a struggle for understanding and emotional resolution.

We are now going to ask you to participate in a spontaneous creative project about either a memorable doctor-patient encounter, or a doctor-student encounter. Your project may consist of a poem, letter, narrative, a piece of point-of-view writing from the perspective of a patient or student, or even creating a quick sketch or drawing. You have 10 minutes to complete this project.

After you've finished, will ask a few of you to share your projects, and discuss the experience of both creating and sharing these works; then we'll move to a more general discussion of what people are doing or would like to do in the humanities, what problems you're encountering, and how these might be solved.