

Medical/Health Humanities: Narrative as Reflective Practice Pedagogy


Alice Fornari, EdD, RDN

AVP, Faculty Development, Northwell Health

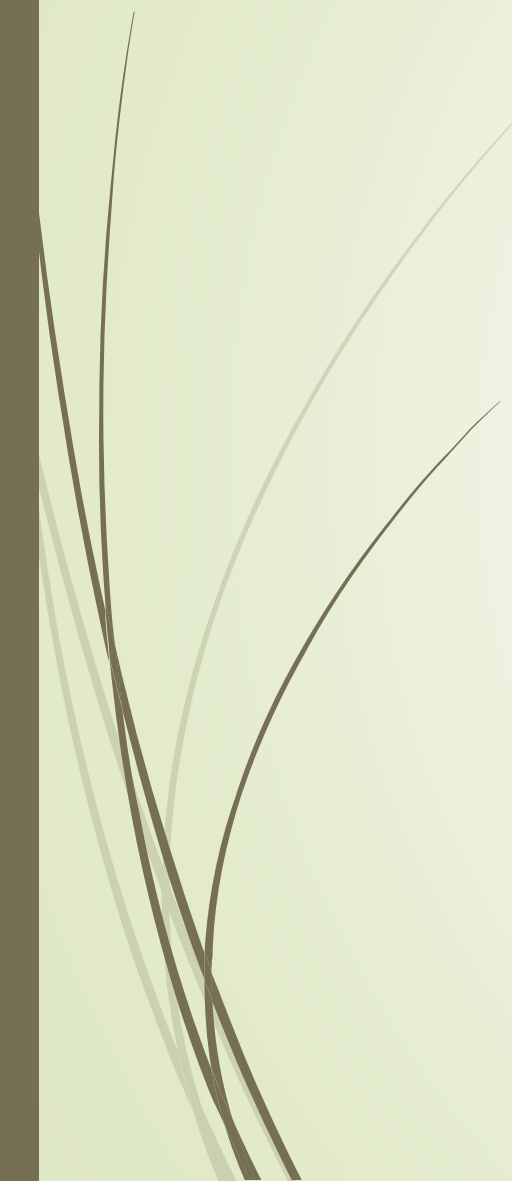
Associate Dean, Zucker SOM



DONALD AND BARBARA
ZUCKER SCHOOL of MEDICINE
AT HOFSTRA/NORTHWELL



Future Physician, Heal Thyself: Get Thee to a Gallery

- ▶ New research finds medical students who enjoy music and art have qualities that make them better, and less-stressed, doctors.
 - ▶ Imagine a new generation of doctors who are more compassionate toward their patients, less prone to jumping to conclusions, and less likely to feel burned out.
- 



Reintegrate the Health Humanities into Medical Education

- ▶ Correlation to enhance levels of wisdom, empathy, and tolerance of ambiguity
- ▶ “As humanities exposure increased, physical fatigue, emotional exhaustion and cognitive weariness all decreased”
- ▶ Exposure to the arts “more strongly predicted wisdom”
 - ▶ Aka empathy, openness to possibilities
 - ▶ Counteracts acts in-depth focus on information and knowledge



Objectives



- ▶ Upon completion of this session participants will be able to:
 - ▶ Differentiate the terms medical and health humanities
 - ▶ Demonstrate and practice with two humanities as examples of this pedagogical technique: a poem/story and art
 - ▶ Debrief the educational power of applying medical/health humanities and reflective writing to learning and faculty development
 - ▶ Discuss steps to prepare a teaching session using health humanities as a pedagogy to support medical education content
 - ▶ Identify resources to use for health humanities content



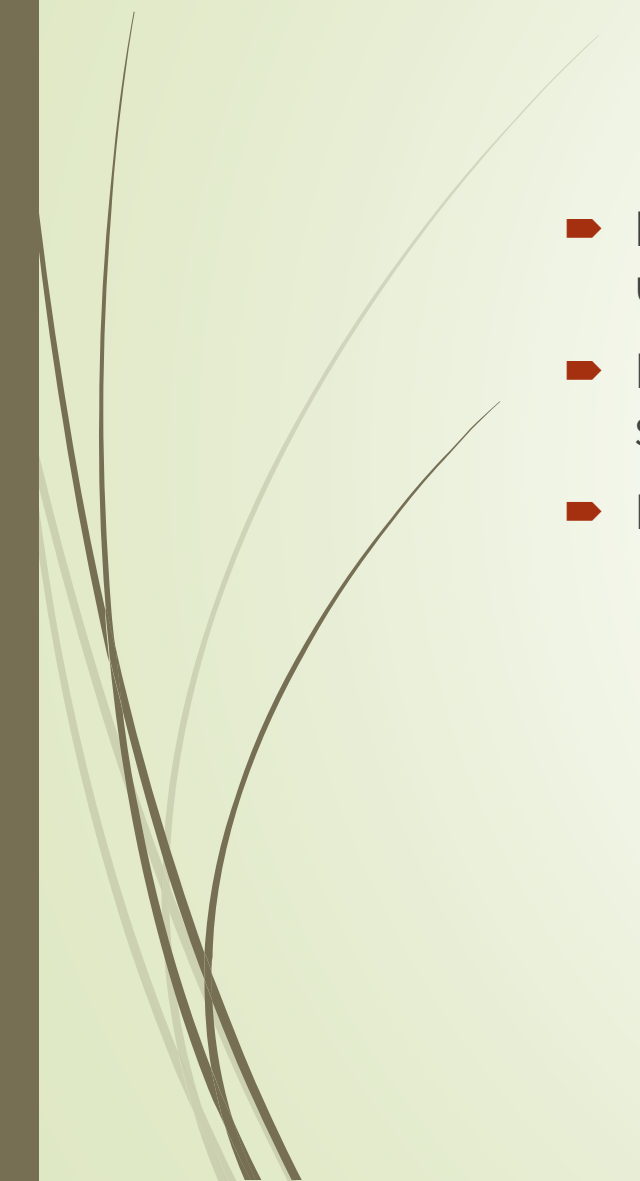
What is Medical Humanities

- ▶ **Medical humanities** describes the work done by scholars and educators, whose focus is on the intersection of medical phenomena (e.g., physicians, patients, illness) and the traditional disciplines of the humanities including history, literature, philosophy, and visual arts.
- ▶ **Medical humanities** offers students and practitioners access to a distinctive point of view about experiences of illness and impairment that may, in turn, change how providers, especially physicians, view patients

The Almost Right Word: The Move From Medical to Health Humanities. Therese Jones, PhD, Michael Blackie, PhD, Rebecca Garden, PhD, and Delese Wear, PhD. *Academic Medicine*, Vol. 92, No. 7 / July 2017




Why Medical Humanities?

- ▶ It is an interdisciplinary enterprise aiming for new insights and understanding.
 - ▶ Humanities disciplines should be working to interrelate conceptually with some discipline of the medical world.
 - ▶ Humanities should seek areas of overlap with medicine, illness and health
 - ▶ Raise questions and shed light to the mutual benefit of both.
- 



A Shift to Health Humanities

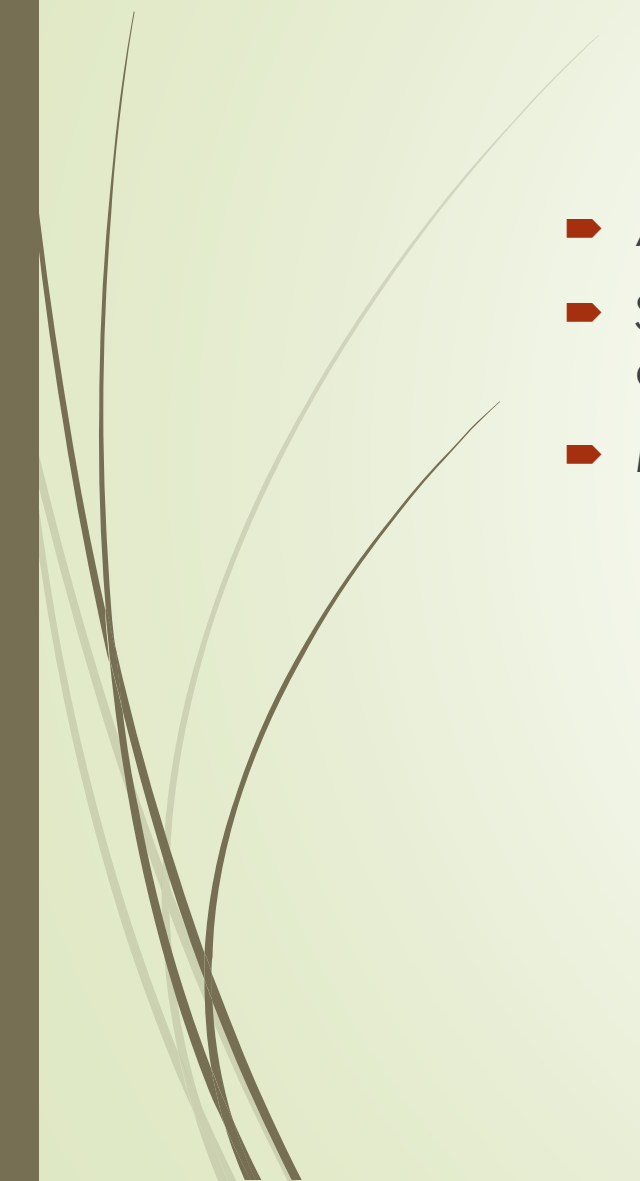
- ▶ Consistent with the current movement in health professions education toward crafting interdisciplinary and interprofessional experiences for students whenever and wherever possible, from classroom discussions to clinical rotations.
 - ▶ Medicine is only a minor determinant of health in human populations alongside other social factors such as class, education, occupation, environment, race, and stigma.
- 

Artifacts to Deliver Humanities Content

- 
- 
- **Prose-fiction**
 - **Non-fiction**
 - **Poetry**
 - **Movies**
 - **Podcasts**
 - **Ted Talks**
 - **Book (aka short)**
 - **Art**
 - **Comics**
 - **Music**

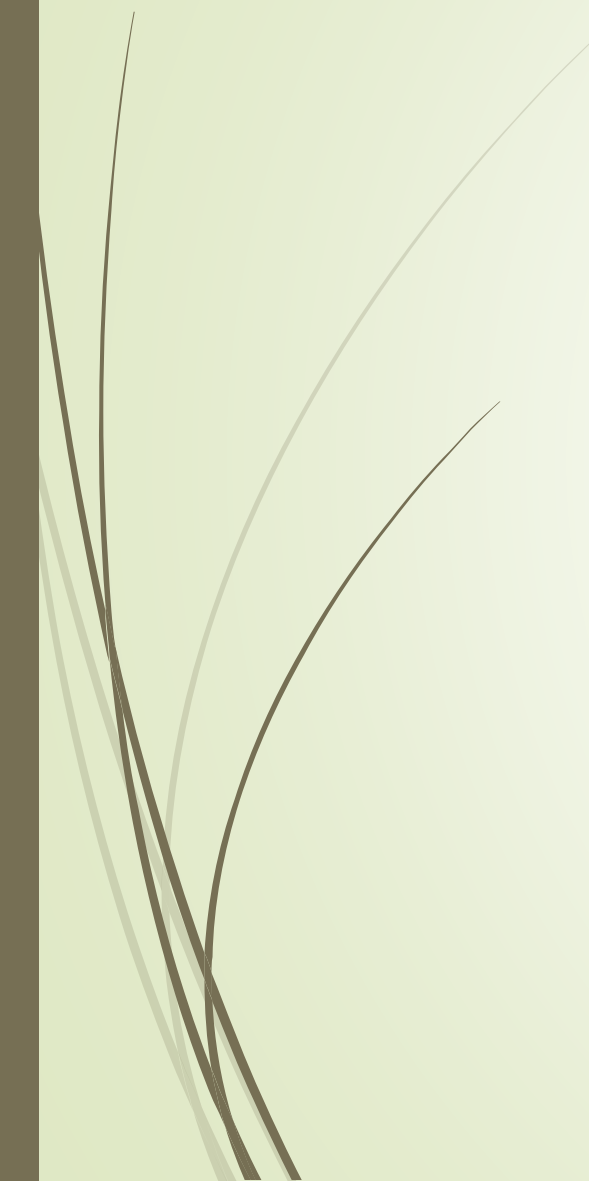


What is a Prompt?

- ▶ A companion text to an artifact
 - ▶ Stimulates thought and personal connection to one's self, specific to the artifact shared
 - ▶ Must be open-ended statement and not a question-the broader the better
- 



Holland



Community Medicine
Pulse: Voices from the Hear of Medicine-Friday, 9 January 2015
Kendra Fleagle Gorlitsky

Are you going to take that long with all the patients?

Depends. If they're really sick, I'll have to.

I'm just saying...there are a lot waiting.

Well, this one tried to kill herself last year. And today she's really hurting.

I wanted a full physical, and I heard this is just a check-up, but I've been waiting over two hours!

Could you put this gown on, please. What are you worried about?

I can't find work that doesn't make me lift, but I can't lift.

Can you swim?

Never learned.

What was your favorite job?

Don't tell on my mom, it's not her fault.

You deserve more. What are you good at?

I like math...and I can draw.

I have to make that phone call. Bring by your report card, we'll talk colleges. You were in foster care for a while, so you might be able to get a scholarship.

Doctor, are you taking lunch? You still have three morning patients.

Mr. Gomez, why aren't you taking the insulin?

Doc, I never liked needles. And that kept me out of trouble.

This is different. You may have to trust me on this. I want you to stay healthy.

Can you see her younger brother? You're overbooked, but he looks sicker.

Did I just have a seizure, or did the computer freeze?

Well? Am I?

Do you want to be?

I don't mind. Whatever....

Would your boyfriend be a good father? Does he have a job? Where will you live?

Computers are down. We have to switch to paper.

Why wasn't that consult arranged? It's been months....

Can you see one for Dr. Bates? She had to leave for a meeting, and this patient took two buses.

Is there any coffee left?

This one's late, but it's a hospital follow-up, and he has a fever.

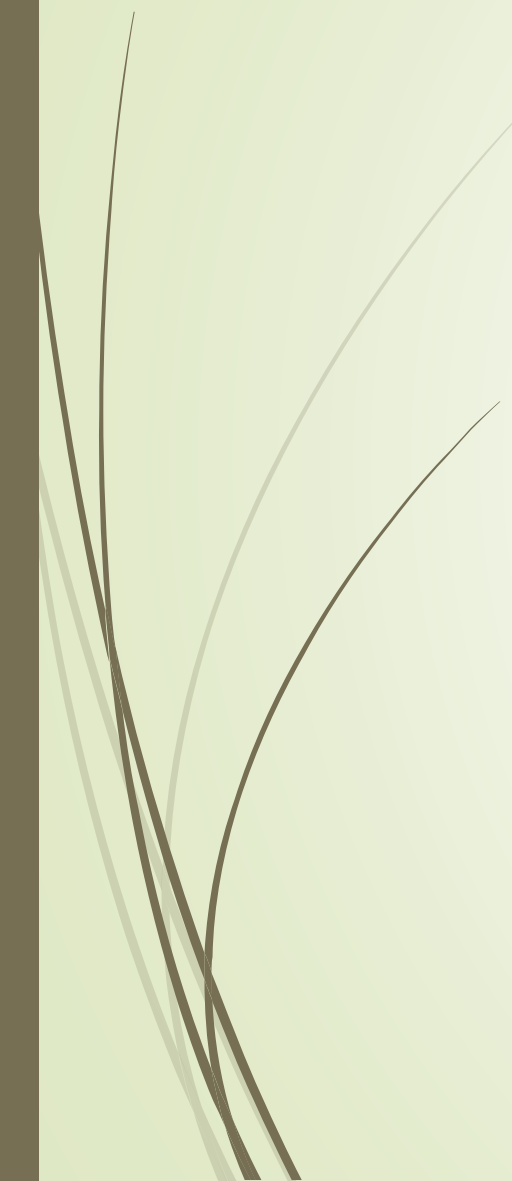
Can we still get a blood draw?

We're leaving, doc. Go out the side door. Security has to go soon.

'Night. Thanks for your help.



Poetry Example: Community Medicine

- ▶ Prompt: ***Describe a time you felt professionally compromised in your work...***
 - ▶ What is a learning objective?
 - ▶ Which competency is addressed?
- 



Community Medicine

Friday, 9 January 2015

Kendra Fleagle Gornitsky

About the Poet

- Kendra Fleagle Gornitsky, a family doctor and clinical professor of medicine at the University of Southern California, provides care to immigrant and other underserved populations in Los Angeles community clinics. She makes service trips abroad to Nicaragua, Honduras, Mexico, Belize, Haiti and, most recently, Myanmar: "These remind me that we do have a safety net, albeit inadequate, in this country." She edits a bioethics newsletter, scoutmasters an inner-city Boy Scout troop, plays softball, participates in a community garden and writes original rockabilly/blues music "to refuel the tank."

About the Poem

- "The challenges I experience as a community-clinic family doc are likely familiar to other harried physicians trying to stay true to their love of this field. When not working in this setting, I teach courses in clinical skills and professionalism to medical students at USC and UCLA. I want them to be prepared for the pressures of this work, and also to know that there are few occupations offering more true delight."



Making Meaning in Medicine: Using Poetry

- ▶ Despite decades of advances in diagnosing and treating a broad range of illnesses, many changes in our health care system impede true caregiving, leaving patients and practitioners dissatisfied and creating an **emotional burden for practitioners that contributes to the staggering rates of physician burnout.**
- ▶ Given this dissatisfaction and disconnection, practitioners and patients alike can benefit from **structured opportunities to explore the expectations, assumptions, and emotions that shape our understanding of health and illness,** and thus our experiences within the health care system.
- ▶ Group discussions of poetry—something that might seem irrelevant to medical practice or physical wellness—can foster **communication, connection, and collective reflection for physicians, interprofessional health care teams, and groups that include practitioners, patients, and families, allowing participants to once again find meaning in medicine.**

The Permanente Journal/Perm J 2017;21:17-048

Art Example: *Commentary on Treatment* *Winter Treatment's Winter*

by Melissa M. Chan, MD, 2013, pencil and acrylic on paper.





Commentary on Treatment's Winter

R.A. McAteer is faculty physician, New York Medical College Phelps Family Medicine Residency Program, Sleepy Hollow, New York;

It is a poignant image. A young woman's frail body bears telltale radiation tattoos, demarcating the scorched bed where her right breast once lay. Her body, though ravaged by treatment, remains solid; her eyes vibrant and hopeful even as they bear the haunting gaze of one faced with her own mortality.

- ▶ What is a learning objective for this visual/text?
- ▶ Which competency can you address?



The Art of Observation

- **Observational skills**, honed through experience with the literary and visual arts, bring together in a timely manner many of the goals of the medical humanities, providing thematic cohesion through the act of seeing while aiming to advance clinical skills through a unified practice.
- **Observation applied to practice** helps learners understand the nuances of **the role of witness, activating reflection** consonant with the viewer's professional identity.
- As **learners describe what they see**, they also develop the communication skills needed to **articulate both problems and possible improvements** within their expanding sphere of influence.

[Acad Med.](#) 2015 Dec;90(12):1624-30. **The Art of Observation: A Pedagogical Framework.** [Wellbery C¹](#), [McAteer RA.](#)



Professional Intention of this Curriculum Format

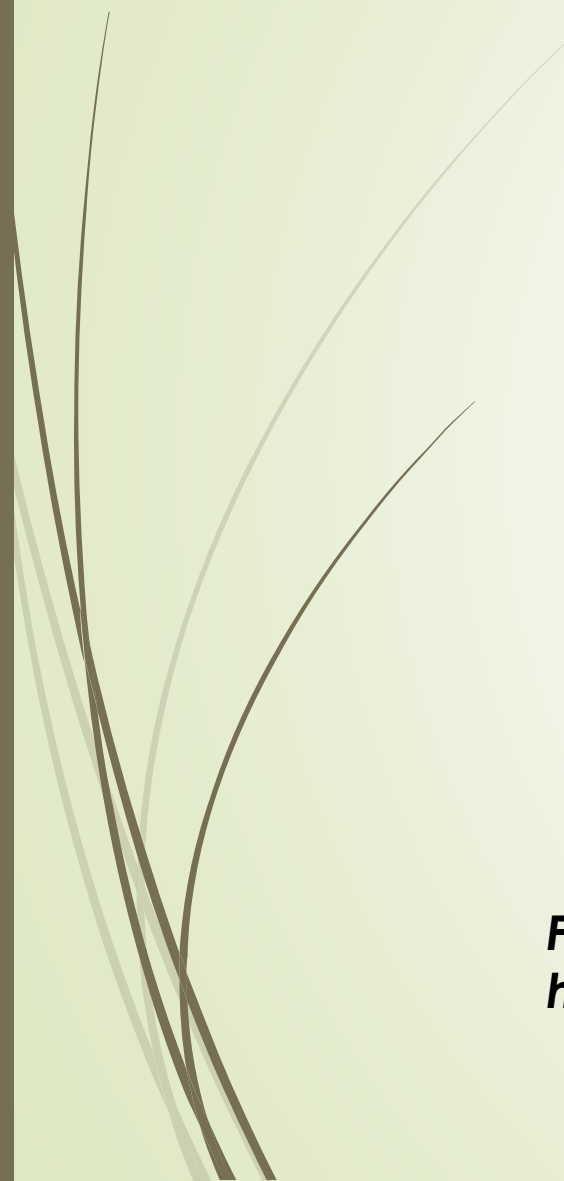

- ▶ **Teachers in the humanities can embrace the demanding task of delineating how medicine changes when fortified by narrative competence and humanities-derived skills.**
- ▶ **An examination of the institutional cultures in which patients and clinicians together try to address problems of the sick.**
- ▶ **Humanities' "ways of knowing" operate out of very, very different parts of one's human equipment than do those of the sciences.**
- ▶ **In addition to reliance on one's cognitive, computational, and logical powers, inclusion of humanities proposes the need for imaginative, affective, relational, and symbolic powers as well.**

Calculating the Contributions of Humanities to Medical Practice—Motives, Methods, and Metrics; Rita Charon, MD, PhD. Academic Medicine, Vol. 85, No. 6 / June 2010




Professional Intention of this Curriculum Format

- ▶ Stories, film, drama, and art have been used in medical education to enhance empathy, perspective-taking, and openness to “otherness,” and to stimulate reflection on self, others, and the world.
- ▶ Yet another, equally important function of the humanities and arts in the education of physicians is that of “making strange”—
 - ▶ that is, portraying daily events, habits, practices, and people through literature and the arts in a way that disturbs and disrupts one’s assumptions, perspectives, and ways of acting so that one sees the self, others, and the world anew



*“Wherever the art of
Medicine is loved there is
also a love of Humanity”
-Hippocrates*



**For resources, specifically article collections:
<http://medicine.hofstra.edu/faculty/facdev/index.html>**